

Permit # _	
Location _	

MATTOCKS-HIGGINS AFFIDAVIT OF WORKPLACE SAFETY

I,	, do hereby declare the following to be true and		
accurate to the best of my	knowledge.		
any notice or violation againability partnership/corporanager, officer and/or di	ainst my company, a ration, and/or any af rector in the last five	s a sole proprietorslifiliated business or e (5) years.	□ has not issued / □ has issued nip, limited partnership, and/or limited subsidiary of which I am an owner,
If you selected "has issue	a, please disclose tr	ne following inform	ation:
Company Address of Violation Check if: Seriou Named violation:	sWillful	Date of Total FinRepeat	Violationnes, if any Failure to Abate
Company		Date of `	Violation
Address of Violation Check if: Seriou Named violation:			nes, if any
**Attach additional pages			
If any violations are categ Safety Plan for the projec	= = = = = = = = = = = = = = = = = = =	Repeat, affidavit mi	ust be accompanied by a copy of the Site
	nrrently on the OSHA		Inforcement Program (SVEP) Log?
Companies in the SVEP are	not eligible to receive	a permit from the Cit	y of Boston
III. Company's Exper	rience Modification I ters Compensation Rat		- ureau
The Licensed Contractor to the permit reviewing de	•	bcontractor's OSH	A violation history or SVEP designation
Signed under penalties of	perjury:		
Date N	Jame		Company

The Permit Reviewing Authority, or designee, shall have the discretion to issue a stop work order for any open permits and/or deny the issuance of a permit due to failure to disclose any and all OSHA violations or demonstrated history of unsafe, hazardous or dangerous practices.