

MATTOCKS-HIGGINS AFFIDAVIT OF WORKPLACE SAFETY

I,	, do hereby declare the following to be true and
accurate to the best of my know	
any notice or violation against n	Health Administration (OSHA) \Box has not issued / \Box has issued by company, as a sole proprietorship, limited partnership, and/or limited, and/or any affiliated business or subsidiary of which I am an owner, in the last five (5) years.
If you selected "has issued", ple	ease disclose the following information:
Named violation:	Date of Violation Total Fines, if anyWillfulRepeatFailure to Abate
CompanyAddress of Violation	
Check if: Serious Named violation:	WillfulRepeatFailure to Abate
**Attach additional pages if nec	eessary
If any violations are categorized Safety Plan for the project seeki	l as Willful or Repeat, affidavit must be accompanied by a copy of the Site ng permit.
II. Is the company currently Yes	y on the OSHA Severe Violator Enforcement Program (SVEP) Log? □ No
Companies in the SVEP are not elig	gible to receive a permit from the City of Boston
	Modification Rating: mpensation Rating and Inspection Bureau
The Licensed Contractor must d to the permit reviewing departm	lisclose any subcontractor's OSHA violation history or SVEP designation ent.
Signed under penalties of perjur	y:
Date Name	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.