

**WEST VILLAGES IMPROVEMENT DISTRICT**

**CONTRACTOR'S PREQUALIFICATION STATEMENT  
(CONSTRUCTION OF PUBLIC INFRASTRUCTURE IMPROVEMENTS AND  
MAINTENANCE SERVICES)**

Juniper Landscaping of Florida, LLC.

**Contractor**

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**REQUEST FOR QUALIFICATIONS  
FOR CONSTRUCTION AND MAINTENANCE SERVICES  
WEST VILLAGES IMPROVEMENT DISTRICT**

The West Villages Improvement District (“District”) requests Applications for Qualification from firms interested in providing construction and maintenance services for public infrastructure improvements. Upcoming projects include the construction of various infrastructure improvements and maintenance services in and around the District including i) earthwork/excavation and construction of roadways, stormwater management facilities, water and sewer facilities, irrigation facilities, landscape, hardscape, street lighting, and other public improvements and ii) maintenance services including exotic vegetation removal, and canal/drainage, landscaping, lake and littoral maintenance, and streetlighting.

To be eligible to submit qualifications, firms must: i) hold all required applicable licenses in good standing and ii) be authorized to do business in the Sarasota County, and the State of Florida.

For construction services, any contractor pre-qualified and considered eligible by the Department of Transportation to bid to perform the type of work the project entails shall be presumed to be qualified to perform the project.

Applicants may request an Application for Qualification from Dewberry Engineers Inc. 2201 Cantu Court, Suite 107, Sarasota, Florida 34232, or via email to [rellis@dewberry.com](mailto:rellis@dewberry.com) beginning **April 14<sup>th</sup>, 2022**, after **1:00 p.m.** Applicants must submit one (1) electronic copy (PDF format on a USB flash drive), by **4:00 p.m.** on **May 16<sup>th</sup>, 2022**. Address responses to: Mr. Richard Ellis, District Engineer, 2201 Cantu Court, Suite 107, Sarasota, Florida 34232.

Qualified firms will be selected based on experience, qualifications of personnel, and ability to perform construction or maintenance services. Packages will be reviewed and rated by a committee appointed by the District Board of Supervisors promptly after receipt of the submittals, with final selections expected to be made at a publicly noticed Board of Supervisors meeting held shortly thereafter.

At that time, all qualified firms may be assigned a project qualification and aggregate dollar limit for work under District contracts. All applicants will be promptly notified after the construction and maintenance firms are selected. The pre-qualification decisions of the Board of Supervisors shall be valid for a period of three (3) years, after which the Board of Supervisors may either extend the prequalification period for an additional two (2) years or open the prequalification process again, at its sole discretion. The District reserves the right to waive any informality in the qualifications submitted, to reject any and all qualifications submitted and to advertise for the services.

Pre-qualified firms will be eligible to bid on construction and maintenance projects subject to the applicants approved project classification and aggregate limit. Failure to pre-qualify may preclude the District from awarding contracts for construction and maintenance services to non-qualified firms.

Applicants may contact the District Engineer, Dewberry Engineers Inc., at 2201 Cantu Court, Suite 107, Sarasota, Florida 34232, or via email to [rellis@dewberry.com](mailto:rellis@dewberry.com), until the qualifications submittal deadline for further information. All requests for information shall be in writing.

Any contractor submitting a Contractor's Prequalification Statement, which in its judgment is adversely affected by the District's rating as to the contractor's qualifications and wishes to protest such decision must file with the District a notice of protest in writing within seventy-two (72) hours (excluding Saturdays, Sundays and state holidays) after receipt of the notice of the District's ranking, and shall file a formal written protest within seven (7) days (including Saturdays, Sundays and state holidays) after the

date of filing of the notice of protest. The formal written protest shall state with particularity facts and law upon which the protest is based. Failure to timely file a notice of protest or failure to timely file a formal written protest shall constitute a waiver of all further proceedings under Florida law and the District's Rules of Procedure. You may obtain a copy of the District's Rules of Procedure by contacting the District Manager's Office at 2501A Burns Road, Palm Beach Gardens, FL 33410.

William Crosley, District Manager

Publication Date: \_\_\_\_\_, 2022

## NOTICE TO PROSPECTIVE BIDDERS

The information required herein is for the purpose of fairly evaluating contractor qualifications to perform various construction and maintenance activities for the West Villages Improvement District (the "District").

**APPLICANTS FOR PREQUALIFICATION AS BIDDERS FOR THE WEST VILLAGES IMPROVEMENT DISTRICT CONTRACTS ARE HEREBY NOTIFIED THAT INCLUSION OF FALSE, DECEPTIVE OR FRAUDULENT STATEMENTS ON THIS APPLICATION CONSTITUTES FRAUD. FURTHERMORE, YOU ARE HEREWITH NOTIFIED THAT THE WEST VILLAGES IMPROVEMENT DISTRICT CONSIDERS SUCH ACTION ON THE PART OF THE APPLICANT TO CONSTITUTE GOOD CAUSE FOR DENIAL, SUSPENSION, OR REVOCATION OF THE PROSPECTIVE BIDDER'S QUALIFICATION FOR BIDDING ON ITS PROJECTS.**

Please be advised that this application must be complete within itself without reference to any other application or statement. All sections of the application shall be completed. If any of the requested information does not apply, it shall be indicated as "None" or "N.A." as applicable. Failure to make entries in every section of this application may result in a disqualification.

All financial information provided in this application and accompanying audited financial statements are exempt from public record laws pursuant to Section 119.071(1)(c), *Florida Statutes*, and will be kept confidential. District can request annual audits and annual resubmittal of any or all financial statements from any prequalified contractor.

The properly completed Contractor's Prequalification Statement shall be submitted to the District Engineer, Richard Ellis at Dewberry Engineers Inc., 2201 Cantu Court, Suite 107, Sarasota, Florida 34232. Any questions with regard to the requests for information contained herein shall be addressed to the District Engineer, Dewberry Engineers Inc., at 2201 Cantu Court, Suite 107, Sarasota, Florida 34232, or via email to [rellis@dewberry.com](mailto:rellis@dewberry.com).

### Schedule of Pertinent Dates

<b><u>Description</u></b>	<b><u>Date</u></b>
RFQ "Pickup" Date	Thursday, April 14th, 2022, after 1:00 p.m.
RFQ Due Date	Monday, May 16th, 2022, at 4:00 p.m.
Committee Meeting Date to Evaluate Qualifications Statements	Tuesday, May 17th at 11:00 a.m.
Board Meeting to Formally Approve Prequalified Contractors	Thursday, May 19th at 11:00 a.m.

## CONTRACTOR PREQUALIFICATION STATEMENT

### Application for Contractor Prequalification (Attach Additional Sheets if Necessary)

DATE SUBMITTED May 16th, 2022

1. Applicant Juniper Landscaping of Florida, LLC. ☒ A Partnership  
[Company Name] ☐ A Corporation  
☐ A Subsidiary Corporation
2. Parent Company Name Juniper Landscaping of Florida, LLC.
3. Parent Company Address:  
Street Address 5880 Staley Road  
P. O. Box (if any) N/A  
City Fort Myers State Florida Zip Code 33905  
Telephone (239) 561-5980 Fax no. (239) 561-5595  
1st Contact Name Edward Tanguay Jr. Title Branch Manager-Maintenance  
2nd Contact Name Nick Salerno Title Regional Director
4. Applicant Company Address (if different):  
Street Address N/A  
P. O. Box (if any) N/A  
City N/A State N/A Zip Code N/A  
Telephone N/A Fax no. N/A  
1st Contact Name N/A Title N/A  
2nd Contact Name N/A Title N/A
5. List the location of the office from which the applicant would perform work for the West Villages Improvement District work.  
Street Address 7000 South Tamiami Trail  
City Venice State Florida Zip Code 34293  
Telephone (941) 786-3827 Fax no. N/A  
1st Contract Name Edward Tanguay Jr. Title Branch Manager-Maintenance

6. Is the applicant Company incorporated in the State of Florida? yes (X) no ( )

6.1 If yes, provide the following:

- o Is the Company in good standing with the Florida Department of State Division of Corporations? yes (X) no ( )

If no, please explain N/A

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- o Date incorporated 2/6/2009 Charter No. L09000012442

6.2 If no, provide the following:

- o The State with whom the applicant company is incorporated in? N/A

- o Is the company in good standing with the State? yes ( ) no ( )

In no, please explain N/A

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- o Date incorporated N/A Charter No. N/A

- o Is the applicant company authorized to do business in the State of Florida? yes ( ) no ( )

7. Is the applicant company a registered or licensed contractor with the State of Florida? yes (X) no ( )  
Provide copies of all licenses listed.

7.1 If yes, provide the following:

- o Type of registration (i.e. certified general contractor, certified electrical contractor, etc.) Irrigation Specialty Contractor
  - o License No. SCC131152351 Expiration Date 8/31/2022
  - o Qualifying individual Darrell Stanley Title Client Relations Manager
  - o List company(s) currently qualified under this license Juniper Landscaping of Florida, LLC.
- 

7.2 Is the applicant Company a registered or licensed Contractor with Sarasota County? yes (X) no( )

7.3 Has the applicant Company performed work for an independent special district previously? yes (X)  
) no ( )

8. Is the applicant company prequalified by the Florida Department of Transportation? yes ( ) no (X)

If yes, provide the following:

o Work Class Ratings N/A

o Maximum Capacity Rating N/A

9. Name of Applicant's Bonding Company Travelers Casualty And Surety Company of America

Address One Tower Square, Hartford, CT 06183

Approved Bonding Capacities:	Aggregate Limit	\$ <u>25,000,000.00</u>
	Single Project Limit	\$ <u>3,000,000.00</u>
	Total Current Contracts Bonded	\$ <u>10,500,000.00</u>

Note: All bonds and insurance policies obtained by Applicant required herein shall be issued by companies authorized to do business in the State of Florida and shall have a financial strength rating of A or better, and a financial size category of X or higher, as rated by A.M. Best Company.

Name of Applicant's Bonding Agency Brown & Brown Insurance

Address 1201 W. Cypress Creek, Suite 130, Fort Lauderdale, Florida 33309

Contact Name Layne Holmes Phone (954) 331-1346

10. List the Applicant's total annual dollar value of work completed for each of the last three (3) years starting with the latest year and ending with the most current year (2019) 85,808,717.00 (2020) 98,369,471.00, (2021) 107,683,407.00

11. List the classification(s) (refer to attached listing) of work the applicant is applying for prequalification based on the applicant company's ability to self perform the work (excluding general contracting).

<u>Irrigation Facilities</u>	<u></u>
<u>Landscape Installation</u>	<u></u>
<u>Landscape and Irrigation Maintenance</u>	<u></u>

12. What are the applicant company's current insurance limits? If contractor does not have a certain category of coverage listed below, please note none. (provide a copy of applicant's certificate of insurance)

General Liability	\$ <u>1,000,000.00</u>
Automobile Liability	\$ <u>2,000,000.00</u>
Workers Compensation	\$ <u>1,000,000.00</u>
Contractor's Pollution Liability	\$ <u>1,000,000.00</u>
Umbrella Liability/Excess Liability	\$ <u>10,000,000.00</u>
Contractors Additional Insured Status	
- General Liability	\$ <u>1,000,000.00</u>
- Auto Liability	\$ <u>2,000,000.00</u>
Per Project Aggregate Limit	
- General Liability	\$ <u>2,000,000.00</u>
Waiver of Subrogation in favor of District	
- General Liability	\$ <u>1,000,000.00</u>
- Auto Liability	\$ <u>2,000,000.00</u>
- Workers' Compensation	\$ <u>1,000,000.00</u>



Expiration Date 7/1/2022

Note: Applicant must provide a certification that their insurance carrier is authorized to conduct business in Florida. Coverage must be provided on a primary, non-contributory basis.

13. Has the applicant company been cited by OSHA for any job site or company office/shop safety violations in the past two years? yes ( ) no (X)

If yes, please describe each violation, fine, and resolution None.

13.1 What is the applicant's current worker compensation rating? 1.13

- 13.2 Has the applicant company experienced any worker injuries resulting in a worker losing more than ten (10) working days as a result of the injury in the past two years? yes (X) no ( )

If yes, please describe each incident Additional sheets utilized for complete details, please see

"Report for Pg 9 Worker Injuries Greater Than 10 Days" for this section.

14. Please state whether or not your company or any of its affiliates are presently barred or suspended from bidding or contracting on any state, local or federal-aid contracts in any state(s)? Yes \_\_\_\_\_ No X  
If so, state the name(s) of the company(ies) N/A

the state(s) where barred or suspended N/A  
and the period(s) of debarment or suspension N/A

15. What is the construction or maintenance experience of the principal supervisory construction or maintenance personnel of your organization? (Attach resumes here.)

INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE	MAGNITUDE AND TYPE OF WORK*	YEARS OF CONSTRUCTION /MAINTENANCE EXPERIENCE	YEARS WITH FIRM	IN WHAT CAPACITY?
Nick Salerno	Fort Myers	Director	20	6	Regional Director
Edward Tanguay	Venice	Manager	40	3	Branch Manager
Dean Daggy	Venice	Manager	40	6	Senior A/M
Hector Maldonado	Venice	Manager	30	1	A/M


\*Give in sufficient detail for the District to evaluate your experience in the classifications of work for which you are requesting prequalification.

16. Have you ever failed to complete any work awarded to you? Yes \_\_\_\_\_ No X If so, where and why? N/A
17. Has any officer or partner of your organization ever been an officer, partner, or owner of some other organization that has failed to complete a construction or maintenance contract? Yes \_\_\_\_\_ No X
- If so, state name of individual, other organization and reason therefore.  
N/A
18. List any and all litigation with owners or major subcontractors to which the Applicant has been a party in the last five (5) years and describe the outcome or resolution.  
None.
19. Has the Applicant or any of its affiliates ever been either disqualified or denied prequalification status by a governmental entity? No If so, discuss the circumstances surrounding such denial or disqualification as well as the date thereof. N/A
20. Within the past five (5) years, has the Applicant failed to complete a project within the scheduled contract time? No If so, discuss the circumstances surrounding such failure to complete a project on time as well as the date thereof.  
N/A
21. Does the Applicant have adequate equipment to perform normal construction or maintenance operations for each class of work for which prequalification is sought? Yes X No \_\_\_\_\_ If no, please explain:

## SUPERVISORY PERSONNEL

Company Name Juniper Landscaping of Florida, LLC. Date 4/26/2022

What is the experience of the key management and supervisory personnel of the applicant company for both administration as well as operations? (Attach resumes of key personnel here)

INDIVIDUAL'S NAME	PRESENT TITLE	DESCRIPTION OF DIRECT JOB RESPONSIBILITIES	YEARS OF EXPERIENCE IN PRESENT POSITION	TOTAL YEARS OF RELATED EXPERIENCE
Brian Guay	Irrigation Manager	Irrigation Schedule/Training	15	25
Edward Tanguay	Branch Manager	Operations/Branch Financials	3	40
Danial Nazario	Account Manager	Scheduling/Quality Control	5	25
Kent Landry	Account Manager	Scheduling/Quality Control	15	25
Jesus Landron	Account Manager	Scheduling/Quality Control	10	15

**COMPANY OWNED MAJOR EQUIPMENT**  
**(Attach additional sheets if necessary)**

Company Name Juniper Landscaping of Florida, LLC.

Date 4/26/2022

QUANTITY	DESCRIPTION	CAPACITY	NO. LOCATED IN	
			FLORIDA	OTHER
Additional sheets	utilized for complete details, please see "Report for Pg 12 Company Owned Major Equipment" for this section.		All in Florida	

**STATUS OF CONTRACTS ON HAND**  
**(Attach additional sheets if necessary)**

Company Name Juniper Landscaping of Florida, LLC.

Date 4/26/2022

Furnish requested information about all of applicant's active contracts, whether as prime or subcontracts; whether in progress or awarded but not yet started; and regardless of with whom contracted. All amounts to be shown to nearest \$1,000. Contractor may consolidate and list as a single item all contracts which individually do not exceed 3% of total active contracts and in total do not exceed 20% of the active total contracts.

Owner, Location and Description of Project	Current Contract Amount as Prime	Current Contract Amount as Subcontractor	Current Amount Sublet to Others	Applicant's Uncompleted Amount as of this Date		Completion Date		
				As Prime Contractor	As Subcontractor	Original Contract Date	Approved Revised Date	Current Estimate Date
Additional sheets utilized for complete details,	\$	\$	\$	\$	\$			
please see "Report for Pg 13 Status of Contracts	\$	\$	\$	\$	\$			
on Hand" for this section.	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
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	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
Subtotal Uncompleted Work				\$	\$			
Total Uncompleted Work on Hand				\$				

## PROJECTS APPLICANT COMPANY COMPLETED IN THE LAST TWO YEARS

Company Name Juniper Landscaping of Florida, LLC. Date 4/26/2022

List all projects completed in the last two years for which the contract value individually exceeded 3% of the applicant's annual total work completed for the year the project was started. Include in the list projects that were started earlier than two years but were completed within the last two years.

Project Name/Location	Final Contract Amount	Prime or Sub <sup>1</sup>	Classification of Work Performed	Year Started/ Completed	Owner Name/Location <sup>2</sup>	Name & Phone Number of Owner's Representative on this Project <sup>3</sup>
Additional sheets utilized for complete						
details, please see "WVID Project						
Report Page 14" for this section.						

<sup>1</sup> 'Prime or Sub' should indicate whether applicant performed the work as a prime contractor or as a subcontractor.

<sup>2</sup> 'Owner Name/Location' should indicate the Owner of the project if the applicant performed the work as a prime contractor or the general contractor if the applicant performed the work as a subcontractor.

<sup>3</sup> 'Name & Phone Number of Owner's Representative on this Project' should list a reference from the business entity listed in the previous column familiar with applicant's contract performance.

## **LIST OF ADDITIONAL DOCUMENTS FOR INCLUSION IN APPLICATION**

**Please include the following additional information with this application:**

1. Applicants shall provide letters of recommendation from at least two agencies or firms with direct knowledge of the applicant's key personnel and work performance in sufficient detail to assist in rating the applicant's ability to perform the classification of work for which the applicant is applying for prequalification. The letters must contain specific information regarding the following:
  - (a) Specific projects, including project numbers and location.
  - (b) Size of projects by dollar value.
  - (c) Description of projects and classes of work performed with applicant's own employees and equipment.
  - (d) Whether projects were timely completed.
  - (e) Whether the applicant was cooperative and facilitated changes to the project when required.
2. Applicants shall list the name of any subcontractor(s) that may be utilized to complete any work falling within the scope of the Contractor Classification Listing(s) for which the Applicant is submitting its Application for Qualification.

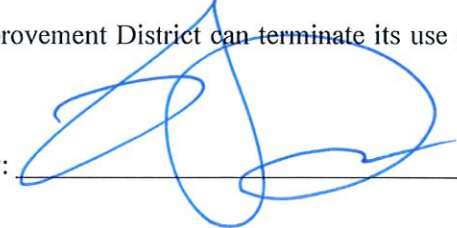
(Continued on Next Page)

The undersigned hereby authorize(s) and request(s) any person, firm or corporation to furnish any pertinent information requested by the West Villages Improvement District, or their authorized agents, deemed necessary to verify the statements made in this application or attachments hereto, or necessary to determine whether the West Villages Improvement District should prequalify the applicant for bidding on its construction or maintenance projects, including such matters as the applicant's ability, standing, integrity, quality of performance, efficiency and general reputation.

The undersigned acknowledges and consents to the use of the evaluation criteria set forth under the Section herein titled "Determination of Qualified Prospective Bidder.

The undersigned acknowledges that the West Villages Improvement District can terminate its use of the prequalification list for bidding purposes at any time.

Juniper Landscaping of Florida, LLC  
Name of Applicant Company

By: 

M. Brandon Duke, CEO/President  
[Type Name and Title of Person Signing]

This 16th day of May, 2022

(Corporate Seal)



Sworn to before me this 16th day of May, 2022.

Julia R. Petrov  
Notary Public/Expiration Date  
(Seal)



Applicant acknowledges receipt of the following addenda:

Addendum No. <u>N/A</u>	Date <u>N/A</u>
Addendum No. <u>N/A</u>	Date <u>N/A</u>



**AFFIDAVIT FOR INDIVIDUAL**

State of \_\_\_\_\_ ss:

County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that the statements and answers to the questions concerning experience contained herein are correct and true as of this date; and that he/she understands that intentional inclusion of false, deceptive or fraudulent statements on this application constitutes fraud; and, that the District considers such action on the part of the applicant to constitute good cause for denial, suspension or revocation of a certificate of qualification for bidding on West Villages Improvement District projects.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Notary Public/Expiration Date:

(SEAL)

**AFFIDAVIT FOR PARTNERSHIP**

State of Florida

SS:

County of Lee

M. Brandon Duke, is a member of the firm of Juniper Landscaping of Florida, LLC, being duly sworn, deposes and says that the statements and answers to the questions of the foregoing experience questionnaire are correct and true as of the date of this affidavit; and, that he/she understands that intentional inclusion of false, deceptive or fraudulent statements on this application constitutes fraud; and, that the District considers such action on the part of the applicant to constitute good cause for denial, suspension or revocation of a certificate of qualification for bidding on West Villages Improvement District projects.

Signature

M. Brandon Duke

Print Name

Sworn to before me this 16<sup>th</sup> day of May, 2022.

Julia R. Petrov

Notary Public/Expiration Date: 04/28/2022

(SEAL)



**AFFIDAVIT FOR CORPORATION**

State of \_\_\_\_\_ ss:

County of \_\_\_\_\_

\_\_\_\_\_  
(title) \_\_\_\_\_  
of the \_\_\_\_\_

(a corporation described herein) being duly sworn, deposes and says that the statements and answers to the questions in the foregoing concerning experience are correct and true as of the date of this affidavit; and, that he/she understands that intentional inclusion of false, deceptive or fraudulent statements in this application constitutes fraud; and, that the District considers such action on the part of the applicant to constitute good cause for denial, suspension or revocation of a certificate of qualification for bidding on West Villages Improvement District projects.

\_\_\_\_\_  
(Officer must sign here)

\_\_\_\_\_  
Print Name

CORPORATE SEAL

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Notary Public/Expiration Date:

(SEAL)

**SWORN STATEMENT UNDER SECTION 287.133(3)(a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER  
AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to West Villages Improvement District for Prequalification of Construction and/or Maintenance Contractors.

2. This sworn statement is submitted by Juniper Landscaping of Florida, LLC.  
[Print Name of Entity Submitting Sworn Statement]  
whose business address is 5880 Staley Road, Fort Myers, Florida 33905  
and (if applicable) its Federal Employer Identification Number (FEIN) is 26-4242641  
(If the entity has no FEIN, include the Social Security Number of the individual signing this  
sworn statement: \_\_\_\_\_.)

3. My name is M. Brandon Duke and my relationship to the  
entity named above is CEO/President.

4. I understand that a "public entity crime" as defined in Section 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

5. I understand that "convicted" or "conviction" as defined in Section 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an "affiliate" as defined in Section 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime; or,
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

7. I understand that a "person" as defined in Section 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term



"person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

X Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity, have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity or an affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (please indicate which additional statement applies):

\_\_\_\_\_ There has been a proceeding concerning the conviction before an Administrative Law Judge of the State of Florida, Division of Administrative Hearings. The final order entered by the Administrative Law Judge did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

\_\_\_\_\_ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before an Administrative Law Judge of the State of Florida, Division of Administrative Hearings. The final order entered by the Administrative Law Judge determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

\_\_\_\_\_ The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Florida Department of Management Services.)

Signature

M. Brandon Duke

Print Name

Date: 5/16/2022

STATE OF Florida  
COUNTY OF Lee

PERSONALLY APPEARED BEFORE ME, the undersigned authority, MICHAEL

BRANDON DUKE who, after first being sworn by me, affixed his/her signature in the  
(name of individual signing)

space provided above on this 16<sup>th</sup> day of may 2022.

Julia R. Petrov  
NOTARY PUBLIC

My commission expires: 04/28/2026



## CONTRACTOR CLASSIFICATION LISTING

### Construction

1. Excavation/Earthwork
2. Roadways, including Paving, Repair and Resurfacing
3. Stormwater Management Facilities
4. Water and Sewer Facilities
5. Irrigation Facilities
6. Landscape Installation
7. Hardscape Facilities
8. Streetlighting

### Maintenance

1. Exotic Vegetation Removal
2. Canal/Drainage Maintenance
3. Landscape and Irrigation Maintenance
4. Lake and Littoral Maintenance
5. Streetlighting

## **DETERMINATION OF QUALIFIED PROSPECTIVE BIDDER**

The West Villages Improvement District ("District") is authorized to maintain a list of qualified contractors ("Qualified Prospective Contractors") to submit bids for the procurement of District construction and maintenance projects. Any Qualified Prospective Contractor desiring to submit a bid to provide work for the District must submit a properly completed Contractor's Prequalification Statement to the District Engineer for review and evaluation.

The District shall evaluate the Contractor's Prequalification Statement and based on the District's judgment of the information provided, shall issue in writing to the contractor, the District's rating as to the classification(s) of the Work and the maximum Bid dollar amount for which the Qualified Prospective Contractor can submit a Bid to the District.

A Qualified Prospective Contractor shall mean a prospective contractor which in the sole judgment of the District has the capability, in all respects, to perform fully the contract requirements, and the business integrity and reliability which will assure good faith performance. In determining the Qualified Prospective Contractor's qualifications, the following criteria will be considered:

- The ability, capacity, and skill of the contractor to perform the contract or provide the work required;
- Whether the contractor can perform the contract or provide the work promptly, or within the time specified, without delay or interference;
- The character, integrity, reputation, judgment, experience, and efficiency of the contractor;
- The quality of performance of previous contract or work. For example, the following information will be considered:
  - o The cost overrun incurred by owners on previous contracts with contractor;
  - o The contractor's compliance record with contract general conditions on other projects;
  - o The contractor's record for completion of the work within the Contract Time or within Contract Milestones and contractor's compliance with scheduling and coordination requirements on other projects;
  - o The quality, availability, and adaptability of the goods or work to the particular use required;
  - o The contractor's demonstrated cooperation with owners, architects, engineers, and others on previous contracts; and
  - o Whether the work performed and materials furnished on other contracts were in accordance with the contract documents; and
  - o Whether contractor has performed previous work for an independent special district.
- The previous and existing compliance by the Prospective Bidder with laws and ordinances relating to contracts or work;

- The sufficiency of the financial resources and ability of the contractor to perform the contract or provide the work;
- The ability of the contractor to fulfill its guarantee and warranty period;
- Such other information as may be secured by the Board having a bearing on the decision to award a contract to include, but not be limited to:
  - o The ability, experience, and commitment of the contractor to properly and reasonably plan, schedule, coordinate, and execute the work; and,
  - o Whether the contractor has ever been debarred from bidding or found ineligible for bidding on any other projects.
- The District will make such inquiries and investigations as deemed necessary to verify and evaluate the applicant's statements regarding:
  - o The necessary organization and management including experience possessed by the applicant's employees;
  - o Adequate equipment, as shown on the equipment list, to perform normal operations for each class of work in the industry such as that called for in the contract documents in force at the time of application;

For construction services, any contractor pre-qualified and considered eligible by the Department of Transportation to bid to perform the type of work the project entails shall be presumed to be qualified.

If herein required, or if requested by the District at any time after the conclusion of the initial pre-qualification process, the Qualified Prospective Contractor shall submit a certified financial statement(s) in a form acceptable to the District, prepared no later than the past 180 days, indicating current financial resources, current bonding capacity, liabilities, capital equipment, in its sole discretion, may adjust the Qualified Prospective Contractor's Prequalification contract limits

Furthermore, a Qualified Prospective Contractor acknowledges the right of the District to determine a Qualified Prospective Contractor to be not qualified to submit a Bid in response to the District's Advertisement for Bids at the sole determination of the District for, but not necessarily limited to, any of the following specific reasons:

- Failure to submit a properly completed Contractor's Prequalification Statement in accordance with the above requirements;
- Failure of the Qualified Prospective Contractor's rating by the District as to classification of the Work and the maximum Bid dollar amount to meet the requirements of the Bid;



- Reason to believe that collusion exists among Bidders;
- Determination of lack of competency as may be revealed by qualification statements, financial statements, experience records, or other sources;
- The Qualified Prospective Contractor's uncompleted work load which, in the judgment of the Board, may cause detrimental impact on timely completion of the project being bid; or
- The Qualified Prospective Contractor's Surety is unacceptable to District.
- Submission of excessive or unreasonable suggested modifications to the District's Standard Form of Construction or Maintenance Contract.

Any contractor submitting a Contractor's Prequalification Statement, which in its judgment is adversely affected by the District's rating as to the contractor's qualifications and wishes to protest such decision must file with the District a notice of protest in writing within seventy-two (72) hours (excluding Saturdays, Sundays and state holidays) after receipt of the notice of the District's ranking, and shall file a formal written protest within seven (7) days (including Saturdays, Sundays and state holidays) after the date of filing of the notice of protest. The formal written protest shall state with particularity facts and law upon which the protest is based. **Failure to timely file a notice of protest or failure to timely file a formal written protest shall constitute a waiver of all further proceedings under Florida law and the District's Rules of Procedure.** You may obtain a copy of the District's Rules of Procedure by contacting the District Manager's Office at 2501A Burns Road, Palm Beach Gardens, FL 33410.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/11/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brown & Brown of FL, Inc. - Fort Myers 6611 Orion Drive #201 Fort Myers FL 33912	<b>CONTACT</b> NAME: Lorie Frost PHONE (A/C, No, Ext): 239-278-0278 E-MAIL ADDRESS: lfrost@bbswfla.com FAX (A/C, No): 239-278-5306												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b> Juniper Landscaping of Florida, LLC Including all Subsidiaries 5880 Staley Road Fort Myers FL 339005	JUNIP-1 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Pennsylvania Manufacturers' Association Insurance</td> <td style="width: 20%;">NAIC # 12262</td> </tr> <tr> <td>INSURER B : Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER C : GuideOne National Insurance Company</td> <td>14167</td> </tr> <tr> <td>INSURER D : Lloyd's</td> <td></td> </tr> <tr> <td>INSURER E : Capitol Specialty Insurance Corp</td> <td></td> </tr> <tr> <td>INSURER F : Gemini Insurance Company</td> <td></td> </tr> </table>	INSURER A : Pennsylvania Manufacturers' Association Insurance	NAIC # 12262	INSURER B : Great American Insurance Company	16691	INSURER C : GuideOne National Insurance Company	14167	INSURER D : Lloyd's		INSURER E : Capitol Specialty Insurance Corp		INSURER F : Gemini Insurance Company	
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INSURER D : Lloyd's													
INSURER E : Capitol Specialty Insurance Corp													
INSURER F : Gemini Insurance Company													

**COVERAGES**
**CERTIFICATE NUMBER:** 846079123

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			56300049000	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Personal Inj			1093921152175	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Personal Injury Prot \$ 10,000
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			TUE316176402	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1093921202175	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E D F	Pollution Liab. Cyber Liability Professional			EV2018460704 CY20000423 VPPL016981	1/1/2022 7/3/2021 1/1/2022	1/1/2023 7/3/2022 1/1/2023	Pollution Cyber Liability Professional 1,000,000/3,000,000 3,000,000 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Named insureds;  
 Juniper Group Acquisition LLC  
 Juniper Landscaping Holdings, LLC  
 Juniper Landscaping of Florida, LLC  
 Juniper of Bradenton, LLC  
 Coast to Coast Landscaping, LLC  
 Prestige Property Maintenance Inc  
 Juniper Landscape Services, LLC  
 See Attached...

**CERTIFICATE HOLDER**
**CANCELLATION**

West Villages Improvement District  
 C/O Special District Services  
 2501 A Burns Road  
 Palm Beach Gardens FL 33410

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Brown & Brown of FL, Inc. - Fort Myers		NAMED INSURED Juniper Landscaping of Florida, LLC Including all Subsidiaries 5880 Staley Road Fort Myers FL 339005
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

West Villages Improvement District, its Supervisors, Staff, and Consultants. are additional insured in regards to the general liability

**Sarasota County Business Tax Receipt****2021-22**

THIS TAX DOES NOT ASSURE QUALITY OF WORK OR CONFIRM THAT REGULATORY OR  
ZONING REQUIREMENTS HAVE BEEN MET, IT IS THE OWNER'S RESPONSIBILITY TO  
ENSURE COMPLIANCE.

**Account No.**  
**990010123062****Business Type:** CONTRACTOR - LICENSED**Business Address:** JUNIPER LANDSCAPING OF FL LLC  
7000 S TAMiami TRL  
VENICE uninc FL 34293**PAID:** 5569038.0001 7/28/2021 \$35.43DUKE MICHAEL B  
5880 STALEY RD  
FT MYERS FL 33905

All businesses in Sarasota County are responsible for complying with  
the Sarasota County mandatory recycling ordinance.

**Valid until 9/30/2022**

**Sarasota County Tax Collector**  
**Barbara Ford-Coates**  
**101 S. Washington Blvd., Sarasota, FL 34236**  
**(941) 861-8300, option 3**  
**[www.SarasotaTaxCollector.com](http://www.SarasotaTaxCollector.com)**  
**[Info@SarasotaTaxCollector.com](mailto:Info@SarasotaTaxCollector.com)**

Property Name	Earned Revenue	Name	Start Date	Complete Date	Company Name	Primary Contact Name	Primary Contact Mobile Phone
Island Walk Homeowner's Association - Maintenance	\$ 1,807,130.79	Island Walk Homeowner's Association 2021 Maintenance	01/01/21	01/06/2022	KW Property Management	Todd Chwatun	2395130045
Corkscrew Shores - Maintenance	\$ 1,049,044.72	Corkscrew Shores 2021 Maintenance	01/01/21	01/07/2022	First Service Residential	Melissa Azbell	
Del Webb Lakewood Ranch - Maintenance	\$ 1,168,527.95	Del Webb @ LWR 2020 Maintenance Contract	07/01/20	07/01/2021	Castle Group Management	Deborah Mason	9412169151
City of Lauderhill- Public Works, Facilities & Parks	\$ 1,051,303.96	2020 Public Works, Facilities & Parks Maintenance Agreement	10/01/20	09/16/2021	City of Lauderhill	Damieon Dacosta	
Gasparilla Inn Beach Club Expansion - Comm	\$ 1,183,319.36	LS & IRR NTO NTO	09/26/19	12/23/2020	Chris-Tel Construction	Alex Maziekas	
Bridgetown at the Plantation - Maintenance	\$ 1,246,144.66	Bridgetown - 2020 Maintenance Contract~	01/01/20	01/05/2021	First Service Residential	Crystal McClary	
Bridgetown at the Plantation - Maintenance	\$ 1,302,284.95	Bridgetown 2021 Maintenance Contract	01/01/21	01/07/2022	First Service Residential	Crystal McClary	
Isles of Collier Preserve - Maintenance	\$ 1,038,990.20	Isles of Collier Preserve Commons 2021 Maintenance	01/01/21	01/10/2022	Access Management	Emma Doras	
Isles of Collier Preserve - Maintenance	\$ 1,153,604.59	Isles of Collier Preserve Homes 2021 Maintenance	01/01/21	01/10/2022	Access Management	Emma Doras	
Sarasota Co Public Hospital - Laurel Rd Acute Care - Commercial	\$ 2,257,231.76	Sarasota County Public Hospital - Laurel Rd Acute Care Hosp Campus	06/01/20	03/07/2022	Gilbane Building Company	Kathryn McGovern	
City of Port St. Lucie	\$ 1,116,326.25	2020 PSL Various Areas	04/01/20	04/07/2021	City of Port Saint Lucie	John Dunton	
World Equestrian Center Ocala -Comm	\$ 2,428,767.78	LABOR CONTRACT NTO NTO	02/24/19	09/14/2020	Equestrian Operations, L.L.C.	Christina Corso	
World Equestrian Center Ocala- Comm- M	\$ 1,089,451.45	Contract - WEC Materials September 2020 & Beyond	08/31/20	07/13/2021	R & L Carriers	Rodney Gullette	
World Equestrian Center Ocala -Comm	\$ 2,312,594.25	WEC Labor September 2020 thru Sept 2021	09/01/20	01/31/2022	Equestrian Operations, L.L.C.	Christina Corso	





Ron DeSantis, Governor

Halsey Beshears, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE IRRIGATION SPECIALTY CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**STANLEY, DARRELL EUGENE**

JUNIPER LANDSCAPING OF FLORIDA, LLC  
5880 STALEY RD  
FORT MYERS FL 33905

**LICENSE NUMBER: SCC131152351**

**EXPIRATION DATE: AUGUST 31, 2022**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

**WEST VILLAGES IMPROVEMENT DISTRICT**

**CONTRACTOR'S PREQUALIFICATION STATEMENT  
(CONSTRUCTION OF PUBLIC INFRASTRUCTURE IMPROVEMENTS AND  
MAINTENANCE SERVICES)**

Juniper Landscaping of Florida, LLC.

**Contractor**

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**COMPANY OWNED MAJOR EQUIPMENT**

**STATUS OF CONTRACTS ON HAND**

**ALL PROJECTS APPLICANT COMPANY COMPLETED IN THE LAST TWO YEARS**

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**AFFIDAVIT FOR INDIVIDUAL**

**AFFIDAVIT FOR PARTNERSHIP**

**AFFIDAVIT FOR CORPORATION**

**SWORN STATEMENT UNDER SECTION 287.133(3)(A),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

**CONTRACTOR CLASSIFICATION LISTING**

**DETERMINATION OF QUALIFIED PROSPECTIVE BIDDER**



**REQUEST FOR QUALIFICATIONS  
FOR CONSTRUCTION AND MAINTENANCE SERVICES  
WEST VILLAGES IMPROVEMENT DISTRICT**

The West Villages Improvement District (“District”) requests Applications for Qualification from firms interested in providing construction and maintenance services for public infrastructure improvements. Upcoming projects include the construction of various infrastructure improvements and maintenance services in and around the District including i) earthwork/excavation and construction of roadways, stormwater management facilities, water and sewer facilities, irrigation facilities, landscape, hardscape, street lighting, and other public improvements and ii) maintenance services including exotic vegetation removal, and canal/drainage, landscaping, lake and littoral maintenance, and streetlighting.

To be eligible to submit qualifications, firms must: i) hold all required applicable licenses in good standing and ii) be authorized to do business in the Sarasota County, and the State of Florida.

For construction services, any contractor pre-qualified and considered eligible by the Department of Transportation to bid to perform the type of work the project entails shall be presumed to be qualified to perform the project.

Applicants may request an Application for Qualification from Dewberry Engineers Inc. 2201 Cantu Court, Suite 107, Sarasota, Florida 34232, or via email to [rellis@dewberry.com](mailto:rellis@dewberry.com) beginning **April 14<sup>th</sup>, 2022**, after **1:00 p.m.** Applicants must submit one (1) electronic copy (PDF format on a USB flash drive), by **4:00 p.m. on May 16<sup>th</sup>, 2022**. Address responses to: Mr. Richard Ellis, District Engineer, 2201 Cantu Court, Suite 107, Sarasota, Florida 34232.

Qualified firms will be selected based on experience, qualifications of personnel, and ability to perform construction or maintenance services. Packages will be reviewed and rated by a committee appointed by the District Board of Supervisors promptly after receipt of the submittals, with final selections expected to be made at a publicly noticed Board of Supervisors meeting held shortly thereafter.

At that time, all qualified firms may be assigned a project qualification and aggregate dollar limit for work under District contracts. All applicants will be promptly notified after the construction and maintenance firms are selected. The pre-qualification decisions of the Board of Supervisors shall be valid for a period of three (3) years, after which the Board of Supervisors may either extend the prequalification period for an additional two (2) years or open the prequalification process again, at its sole discretion. The District reserves the right to waive any informality in the qualifications submitted, to reject any and all qualifications submitted and to advertise for the services.

Pre-qualified firms will be eligible to bid on construction and maintenance projects subject to the applicants approved project classification and aggregate limit. Failure to pre-qualify may preclude the District from awarding contracts for construction and maintenance services to non-qualified firms.

Applicants may contact the District Engineer, Dewberry Engineers Inc., at 2201 Cantu Court, Suite 107, Sarasota, Florida 34232, or via email to [rellis@dewberry.com](mailto:rellis@dewberry.com), until the qualifications submittal deadline for further information. All requests for information shall be in writing.

Any contractor submitting a Contractor's Prequalification Statement, which in its judgment is adversely affected by the District's rating as to the contractor's qualifications and wishes to protest such decision must file with the District a notice of protest in writing within seventy-two (72) hours (excluding Saturdays, Sundays and state holidays) after receipt of the notice of the District's ranking, and shall file a formal written protest within seven (7) days (including Saturdays, Sundays and state holidays) after the

date of filing of the notice of protest. The formal written protest shall state with particularity facts and law upon which the protest is based. Failure to timely file a notice of protest or failure to timely file a formal written protest shall constitute a waiver of all further proceedings under Florida law and the District's Rules of Procedure. You may obtain a copy of the District's Rules of Procedure by contacting the District Manager's Office at 2501A Burns Road, Palm Beach Gardens, FL 33410.

William Crosley, District Manager

Publication Date: \_\_\_\_\_, 2022

## NOTICE TO PROSPECTIVE BIDDERS

The information required herein is for the purpose of fairly evaluating contractor qualifications to perform various construction and maintenance activities for the West Villages Improvement District (the "District").

**APPLICANTS FOR PREQUALIFICATION AS BIDDERS FOR THE WEST VILLAGES IMPROVEMENT DISTRICT CONTRACTS ARE HEREBY NOTIFIED THAT INCLUSION OF FALSE, DECEPTIVE OR FRAUDULENT STATEMENTS ON THIS APPLICATION CONSTITUTES FRAUD. FURTHERMORE, YOU ARE HEREWITH NOTIFIED THAT THE WEST VILLAGES IMPROVEMENT DISTRICT CONSIDERS SUCH ACTION ON THE PART OF THE APPLICANT TO CONSTITUTE GOOD CAUSE FOR DENIAL, SUSPENSION, OR REVOCATION OF THE PROSPECTIVE BIDDER'S QUALIFICATION FOR BIDDING ON ITS PROJECTS.**

Please be advised that this application must be complete within itself without reference to any other application or statement. All sections of the application shall be completed. If any of the requested information does not apply, it shall be indicated as "None" or "N.A." as applicable. Failure to make entries in every section of this application may result in a disqualification.

All financial information provided in this application and accompanying audited financial statements are exempt from public record laws pursuant to Section 119.071(1)(c), *Florida Statutes*, and will be kept confidential. District can request annual audits and annual resubmittal of any or all financial statements from any prequalified contractor.

The properly completed Contractor's Prequalification Statement shall be submitted to the District Engineer, Richard Ellis at Dewberry Engineers Inc., 2201 Cantu Court, Suite 107, Sarasota, Florida 34232. Any questions with regard to the requests for information contained herein shall be addressed to the District Engineer, Dewberry Engineers Inc., at 2201 Cantu Court, Suite 107, Sarasota, Florida 34232, or via email to [rellis@dewberry.com](mailto:rellis@dewberry.com).

### Schedule of Pertinent Dates

<b>Description</b>	<b>Date</b>
RFQ "Pickup" Date	Thursday, April 14th, 2022, after 1:00 p.m.
RFQ Due Date	Monday, May 16th, 2022, at 4:00 p.m.
Committee Meeting Date to Evaluate Qualifications Statements	Tuesday, May 17th at 11:00 a.m.
Board Meeting to Formally Approve Prequalified Contractors	Thursday, May 19th at 11:00 a.m.

## CONTRACTOR PREQUALIFICATION STATEMENT

### Application for Contractor Prequalification (Attach Additional Sheets if Necessary)

DATE SUBMITTED May 16th, 2022

1. Applicant Juniper Landscaping of Florida, LLC. ☒ A Partnership  
[Company Name] ☐ A Corporation  
☐ A Subsidiary Corporation
2. Parent Company Name Juniper Landscaping of Florida, LLC.
3. Parent Company Address:  
Street Address 5880 Staley Road  
P. O. Box (if any) N/A  
City Fort Myers State Florida Zip Code 33905  
Telephone (239) 561-5980 Fax no. (239) 561-5595  
1st Contact Name Edward Tanguay Jr. Title Branch Manager-Maintenance  
2nd Contact Name Nick Salerno Title Regional Director
4. Applicant Company Address (if different):  
Street Address N/A  
P. O. Box (if any) N/A  
City N/A State N/A Zip Code N/A  
Telephone N/A Fax no. N/A  
1st Contact Name N/A Title N/A  
2nd Contact Name N/A Title N/A
5. List the location of the office from which the applicant would perform work for the West Villages Improvement District work.  
Street Address 7000 South Tamiami Trail  
City Venice State Florida Zip Code 34293  
Telephone (941) 786-3827 Fax no. N/A  
1st Contract Name Edward Tanguay Jr. Title Branch Manager-Maintenance

6. Is the applicant Company incorporated in the State of Florida? yes (X) no ( )

6.1 If yes, provide the following:

- o Is the Company in good standing with the Florida Department of State Division of Corporations? yes (X) no ( )

If no, please explain N/A  
\_\_\_\_\_  
\_\_\_\_\_

- o Date incorporated 2/6/2009 Charter No. L09000012442

6.2 If no, provide the following:

- o The State with whom the applicant company is incorporated in? N/A

- o Is the company in good standing with the State? yes ( ) no ( )

In no, please explain N/A  
\_\_\_\_\_  
\_\_\_\_\_

- o Date incorporated N/A Charter No. N/A

- o Is the applicant company authorized to do business in the State of Florida? yes ( ) no ( )

7. Is the applicant company a registered or licensed contractor with the State of Florida? yes (X) no ( )  
Provide copies of all licenses listed.

7.1 If yes, provide the following:

- o Type of registration (i.e. certified general contractor, certified electrical contractor, etc.) Irrigation Specialty Contractor

- o License No. SCC131152351 Expiration Date 8/31/2022

- o Qualifying individual Darrell Stanley Title Client Relations Manager

- o List company(s) currently qualified under this license Juniper Landscaping of Florida, LLC.

7.2 Is the applicant Company a registered or licensed Contractor with Sarasota County? yes (X) no ( )

7.3 Has the applicant Company performed work for an independent special district previously? yes (X)  
) no ( )

8. Is the applicant company prequalified by the Florida Department of Transportation? yes ( ) no (X)

If yes, provide the following:

o Work Class Ratings N/A

o Maximum Capacity Rating N/A

9. Name of Applicant's Bonding Company Travelers Casualty And Surety Company of America

Address One Tower Square, Hartford, CT 06183

Approved Bonding Capacities:	Aggregate Limit	\$ <u>25,000,000.00</u>
	Single Project Limit	\$ <u>3,000,000.00</u>
	Total Current Contracts Bonded	\$ <u>10,500,000.00</u>

Note: All bonds and insurance policies obtained by Applicant required herein shall be issued by companies authorized to do business in the State of Florida and shall have a financial strength rating of A or better, and a financial size category of X or higher, as rated by A.M. Best Company.

Name of Applicant's Bonding Agency Brown & Brown Insurance

Address 1201 W. Cypress Creek, Suite 130, Fort Lauderdale, Florida 33309

Contact Name Layne Holmes Phone (954) 331-1346

10. List the Applicant's total annual dollar value of work completed for each of the last three (3) years starting with the latest year and ending with the most current year (2019) 85,808,717.00 (2020) 98,369,471.00, (2021) 107,683,407.00

11. List the classification(s) (refer to attached listing) of work the applicant is applying for prequalification based on the applicant company's ability to self perform the work (excluding general contracting).

<u>Irrigation Facilities</u>	<u></u>
<u>Landscape Installation</u>	<u></u>
<u>Landscape and Irrigation Maintenance</u>	<u></u>

12. What are the applicant company's current insurance limits? If contractor does not have a certain category of coverage listed below, please note none. (provide a copy of applicant's certificate of insurance)

General Liability	\$ <u>1,000,000.00</u>
Automobile Liability	\$ <u>2,000,000.00</u>
Workers Compensation	\$ <u>1,000,000.00</u>
Contractor's Pollution Liability	\$ <u>1,000,000.00</u>
Umbrella Liability/Excess Liability	\$ <u>10,000,000.00</u>
Contractors Additional Insured Status	
- General Liability	\$ <u>1,000,000.00</u>
- Auto Liability	\$ <u>2,000,000.00</u>
Per Project Aggregate Limit	
- General Liability	\$ <u>2,000,000.00</u>
Waiver of Subrogation in favor of District	
- General Liability	\$ <u>1,000,000.00</u>
- Auto Liability	\$ <u>2,000,000.00</u>
- Workers' Compensation	\$ <u>1,000,000.00</u>

Expiration Date 7/1/2022

Note: Applicant must provide a certification that their insurance carrier is authorized to conduct business in Florida. Coverage must be provided on a primary, non-contributory basis.

13. Has the applicant company been cited by OSHA for any job site or company office/shop safety violations in the past two years? yes ( ) no (X)

If yes, please describe each violation, fine, and resolution None.

13.1 What is the applicant's current worker compensation rating? 1.13

- 13.2 Has the applicant company experienced any worker injuries resulting in a worker losing more than ten (10) working days as a result of the injury in the past two years? yes (X) no ( )

If yes, please describe each incident Additional sheets utilized for complete details, please see

"Report for Pg 9 Worker Injuries Greater Than 10 Days" for this section.

14. Please state whether or not your company or any of its affiliates are presently barred or suspended from bidding or contracting on any state, local or federal-aid contracts in any state(s)? Yes \_\_\_\_\_ No X  
If so, state the name(s) of the company(ies) N/A

the state(s) where barred or suspended N/A  
and the period(s) of debarment or suspension N/A

15. What is the construction or maintenance experience of the principal supervisory construction or maintenance personnel of your organization? (Attach resumes here.)

INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE	MAGNITUDE AND TYPE OF WORK*	YEARS OF CONSTRUCTION /MAINTENANCE EXPERIENCE	YEARS WITH FIRM	IN WHAT CAPACITY?
Nick Salerno	Fort Myers	Director	20	6	Regional Director
Edward Tanguay	Venice	Manager	40	3	Branch Manager
Dean Daggy	Venice	Manager	40	6	Senior A/M
Hector Maldonado	Venice	Manager	30	1	A/M


\*Give in sufficient detail for the District to evaluate your experience in the classifications of work for which you are requesting prequalification.

16. Have you ever failed to complete any work awarded to you? Yes \_\_\_\_\_ No X If so, where and why? N/A
17. Has any officer or partner of your organization ever been an officer, partner, or owner of some other organization that has failed to complete a construction or maintenance contract? Yes \_\_\_\_\_ No X
- If so, state name of individual, other organization and reason therefore.  
N/A
18. List any and all litigation with owners or major subcontractors to which the Applicant has been a party in the last five (5) years and describe the outcome or resolution.  
None.
19. Has the Applicant or any of its affiliates ever been either disqualified or denied prequalification status by a governmental entity? No If so, discuss the circumstances surrounding such denial or disqualification as well as the date thereof. N/A
20. Within the past five (5) years, has the Applicant failed to complete a project within the scheduled contract time? No If so, discuss the circumstances surrounding such failure to complete a project on time as well as the date thereof.  
N/A
21. Does the Applicant have adequate equipment to perform normal construction or maintenance operations for each class of work for which prequalification is sought? Yes X No \_\_\_\_\_ If no, please explain:



## SUPERVISORY PERSONNEL

Company Name Juniper Landscaping of Florida, LLC. Date 4/26/2022

What is the experience of the key management and supervisory personnel of the applicant company for both administration as well as operations? (Attach resumes of key personnel here)

INDIVIDUAL'S NAME	PRESENT TITLE	DESCRIPTION OF DIRECT JOB RESPONSIBILITIES	YEARS OF EXPERIENCE IN PRESENT POSITION	TOTAL YEARS OF RELATED EXPERIENCE
Brian Guay	Irrigation Manager	Irrigation Schedule/Training	15	25
Edward Tanguay	Branch Manager	Operations/Branch Financials	3	40
Danial Nazario	Account Manager	Scheduling/Quality Control	5	25
Kent Landry	Account Manager	Scheduling/Quality Control	15	25
Jesus Landron	Account Manager	Scheduling/Quality Control	10	15

**COMPANY OWNED MAJOR EQUIPMENT**  
**(Attach additional sheets if necessary)**

Company Name Juniper Landscaping of Florida, LLC.

Date 4/26/2022

QUANTITY	DESCRIPTION	CAPACITY	NO. LOCATED IN	
			FLORIDA	OTHER
Additional sheets	utilized for complete details, please see "Report for Pg 12 Company Owned Major Equipment" for this section.		All in Florida	

**STATUS OF CONTRACTS ON HAND**  
(Attach additional sheets if necessary)

Company Name Juniper Landscaping of Florida, LLC.

Date 4/26/2022

Furnish requested information about all of applicant's active contracts, whether as prime or subcontracts; whether in progress or awarded but not yet started; and regardless of with whom contracted. All amounts to be shown to nearest \$1,000. Contractor may consolidate and list as a single item all contracts which individually do not exceed 3% of total active contracts and in total do not exceed 20% of the active total contracts.

				Applicant's Uncompleted Amount as of this Date		Completion Date		
Owner, Location and Description of Project	Current Contract Amount as Prime	Current Contract Amount as Subcontractor	Current Amount Sublet to Others	As Prime Contractor	As Subcontractor	Original Contract Date	Approved Revised Date	Current Estimate Date
Additional sheets utilized for complete details,	\$	\$	\$	\$	\$			
please see "Report for Pg 13 Status of Contracts	\$	\$	\$	\$	\$			
on Hand" for this section.	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
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	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
	\$	\$	\$	\$	\$			
Subtotal Uncompleted Work				\$	\$			
Total Uncompleted Work on Hand					\$			

# PROJECTS APPLICANT COMPANY COMPLETED IN THE LAST TWO YEARS

Company Name Juniper Landscaping of Florida, LLC. Date 4/26/2022

List all projects completed in the last two years for which the contract value individually exceeded 3% of the applicant's annual total work completed for the year the project was started. Include in the list projects that were started earlier than two years but were completed within the last two years.

Project Name/Location	Final Contract Amount	Prime or Sub <sup>1</sup>	Classification of Work Performed	Year Started/ Completed	Owner Name/Location <sup>2</sup>	Name & Phone Number of Owner's Representative on this Project <sup>3</sup>
Additional sheets utilized for complete						
details, please see "WVID Project						
Report Page 14" for this section.						

<sup>1</sup> 'Prime or Sub' should indicate whether applicant performed the work as a prime contractor or as a subcontractor.

<sup>2</sup> 'Owner Name/Location' should indicate the Owner of the project if the applicant performed the work as a prime contractor or the general contractor if the applicant performed the work as a subcontractor.

<sup>3</sup> 'Name & Phone Number of Owner's Representative on this Project' should list a reference from the business entity listed in the previous column familiar with applicant's contract performance.

## **LIST OF ADDITIONAL DOCUMENTS FOR INCLUSION IN APPLICATION**

**Please include the following additional information with this application:**

1. Applicants shall provide letters of recommendation from at least two agencies or firms with direct knowledge of the applicant's key personnel and work performance in sufficient detail to assist in rating the applicant's ability to perform the classification of work for which the applicant is applying for prequalification. The letters must contain specific information regarding the following:
  - (a) Specific projects, including project numbers and location.
  - (b) Size of projects by dollar value.
  - (c) Description of projects and classes of work performed with applicant's own employees and equipment.
  - (d) Whether projects were timely completed.
  - (e) Whether the applicant was cooperative and facilitated changes to the project when required.
2. Applicants shall list the name of any subcontractor(s) that may be utilized to complete any work falling within the scope of the Contractor Classification Listing(s) for which the Applicant is submitting its Application for Qualification.

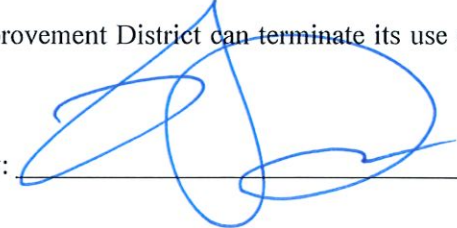
(Continued on Next Page)

The undersigned hereby authorize(s) and request(s) any person, firm or corporation to furnish any pertinent information requested by the West Villages Improvement District, or their authorized agents, deemed necessary to verify the statements made in this application or attachments hereto, or necessary to determine whether the West Villages Improvement District should prequalify the applicant for bidding on its construction or maintenance projects, including such matters as the applicant's ability, standing, integrity, quality of performance, efficiency and general reputation.

The undersigned acknowledges and consents to the use of the evaluation criteria set forth under the Section herein titled "Determination of Qualified Prospective Bidder.

The undersigned acknowledges that the West Villages Improvement District can terminate its use of the prequalification list for bidding purposes at any time.

Juniper Landscaping of Florida, LLC  
Name of Applicant Company

By: 

M. Brandon Duke, CEO/President  
[Type Name and Title of Person Signing]

This 16th day of May, 2022

(Corporate Seal)



Sworn to before me this 16th day of May, 2022.

Julia R. Petrov  
Notary Public/Expiration Date  
(Seal)



Applicant acknowledges receipt of the following addenda:

Addendum No. <u>N/A</u>	Date <u>N/A</u>
Addendum No. <u>N/A</u>	Date <u>N/A</u>

**AFFIDAVIT FOR INDIVIDUAL**

State of \_\_\_\_\_ ss:

County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that the statements and answers to the questions concerning experience contained herein are correct and true as of this date; and that he/she understands that intentional inclusion of false, deceptive or fraudulent statements on this application constitutes fraud; and, that the District considers such action on the part of the applicant to constitute good cause for denial, suspension or revocation of a certificate of qualification for bidding on West Villages Improvement District projects.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Notary Public/Expiration Date:

(SEAL)

**AFFIDAVIT FOR PARTNERSHIP**

State of Florida

SS:

County of Lee

M. Brandon Duke, is a member of the firm of Juniper Landscaping of Florida, LLC, being duly sworn, deposes and says that the statements and answers to the questions of the foregoing experience questionnaire are correct and true as of the date of this affidavit; and, that he/she understands that intentional inclusion of false, deceptive or fraudulent statements on this application constitutes fraud; and, that the District considers such action on the part of the applicant to constitute good cause for denial, suspension or revocation of a certificate of qualification for bidding on West Villages Improvement District projects.

Signature

M. Brandon Duke

Print Name

Sworn to before me this 16<sup>th</sup> day of May, 2022.

Julia R. Petrov

Notary Public/Expiration Date: 04/28/2022

(SEAL)





**AFFIDAVIT FOR CORPORATION**

State of \_\_\_\_\_ ss:

County of \_\_\_\_\_

\_\_\_\_\_  
(title) \_\_\_\_\_  
of the \_\_\_\_\_

(a corporation described herein) being duly sworn, deposes and says that the statements and answers to the questions in the foregoing concerning experience are correct and true as of the date of this affidavit; and, that he/she understands that intentional inclusion of false, deceptive or fraudulent statements in this application constitutes fraud; and, that the District considers such action on the part of the applicant to constitute good cause for denial, suspension or revocation of a certificate of qualification for bidding on West Villages Improvement District projects.

\_\_\_\_\_  
(Officer must sign here)

\_\_\_\_\_  
Print Name

CORPORATE SEAL

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Notary Public/Expiration Date:

(SEAL)

**SWORN STATEMENT UNDER SECTION 287.133(3)(a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER  
AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to West Villages Improvement District for Prequalification of Construction and/or Maintenance Contractors.

2. This sworn statement is submitted by Juniper Landscaping of Florida, LLC.  
[Print Name of Entity Submitting Sworn Statement]  
whose business address is 5880 Staley Road, Fort Myers, Florida 33905  
and (if applicable) its Federal Employer Identification Number (FEIN) is 26-4242641  
(If the entity has no FEIN, include the Social Security Number of the individual signing this  
sworn statement: \_\_\_\_\_.)

3. My name is M. Brandon Duke and my relationship to the  
entity named above is CEO/President.

4. I understand that a "public entity crime" as defined in Section 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

5. I understand that "convicted" or "conviction" as defined in Section 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an "affiliate" as defined in Section 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime; or,
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

7. I understand that a "person" as defined in Section 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term

"person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

X Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity, have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity or an affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (please indicate which additional statement applies):

\_\_\_\_\_ There has been a proceeding concerning the conviction before an Administrative Law Judge of the State of Florida, Division of Administrative Hearings. The final order entered by the Administrative Law Judge did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

\_\_\_\_\_ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before an Administrative Law Judge of the State of Florida, Division of Administrative Hearings. The final order entered by the Administrative Law Judge determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

\_\_\_\_\_ The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Florida Department of Management Services.)

Signature

M. Brandon Duke

Print Name

Date: 5/16/2022

STATE OF Florida  
COUNTY OF Lee

PERSONALLY APPEARED BEFORE ME, the undersigned authority, MICHAEL

BRANDON DUKE who, after first being sworn by me, affixed his/her signature in the  
(name of individual signing)

space provided above on this 16<sup>th</sup> day of may 2022.

Julia R. Petrov  
NOTARY PUBLIC

My commission expires: 04/28/2026



## CONTRACTOR CLASSIFICATION LISTING

### Construction

1. Excavation/Earthwork
2. Roadways, including Paving, Repair and Resurfacing
3. Stormwater Management Facilities
4. Water and Sewer Facilities
5. Irrigation Facilities
6. Landscape Installation
7. Hardscape Facilities
8. Streetlighting

### Maintenance

1. Exotic Vegetation Removal
2. Canal/Drainage Maintenance
3. Landscape and Irrigation Maintenance
4. Lake and Littoral Maintenance
5. Streetlighting

## **DETERMINATION OF QUALIFIED PROSPECTIVE BIDDER**

The West Villages Improvement District ("District") is authorized to maintain a list of qualified contractors ("Qualified Prospective Contractors") to submit bids for the procurement of District construction and maintenance projects. Any Qualified Prospective Contractor desiring to submit a bid to provide work for the District must submit a properly completed Contractor's Prequalification Statement to the District Engineer for review and evaluation.

The District shall evaluate the Contractor's Prequalification Statement and based on the District's judgment of the information provided, shall issue in writing to the contractor, the District's rating as to the classification(s) of the Work and the maximum Bid dollar amount for which the Qualified Prospective Contractor can submit a Bid to the District.

A Qualified Prospective Contractor shall mean a prospective contractor which in the sole judgment of the District has the capability, in all respects, to perform fully the contract requirements, and the business integrity and reliability which will assure good faith performance. In determining the Qualified Prospective Contractor's qualifications, the following criteria will be considered:

- The ability, capacity, and skill of the contractor to perform the contract or provide the work required;
- Whether the contractor can perform the contract or provide the work promptly, or within the time specified, without delay or interference;
- The character, integrity, reputation, judgment, experience, and efficiency of the contractor;
- The quality of performance of previous contract or work. For example, the following information will be considered:
  - o The cost overrun incurred by owners on previous contracts with contractor;
  - o The contractor's compliance record with contract general conditions on other projects;
  - o The contractor's record for completion of the work within the Contract Time or within Contract Milestones and contractor's compliance with scheduling and coordination requirements on other projects;
  - o The quality, availability, and adaptability of the goods or work to the particular use required;
  - o The contractor's demonstrated cooperation with owners, architects, engineers, and others on previous contracts; and
  - o Whether the work performed and materials furnished on other contracts were in accordance with the contract documents; and
  - o Whether contractor has performed previous work for an independent special district.
- The previous and existing compliance by the Prospective Bidder with laws and ordinances relating to contracts or work;

- The sufficiency of the financial resources and ability of the contractor to perform the contract or provide the work;
- The ability of the contractor to fulfill its guarantee and warranty period;
- Such other information as may be secured by the Board having a bearing on the decision to award a contract to include, but not be limited to:
  - o The ability, experience, and commitment of the contractor to properly and reasonably plan, schedule, coordinate, and execute the work; and,
  - o Whether the contractor has ever been debarred from bidding or found ineligible for bidding on any other projects.
- The District will make such inquiries and investigations as deemed necessary to verify and evaluate the applicant's statements regarding:
  - o The necessary organization and management including experience possessed by the applicant's employees;
  - o Adequate equipment, as shown on the equipment list, to perform normal operations for each class of work in the industry such as that called for in the contract documents in force at the time of application;

For construction services, any contractor pre-qualified and considered eligible by the Department of Transportation to bid to perform the type of work the project entails shall be presumed to be qualified.

If herein required, or if requested by the District at any time after the conclusion of the initial pre-qualification process, the Qualified Prospective Contractor shall submit a certified financial statement(s) in a form acceptable to the District, prepared no later than the past 180 days, indicating current financial resources, current bonding capacity, liabilities, capital equipment, in its sole discretion, may adjust the Qualified Prospective Contractor's Prequalification contract limits

Furthermore, a Qualified Prospective Contractor acknowledges the right of the District to determine a Qualified Prospective Contractor to be not qualified to submit a Bid in response to the District's Advertisement for Bids at the sole determination of the District for, but not necessarily limited to, any of the following specific reasons:

- Failure to submit a properly completed Contractor's Prequalification Statement in accordance with the above requirements;
- Failure of the Qualified Prospective Contractor's rating by the District as to classification of the Work and the maximum Bid dollar amount to meet the requirements of the Bid;

- Reason to believe that collusion exists among Bidders;
- Determination of lack of competency as may be revealed by qualification statements, financial statements, experience records, or other sources;
- The Qualified Prospective Contractor's uncompleted work load which, in the judgment of the Board, may cause detrimental impact on timely completion of the project being bid; or
- The Qualified Prospective Contractor's Surety is unacceptable to District.
- Submission of excessive or unreasonable suggested modifications to the District's Standard Form of Construction or Maintenance Contract.

Any contractor submitting a Contractor's Prequalification Statement, which in its judgment is adversely affected by the District's rating as to the contractor's qualifications and wishes to protest such decision must file with the District a notice of protest in writing within seventy-two (72) hours (excluding Saturdays, Sundays and state holidays) after receipt of the notice of the District's ranking, and shall file a formal written protest within seven (7) days (including Saturdays, Sundays and state holidays) after the date of filing of the notice of protest. The formal written protest shall state with particularity facts and law upon which the protest is based. **Failure to timely file a notice of protest or failure to timely file a formal written protest shall constitute a waiver of all further proceedings under Florida law and the District's Rules of Procedure.** You may obtain a copy of the District's Rules of Procedure by contacting the District Manager's Office at 2501A Burns Road, Palm Beach Gardens, FL 33410.



**CERTIFICATE OF NURSERY REGISTRATION**

Section 581.131, F.S. and Rule 5B-2.002, F.A.C  
1911 S.W. 34th St. P.O. Box 147100, Gainesville, FL 32614-7100 (352) 395-4700

NICOLE "NIKKI" FRIED  
COMMISSIONER

**ISSUED TO:**

JUNIPER LANDSCAPE OF FLORIDA, LLC  
DUKE, BRANDON  
5880 STALEY RD  
FORT MYERS, FL 33905-6919

THIS CERTIFICATE EXPIRES: 05/18/2022

FEE PAID: \$100.00

REGISTRATION NO.: 48021357

DATE ISSUED: 04/09/2021

THIS IS TO CERTIFY that the nursery stock on the premises of the nursery shown hereon has been inspected for plant pests and meets at least the minimum requirements of Section 581.131, Florida Statutes.

THIS CERTIFICATE OF REGISTRATION MUST BE DISPLAYED or in the immediate possession of any person engaged in the sale or distribution of nursery stock.

*Nicole Fried*





April 28, 2022

West Villages Improvement District  
2501A Burns Road  
Palm Beach Gardens, FL 33410

RE: Letter of Recommendation

To Whom It May Concern,

Frederick Derr & Company served as the prime contractor on the **Preto Blvd** project (section between US 41 and Playmore Rd) for WVID from February 2018 through the project completion in May 2019. On this project Juniper Landscaping was our landscape and irrigation subcontractor. Juniper's contract for the landscape and irrigation work totaled \$783,011. Included in their contract was sodding services which I believe they subcontracted to the Centeno Sod company. Juniper was a crucial component on our construction team providing excellent management and project coordination efforts and delivering their portion of the project on time and within budget.

Please do not hesitate to contact me should you require and additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Ryan E. Hirstein', is positioned above the printed name.

Ryan E. Hirstein  
Vice President

# JUNIPER LANDSCAPING

## Employee Safety Manual

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Provided by: Juniper Landscaping



### Disclaimer to users of this Safety Manual:

The materials presented herein are for general reference only. Federal, state and/or local laws, or individual circumstances, may require the addition of policies, amendment of individual policies, and/or the entire Handbook to meet specific situations. These materials are intended to be used only as guides and should not be used, adopted, or modified without the consent of Juniper Landscaping.

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## **JUNIPER LANDSCAPING COMMITMENT TO SAFETY**

Juniper Landscaping has a moral obligation to ensure the safety and wellbeing of their employees. We want our team members to return home every night in the same condition as they left the house.

Accidents and injuries happen every day in life and to avoid these in our day to day activities we have implemented multiple measures to account for the safety of our employees and their tools they.

Juniper expects and welcomes our employees to report unsafe acts so that they can be identified, adjusted to account for safety, and reduce other accidents or injuries for the future.

Safety is a team effort and without everyone's commitment and compliance to work together, it won't work. Please join me in working towards making sure that every job is done safely, every tool used it properly handled, and every person is equipped correctly for everyone's safety.

---

Brandon Duke, CEO  
Juniper Landscaping

## COMPANY CORE OF VALUES

The core values of an organization are the values we believe form the foundation on which we perform work and conduct ourselves.

Core values are not descriptions of the work we do or the strategies we employ to accomplish our mission. The values underlie our work, how we interact with each other, and which strategies we employ to fulfill our mission. The core values are the basic elements of how we go about our work. They are the practices we use every day in everything we do.



## EMPLOYEE RESPONSIBILITIES

The primary responsibility of the employees of Juniper Landscaping is to perform his or her duties in a safe manner in order to prevent injury to themselves and others.

As a condition of employment, employees **MUST** become familiar with, observe, and obey Juniper Landscaping's rules and established policies for health, safety, and preventing injuries while at work. Additionally, employees **MUST** learn the approved safe practices and procedures that apply to their work.

Before beginning special work or new assignments, an employee should review applicable and appropriate safety rules and ensure they have received the appropriate safety training.

If an employee has any questions about how a task should be done safely, he or she is under instruction **NOT** to begin the task until he or she discusses the situation with his or her supervisor. Together, they will determine the safe way to do the job.

If, after discussing a safety situation with his or her supervisor, an employee still has questions or concerns, he or she is required to contact the Safety Coordinator or Safety Manager.

***NO EMPLOYEE IS EVER REQUIRED*** to perform work that he or she believes is unsafe, or that he or she thinks is likely to cause injury or a health risk to themselves or others.



## WORKPLACE HEALTH AND SAFETY

Juniper provides information to employees about workplace safety and health issues through regular internal communication such as:

- Training sessions
- Team meetings
- Other written communications

Juniper is dedicated to the safety of its workers. The utmost care must always be taken to ensure that safe work practices are utilized. This means using all guards on equipment, wearing head and eye protection and leather top work boots, safe use of chemicals, no smoking near flammable materials and cautious and courteous driving.

All field employees will be issued protective equipment based on each employee's specific job requirements. Replacement of these articles is to be the expense of the employee, except in cases of wear and tear due to normal use of the article during work. Employees must provide the damaged or worn item needing replacement in order not to be charged for its cost.

Each employee is expected to obey safety rules and exercise caution and common sense in all work activities. Employees must immediately report any unsafe conditions to their supervisor. Employees who violate safety standards, cause hazardous or dangerous situations, or fail to report, or where appropriate, remedy such situations, may be subject to disciplinary action including termination of employment.

With assistance from the field, we can utilize our resources to identify and control work related hazards. All employees are encouraged to actively participate by notifying your supervisor of any needed safety improvements. All field workers are required to attend weekly safety meetings and to complete the safety sheet for attendance.

**In the case of an accident that results in injury, regardless of how insignificant the injury may appear, employees are required to notify their supervisor immediately.**

### **FIELD EMPLOYEES**

Our public image is very important, so it is mandatory that you be in uniform when you are at work. Being out of uniform or not meeting appearance standards is unacceptable.

Only hats that are provided by the Company or provided by our vendors can be worn during working hours.

**Work boots are always to be worn when in the field.** Failure to follow dress and grooming rules will result in disciplinary action up to and including termination. Upon resignation or termination, the employee is responsible for turning in all uniforms, as well as any jackets or additional items that have been rented by the employee. Any missing articles or items may be deducted from the employee's final check if not accounted for.

**Any questions or concerns regarding the appropriateness of attire should be directed to your supervisor.**

## **CONDUCT**

Horseplay, 'practical jokes,' etc., are forbidden. Employees are required to work in an injury-free manner displaying accepted levels of behavior. Conduct that places the employee or others at risk, or which threatens or intimidates others, is forbidden. Use of Cell phones and P.E.D.'s (personal entertainment devices such as IPODS) is prohibited on work sites.

## **SMOKE-FREE WORKPLACE**

Smoking is not allowed in company buildings, company vehicles or work areas at any time. "Smoking" includes the use of any tobacco products, electronic smoking devices, and e-cigarettes containing nicotine cartridges. For more information, please refer to Juniper Landscaping Handbook.

## **CARE OF EQUIPMENT & COMPANY PROPERTY**

It is the duty of all employees to take due care of company equipment and property. Any malfunction or breakage that occurs to any equipment should be reported to a supervisor immediately. This will eliminate unnecessary down time for that piece of equipment and allow for proper and timely completion of the job. For more information, refer to Juniper Landscaping Handbook.

## **VISITORS IN THE WORKPLACE**

To provide for the safety and security of employees, only authorized visitors are allowed in the jobsite. For more information, refer to Juniper Landscaping Handbook.

## **WORKPLACE VIOLENCE PREVENTION**

Juniper is committed to providing a safe, violence-free and harassment-free workplace for our employees. Due to this commitment, we discourage employees from engaging in any physical confrontation with a violent or potentially violent individual or from behaving in a threatening, combative, or violent manner. For more information, refer to Juniper Landscaping Handbook.

## **SAFETY ORIENTATION TRAINING**

Juniper Landscaping is committed to providing safety and health related orientations and trainings for all employees at all levels of the Company. Juniper Landscaping will maintain and support a program to educate and familiarize employees with safety and health procedures, rules, and safe work practices. The trainings subjects and materials have been developed using industry best practices criteria.



## PERIODIC INSPECTIONS

It is the policy of Juniper Landscaping that workplaces are subject to periodic safety and health inspections to ensure implementation and execution of our policies and procedures as relates to employees, contractors, and vendors.

All employees are responsible for cooperating during these inspections and managers and supervisors are responsible for initiating corrective actions to improve items discovered during the walk-through inspection.

Junipers Inspection form is shown below as an example of how the form is utilized to make sure all equipment and people using it are kept safe and in proper use. These periodic inspections are done so that the company can maintain a high priority of safety and safe equipment. These Inspection forms are sent to both the branch manager and safety department for review.

### Juniper Inspection Form EXAMPLE

 <b>Jobsite Inspection Form</b> 			
Report Completed By:	John Doe	Title:	Safety Supervisor
Inspection Date:	5/20/2020	Date Submitted:	5/30/2020
Branch Location:	Ft. Myers	Date of last incident:	8/2/2018
Branch Manager:	Bob Myers		
Others Present During Inspection:	N/A		

Categories	Items Passed	Results
EQUIPMENT SAFETY	9/11	81.8%
PERSONAL PROTECTIVE EQUIPMENT (PPE)	8/10	80.0%
VEHICLES	10/11	90.9%
TRAILERS	6/7	85.7%
PUBLIC SAFETY AWARENESS	5/6	83.3%
HAND TOOLS & GRINDERS	5/5	100.0%
CHEMICAL AWARENESS	5/5	100.0%
LADDERS	3/3	100.0%
HEAT AWARENESS/ILLNESS	3/3	100.0%
OTHER	3/3	100.0%
<b>OVERALL</b>	<b>57/64</b>	<b>0.890625</b>

**Results**

A) EQUIPMENT SAFETY					
Inspection Item	Results	Comments	Corrected on	Corrected by	
Mower discharge chutes in down position	Pass				
Warning decals in place	Pass				
Equipment, fuel containers, tools, secured when not in use	Pass				
Engines off when fueling	Fail				
Chemicals labeled	Pass				
All guards in place	Pass				
Fuel stored in proper color/type container	Pass				
Safety kill switch in place/functioning	Pass				
Seatbelts in place/used (ROPS)	Fail				
Equipment operated within slope rating	Pass				
Employees maintain 10' safety zone (H2O)	Pass				

B) PERSONAL PROTECTIVE EQUIPMENT (PPE)					
Inspection Item	Results	Comments	Corrected on	Corrected by	
Safety glasses while working	Pass				
Hearing protection in loud environments	Fail				
High visibility work vest	Pass				
Boots	Pass				
Proper gloves for work task	Pass				
Hardhat used for overhead threats	Pass				
Leg chaps in use with chainsaw and trimmer operation	Pass				
Leg chaps and arm chaps available when chainsaw present	Pass				
COVID-19 facemask being worn	Fail				
Extra PPE available for crew (if needed)	Pass				

C) VEHICLES					
Inspection Item	Results	Comments	Corrected on	Corrected by	
Are drivers using hands-free while driving	Pass				
Current insurance and registration docs.	Fail				
Fire Extinguisher charged and inspected	Pass				
First Aid Kit stocked	Pass				
Vehicle clean & dashboard clear	Pass				
Mirrors intact	Pass				
Keys not in ignition when vehicle is parked	Pass				
License Plate with current registration tab	Pass				
Company decals intact	Pass				
Tires in good condition	Pass				
Accident kit in vehicle	Pass				

D) TRAILERS					
Inspection Item	Results	Comments	Corrected on	Corrected by	
Safety chains good condition/crossed	Fail				
Self-latching hooks	Pass				
Locking pin in use	Pass				
Break-away cable attached correctly	Pass				
Battery on trailer charged and attached	Pass				
Trailer floor in good condition	Pass				
Tires in good condition	Pass				
E) PUBLIC SAFETY AWARENESS					
Inspection Item	Results	Comments	Corrected on	Corrected by	
28' cones (3 w/truck & 5 w/bobtail or trailer)	Pass				
Property free of slip hazards (H2O leaks)	Fail				
Property free of broken valve boxes/lids	Pass				
Vehicles parked safely	Pass				
Proper signage when working in traffic	Pass				
Lane closures/traffic control properly utilized	Pass				
F) HAND TOOLS & GRINDERS					
Inspection Item	Results	Comments	Corrected on	Corrected by	
All guards in place	Pass				
Power cords in good condition	Pass				
Handles in good condition	Pass				
Shovels in good condition	Pass				
No short-handled trimmers available in use	Pass				
G) CHEMICAL AWARENESS					
Inspection Item	Results	Comments	Corrected on	Corrected by	
All chemicals in tip-n-pour containers	Pass				
All chemicals properly labeled	Pass				
PPE stored separately from chemicals	Pass				
Current SDS sheets for all chemicals (in vehicle)	Pass				
Chemical applicators properly credeentialed	Pass				
H) LADDERS					
Inspection Item	Results	Comments	Corrected on	Corrected by	
Proper ladder in use for the job	Pass				
Ladders in good condition	Pass				
Three points of contact	Pass				
I) HEAT AWARENESS/ILLNESS					
Inspection Item	Results	Comments	Corrected on	Corrected by	
Ample cool water for crew	Pass				
Ample shade	Pass				
Heat awareness trained supervisor on site	Pass				
J) OTHER					
Inspection Item	Results	Comments	Corrected on	Corrected by	
Fall Protection (no unprotected fall 6 ft. or more)	Pass				
Supervisor CPR/First Aid certified	Pass				
Confined space	Pass				
NOTES:					
Date Since Last Injury:		Injury Description:			

## WORKERS' COMPENSATION

Workers' Compensation Workers' compensation provides compensation for medical expenses and wage losses to employees who are injured or who become ill during their employment. Juniper pays the entire cost of workers' compensation insurance. The insurance provides coverage for related medical and rehabilitation expenses and a portion of lost wages to employees who sustain an injury on the job. The company abides by all applicable state workers' compensation laws and regulations. Remember:

- 1) Notify the supervisor and Human Resources immediately of ANY accident.
- 2) The supervisor will complete an injury report with input from the employee and send the document to the company WC Insurance Carrier and will also provide a copy of the form to the Human Resources department.
- 3) In cases of true medical emergencies, call 911 or report to the nearest emergency room. Workers' compensation benefits (paid or unpaid) will run concurrently with FMLA leave, if applicable, where permitted by state and federal law.

## Transitional Work Program

Juniper offers a transitional work program to help workers who are recovering from injury or accident. Through this program, Juniper works with the employee to find a temporary suitable position until they are able to return back to their normal duties. For more information, please read the Transitional Work Program Information on Page 65-68.

## WORKERS' COMPENSATION/ AUTOMOBILE CLAIMS PROCEDURES

PMA is our Workers' Compensation carrier, and Automobile carrier.

To file a workers' compensation claim, or an auto claim please follow these procedures:

- Please report **ALL** claims within **24** hours of occurrence, or as soon as feasibly possible.
- For Workers' Compensation, please see the following steps:

**Attachment 1:** This document instructs you on how to report a claim, and where to send medical reports and medical bills and claims correspondence such as attorney documents.

**Juniper Landscaping of Florida LLC Eff: 7/1/19, for Workers' Compensation and Auto**

**Account Number:** 1093921

# SILICA Policy

## **Purpose:**

The exposure control plan (ECP) is to set guidelines for protecting workers from exposure to harmful airborne silica dust.

By setting a combination of control measures, the required objective can be achieved. We are committed in finding the most effective control technologies available and ensure that the best practices are followed at our work sites.

This procedure is established not only to protect Juniper Landscaping employees but all workers on the job site.

## **Responsibilities:**

Due to significant risk that respirable silica presents, it is critical that all personnel that could potentially create silica dust take very specific action to ensure and minimize the hazard created by respirable silica.

## **Juniper Landscaping responsibilities:**

- All materials (e.g., Tools, equipment, personal protective equipment) and other resources required to implement and maintain the (ECP) are readily available where and when required.
- Providing a job specific (ECP) for each project, outlining best methods and practices.
- Delivery of all required equipment and tools.
- Access the scope of the grinding to be conducted.
- Control methods to be implemented and provide the correct PPE.
- Ensuring that all required tools, equipment, and personal protective equipment are readily available and used as required.
- Ensuring all employees and supervisors are trained to an acceptable competent level.
- Communicate to the GC and other contractors of the possibility of exposure to respirable silica.

## **Supervisors, Leads responsibilities:**

- Supervisors will ensure that a copy of the (ECP) is available on the worksite.
- Set specific control methods on the work site and properly document them.
- Providing adequate instruction to personnel working with respiratory crystalline silica and specific precautions to be taken on the job site while working with silica.
- Leads and supervisors will ensure all workers are using the proper respirators that have been fit tested, and the results of the test be documented.
- Communicate with GC and other contractors the possibility of Silica in your work area to ensure a safe work environment.

## **Silica Properties:**

Silica is one of the most common minerals on earth and makes up all of what we call “sand” and “rock” Silica exist in many forms, the most prevalent being the “crystalline” Silica including quartz, being the most abundant they pose the greatest concern to human health.

Silica is a common component of construction materials, and Silica containing dust can be generated during many construction activities. Some activities that may cause Silica dust are.

- Abrasive Blasting
- Cutting Brick or Tiles
- Demolition of structures containing concrete.
- Sawing grinding concrete.

Unprotected workers performing these activities, or working in the vicinity, can be exposed to harmful levels of airborne silica.

## **Health Hazards Associated to Silica Exposure:**

The prolonged exposure to Silica has been shown to cause a variety of health problems; exposure can cause a fatal disease called silicosis, lung cancer, and pulmonary tuberculosis.

The fines particles of silica are deposited in the lungs, causing scarring of the lung tissue, the scar tissue restrict the lungs to extract oxygen from the air. This damage is permanent, and the symptoms may be dormant for years. Workers that have been exposed may have this symptom's:

- Shortness of breath.
- Severe cough
- Weakness

These symptoms can worsen over time and can lead to death; exposure to silica has also been linked to bronchitis, tuberculosis and lung cancer.

## **Control Options:**

Many control options are available to eliminate or reduce the risk of exposure to silica dust. The following will serve as a guide for some control options.

- Eliminating / substitution, using alternate products that contain less silica or using methods that minimize the exposure.
- Engineering controls such as water, local exhaust ventilation, enclosure.
- Administrative controls such as signs, coordination with other contractors.
- Use of proper PPE.

We at Juniper Landscaping are committed to the safety of all the worker on the job site, to accomplish this we have set policies and controls to protect our and other workers, to minimize the reliance of respirators on the work site engineering controls such as wetting methods are readily available. Other controls such as HEPA filters have been proven to control Silica dust effectively. We are aware that engineering controls alone sometimes are not enough to eliminate the Silica dust hazard, so in most cases other controls have to be used in conjunction with the engineering controls such as respiratory protection will be necessary.

A number of methods are available to control silica dust exposure, such as engineering to control the dust. Selecting the proper control method is dependent on the job and the conditions of the job site. The suppression methods most commonly used are; Local Exhaust Ventilation (LEV), Wet Methods for dust Control and Barriers and Enclosures. It is up to the supervisor on the job site to assess the work to be done and choose the most appropriate method to control the Silica Dust.

Administrative controls such as risk assessment of the work site should be submitted to the GC prior to the start of work. Housekeeping procedures, worker hygiene, and training. As part of administrative controls, the supervisor will post warning signs, set boundaries indicating the contaminated areas, limit access to work areas where dust could be generated.

Personal Protection Equipment: all employees that could be potentially exposed or are working in an area where Silica Dust may be a byproduct of construction, demolition, grinding will adhere to the C MSI respiratory mask fitting and documentation policy.

## Education and Training:

Workers that may be exposed to silica are to be informed of the health hazard associated with the exposure, they will be advised of the airborne concentrations of harmful substances, and he/she will be trained in the procedures developed by Juniper Landscaping. The worker should be trained in the hazards associated with silica exposure, signs symptoms of silica disease, safe work procedures to be followed, use of control systems, first aid (eye wash station) and how to report the exposure.

## Reporting a claim to PMA

Claims can be reported to PMA by using the RMIS tool PMA Cinch, email, fax, phone, or online through the PMA website.

**Reminder if you question the claim, you must call PMA to report the claim. You must tell PMA that you question the claim. This applies to all claims, including record only. Questionable claims are time sensitive. Call 1.888.476.2669.**

- EMAIL: Email the first report to [firstreportpma@pma.com](mailto:firstreportpma@pma.com).
- FAX: Fax the first report to (888) 329-2721.
- PHONE: Call our customer service center at (888)476-2669, prompt #3
- ONLINE Go to the PMA Website [www.pmacompanies.com](http://www.pmacompanies.com)
- Click on the icon "Report a Claim"
- Type in your username (\_ 1093921) and your password
  - ("new claim"). If you question the claim call PMA.
- Select the type of claim being reported and click "go".
- Complete the screens that follow
  - (The mandatory fields are highlighted in blue).
- To receive an email copy of the claim submitted, simply
  - Check "Send email copy to originator" and enter your email address.
  - Click the submit button, and your claim will be transmitted to our claims processing office. You will immediately receive confirmation of your submitted claim with the assigned claim number.

### General Claim Contact Information:

Ginger Irby - Claims Service Manager

Email: [Ginger\\_irby@pmagroup.com](mailto:Ginger_irby@pmagroup.com)

Phone: (813)-486-9434

### PMA Customer Service

Toll free: (888) 476-2669

Fax: (800) 432-9762

**All claim correspondence (except first reports) should be sent to:**

P.O. Box 5231

Janesville WI 53541-5231

**Or**

Email the correspondence to [claimsmail@abmagroup.com](mailto:claimsmail@abmagroup.com)



## Vehicle and Equipment Accident Reports

**ACCIDENTS MUST BE REPORTED IMMEDIATELY TO YOUR BRANCH MANAGER OR DESIGNEE. THE BRANCH MANAGER OR DESIGNEE MUST THEN REPORT THE ACCIDENT TO YOUR SAFETY MANAGER:**

**ALEJANDRO LIGUORI, SAFETY MANAGER: 954-829-1431**

**RICARDO RIOS, SAFETY MANAGER: 239-560-2245**

**JAMES COOPER, SAFETY DIRECTOR: 239-898-3984**

This document is for the medical provider and should be provided to the injured worker when they go to the clinic. This is a treatment authorization form, which allows the worker to obtain treatment, and then provides information to the medical provider on where to send medical bills and medical reports. The medical provider will also know what to do if additional treatment is needed.

This document should be given to the injured worker. This is a first fill prescription form, which allows the injured worker to obtain a prescription without out-of-pocket expense.

This is the First Report of Injury Report you will need to complete and submit when you report a claim. Remember to take pictures and get witness statements. You now also have the option of submitting the claim online. Just follow the attached instructions: How to Report a Claim.

## Drug Testing Requirements

**POST ACCIDENT DRUG TESTING:** We are required by our insurance company to complete all drug testing within 24 hours of being reported. Your safety manager will work with HR to schedule all drug tests. It is critical the Branch Manager immediately contacts the Safety Manager so that drug testing can be coordinated.

If the employee refuses medical treatment, they will need to sign a Refusal of Medical Treatment document.

**Please note: The employee will still need to go for the drug test even if they refuse medical treatment.**

## Auto Accident Reports

**Email completed reports to: Fleet, Safety, HR**

## 5 CRITICAL SAFETY BEHAVIORS

When implemented correctly, a **behavior**-based **safety** program can provide positive rewards to change unsafe **behavior**, reduce job-related injuries, minimize lost production hours, and improve workplace morale. Essential ingredients for creating a strong **safety** culture.

### 5 CRITICAL SAFETY BEHAVIORS

1. **Eyes on Path:** Focus on what is directly around you.
2. **Eyes on Task:** Focus on current task at hand.
3. **Lifting and lowering:** Always follow Proper Lifting Techniques.
4. **3 points of contact:** When using ladders and when getting in and out of trucks/trailers.
5. **Pinch Points:** Identify and Avoid.



# EMPLOYEE GENERAL SAFETY RULES

## DO

**Wear** high-cut safety footwear with toe caps and reinforced soles.

**Wear** a brimmed hat and comfortable clothing that provides sun protection.

**Wear appropriate gloves** (rubber, neoprene, or plastic) when handling fertilizers and pesticides.

**Use** eye protection. It is always required while working.

**Train** your helpers to ensure that they can handle the tools and understand job hazards.

**Identify** and destroy poisonous plants such as poison ivy.

**Protect** against insects with insect repellents.

**Wear** sturdy gloves with grip.

**Use** the proper tool for the task.

**Choose** tool handles according to your height to avoid bending.

**Ensure** that points of shovels, spades and other digging tools are sharp, smooth and properly shaped.

**Fasten** handles securely.

**Finish** handle surfaces so that they are smooth.

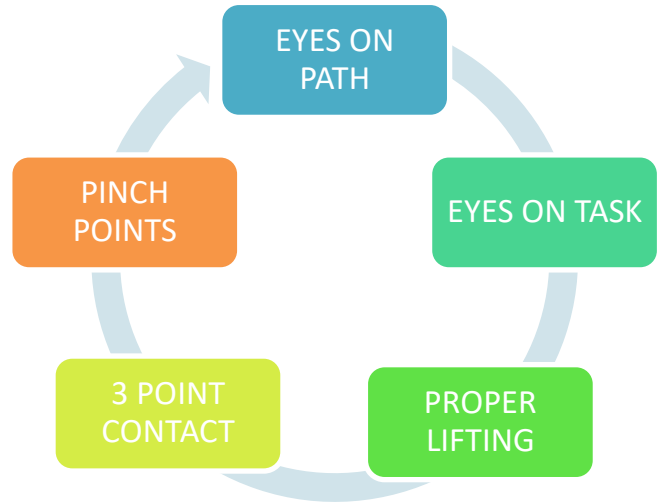
**Repair** or replace worn or damages handles.

**Keep** cutting tools sharp.

**Rest** periodically during strenuous jobs such as digging or sawing.

**Put** tools away when job is finished. Store tools where they cannot trip workers. Protect cutting edges.

**Wear** hearing protection when operating noisy equipment over 85 db.



# PERSONAL PROTECTIVE EQUIPMENT

## HEAD PROTECTION

Workers should always wear head protection when overhead hazards exist. Safety hats consist of outer shell and an inner suspension. Plastic and fiberglass hats are good choices for landscape work, because they resist water, impact and burning.



## HEARING PROTECTION

Good personal hygiene is important when using insert-type ear protection. Muff or cap-type devices cover the external ear to provide an acoustic barrier. In some situations, they may offer better hearing protection than inserts. Wear protection when noise levels are over 85db.



## EYE PROTECTION

Safety eye wear includes spectacles and sunglasses with impact-resistant lenses, and flexible or cushion-fitting ventilated plastic goggles.

**Face shields** protect against splashes and small flying particles, but not against heavy impact. If considerable impact resistance is required, safety spectacles or goggles should be used with the shield.



## RESPIRATORY PROTECTION

The primary objective of the **respiratory protection** program is to prevent exposure to air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, vapors, or sprays, and thus to prevent occupational illness.



## SAFETY VEST

The use of a safety vest is necessary for the prevention of injury because wearing one would enhance the visibility of the workers.



## FOOT PROTECTION

Safety boots should be the regular footwear for all workers.











## HAND PROTECTION

A pair of stout leather gloves provides good gripping power and protects hands. Unlined neoprene gloves are best for handling pesticides.



## PPE Examples

### PPE Training Acknowledgement Form

 <b>PPE Training Acknowledgement</b> 	
Branch Location:	Employee Name:
<b>Hedge Trimmer</b> 	<b>Required PPE</b> Eye Protection Ear Protection Cut Resistant Gloves Leg Chaps  <b>Trainer</b>  <b>Employee Initials</b>  <b>Date</b>
<b>Line Trimmer</b> 	<b>Required PPE</b> Eye Protection Ear Protection Gloves  <b>Trainer</b>  <b>Employee Initials</b>  <b>Date</b>
<b>Bed Edger</b> 	<b>Required PPE</b> Eye Protection Ear Protection Gloves  <b>Trainer</b>  <b>Employee Initials</b>  <b>Date</b>
<b>Back Pack Blower</b> 	<b>Required PPE</b> Eye Protection Ear Protection Gloves  <b>Trainer</b>  <b>Employee Initials</b>  <b>Date</b>
<b>Chainsaw</b> 	<b>Required PPE</b> Eye Protection Ear Protection Gloves Leg Chaps Forearm Chaps  <b>Trainer</b>  <b>Employee Initials</b>  <b>Date</b>
<b>Stand-On Mower</b> 	<b>Required PPE</b> Eye Protection Ear Protection Gloves  <b>Trainer</b>  <b>Employee Initials</b>  <b>Date</b>

**\*\*Please Email a copy of this documents to [training@juniperlandscaping.com](mailto:training@juniperlandscaping.com)\*\***







## Proper Blower PPE



## Proper Edger PPE





## Proper Mower PPE





## Proper Weed Eater PPE





## Proper Chainsaw PPE



## **STRETCH & FLEX - DAILY**

### **MANDATORY DAILY STRETCHING TO BE LED BY MANAGERS AND SUPERVISOR**



#### **1. SHOULDER STRETCH:**

- Cross left arm across chest and apply pressure to the arm with right hand.
- Gently pull toward chest.
- Hold for 15-30 seconds,
- relax and repeat with right arm.



#### **2. WINDMILL EXERCISE:**

- Extend arms out to the side.
- Begin rolling arms in small forward circles, gradually increasing to large circles.
- Continue exercise for 15-30 seconds.
- Relax and repeat exercise with backwards circles.



#### **3. OVERHEAD STRETCH:**

- Reach both arms overhead, clasp the hands & turn palms facing upwards.
- Reach as high as possible.
- Hold for 15-30 seconds.



#### **4. SIDE BEND STRETCH:**

- Reach up with right hand as high as possible & bend slightly to the left side until the stretch is felt in the waist & up through the shoulder.
- Hold for 15-30 seconds, relax & repeat on the other side.



#### **5. STANDING KNEE LIFTS:**

- Stand with feet shoulder width apart & knees slightly bent.
- Lift one knee, placing clasped hands around leg, slightly below outside of lifted knee.
- Hold for 15-30 seconds, relax & repeat on other side.



#### **6. SIDE LUNGE:**

- Step to the side with the right leg about 2-3 feet
- Shift body weight onto right leg, place right hand on right thigh for support and bend right knee, keep right knee directly over right heel.
- Hold for 15-30 seconds, relax & repeat on the other side.



#### **7. FOUR POINT BACK STRETCH:**

- Stand with feet shoulder width apart with hands on hips.
- Lean/Flex forward not to exceed 30 degrees, hold for 15-30 seconds.
- Lean/Flex backward not to exceed 30 degrees, hold for 15-30 seconds.
- Lean right not to exceed 45 degrees, hold for 15-30 seconds.
- Lean left not to exceed 45 degrees, hold for 15-30 seconds.



#### **8. UPPER BACK/CHEST STRETCH:**

- Place fingertips on shoulders, move the elbows back to sides until a stretch is felt in the chest.
- Hold for 15-30 seconds.
- Bring elbows together in front of the body until a stretch is felt in the upper back.
- Hold for 15-30 seconds.



# **EJERCICIOS MANDATORIOS DIARIOS DE ESTIRAMIENTO**

## **DEBE SER DIRIGIDO POR JEFES Y SUPERVISORES**



### **1. ESTIRAMIENTO DE HOMBROS:**

- Cruce su brazo izquierdo sobre su pecho y aplique presión al brazo con su mano derecha.
- Empuje hacia su pecho levemente.
- Aguante por 15-30 segundos, relaje y repita con el brazo derecho.



### **6. ESTIRAMIENTO DE PIERNAS LATERAL:**

- De un paso hacia el lado con la pierna derecha como 2-3 pies de ancho.
- Ponga el peso de su cuerpo sobre la pierna derecha, ponga su mano derecha en el muslo derecho para soporte y doble su rodilla derecha, mantenga su rodilla derecha directamente sobre su talón.
- Aguante por 15-30 segundos, relajese y repita hacia el otro lado.



### **2. EJERCICIO DE MOLINO:**

- Extienda sus manos a los lados.
- Haga círculos hacia adelante. Empiece con círculos pequeños y luego los va agrandando.
- Continúe por 15-30 segundos.
- Relajese y repita hacia atrás.



### **7. ESTIRAMIENTO DE ESPALDA DE CUATRO PUNTOS:**

- Párese con los pies del ancho de sus hombros con sus manos en la cintura.
- Inclínese/flexione hacia adelante sin exceder 30 grados, aguante por 15-30 segundos.
- Inclínese/flexione hacia atrás sin exceder 30 grados, aguante por 15-30 segundos.
- Inclínese hacia la derecha sin exceder 45 grados, aguante por 15-30 segundos.
- Inclínese hacia la izquierda sin exceder 45 grados, aguante por 15-30 segundos..



### **3. ESTIRAMIENTO POR ENCIMA:**

- Ambos brazos hacia arriba con los dedos entrelazados y las palmas hacia arriba.
- Estire lo más alto posible.
- Aguante por 15-30 segundos.



### **4. ESTIRAMIENTO LATERAL:**

- Estire su mano hacia arriba lo más alto que pueda y doblese levemente hacia la izquierda hasta que el estiramiento se sienta desde su cadera hasta el hombro.
- Aguante por 15-30 segundos, relajese y repita en el otro lado.



### **5. ALZAR SU RODILLAS PARADO:**

- Párese con sus piernas abiertas del tamaño de sus hombros y sus rodillas levemente dobladas.
- Levante una rodilla, cogiéndola con ambos brazos levemente por debajo de la pierna levantada.
- Aguante por 15-30 segundos, relajese y repita con la otra pierna.



### **8. ESTIRAMIENTO DE ESPALDA SUPERIOR Y PECHO:**

- Ponga la punta de sus dedos sobre sus hombros, mueva sus codos hacia atrás a los lados hasta que sienta un estiramiento en su pecho.
- Aguante por 15-30 segundos.
- Traiga sus codos juntos enfrente de su cuerpo hasta que un estiramiento se sienta en la parte superior de su espalda.
- Aguante por 15-30 segundos.

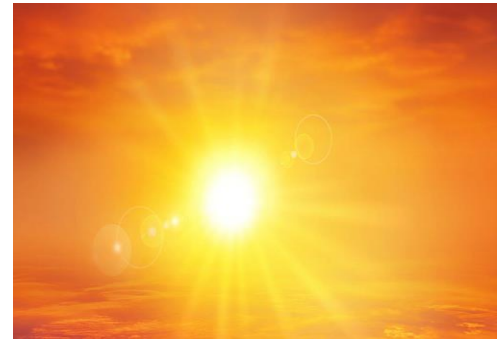


## PROTECT YOURSELF AGAINST THE SUN

### Be aware of the danger

A lot of landscape work involves being outdoors when the sun's radiation is most intense. Repeated daily exposure to the sun over several years increases an individual's risk of developing several health problems, including:

- Aging, wrinkling, and drying out of the skin.
- Skin cancer.
- Lip cancer.
- Damage to the eyes.



Fair skinned individuals are at greatest risk. However, excessive exposure to the sun's ultraviolet rays can even be harmful if you have dark hair and dark skin. Did you know that it is even possible to get sunburned on a cloudy day?

### Take steps to protect yourself

Solar radiation is strongest between 10:00 A.M. and 3:00 P.M. It is especially important to protect your skin against the sun during these hours.

- Try to limit your time in the sun. That can be tough in the landscape workplace! If you must work outside all day, take your breaks indoors, if possible. At least try to get into the shade for a few minutes every hour.
- Liberally apply sunscreen lotion on the face, neck, hands, forearms, ears, and any other unprotected skin. Use a product with a sun protection factor (SPF) of 15 or higher.
- Put sunscreen on before heading outdoors. Reapply the lotion as needed during the day.
- Eye damage can result from prolonged exposure to the sun. Always wear sunglasses that filter out at least 90 percent of the sun's ultraviolet rays.
- Choose the right clothing to protect the rest of the body. You *will not* be more comfortable without a shirt! Remember, today's tan could lead to serious skin health problems in the future.
- Cover up as much as possible. Lightweight, tightly woven shirts and long pants will block most of the sun's rays.
- Light colored cotton is most comfortable under hot summer conditions. Garments should fit comfortably and not be too tight. However, loose or floppy clothes should *not* be worn if there is any chance you will be working around machinery.
- You must wear a work appropriate hat. It should shade the ears, face, temples, and back of the neck. Standard baseball caps don't offer much protection against the sun. You need to add a neck shade to protect the back of the neck and the ears. The best choices in head gear include pith helmets--that's right, just like the ones they wear in the jungle--and straw hats with extra wide brims.



## LEARN TO RECOGNIZE SKIN PROBLEMS

We all need to check our skin regularly for signs of damage that could indicate a health problem. Take a close look at the top of your head, face, lips, and the tips of your ears. Use a full-length mirror for a “head-to-toe” inspection.

### Look for the following during your skin check:

- Changes in the size, shape, or color of moles. In particular, watch for:
- Irregular borders on moles (ragged, notched, or blurred edges).
- Moles that are not symmetrical (one half does not match the other).
- Colors that are not uniform throughout.
- Moles that are bigger than a pencil eraser.

### Also be on the lookout for:

- Sores that bleed and do not heal.
- A change in the sensation of a mole, such as itchiness or pain.
- Red patches or lumps. Do not overlook the top of the head.
- New moles.



## HEAT STRESS NEEDS TO BE TAKEN SERIOUSLY

Working in a hot environment puts stress on the body’s cooling system. When heat is combined with other stresses--like hard physical work, loss of fluids, or fatigue--it may lead to heat-related illness, disability, or even death!

The body is always generating heat and passing it to the environment. The harder you work; the more heat your body must lose. Heat leaves your body in several ways:

- Transfer from skin to air.
- Evaporation by perspiration.
- Exhaling hot air.
- Touching a cool object.

Individuals over age-40 need to take extra care when the weather is hot, because our ability to sweat declines as we age. However, heat stress can also affect individuals who are young and fit.

Water is crucial to helping the body adjust to high temperatures. The rate of water intake must equal the increased rate of water loss by perspiration to keep body temperature normal. **When it is hot, drink plenty of water!**

Your body must work even harder to get rid of excess heat when conditions are both hot *and* humid. Unfortunately, perspiration cannot evaporate as readily under muggy conditions. The process is easier if the surrounding air is moving. That is why we welcome a cool breeze or turn on a fan when the air is “sticky”.

Sickness and accident rates increase when heavy work is done at temperatures above 86 degrees. Do not push yourself beyond your limits. It could be harmful to your health and could put you at increased risk of having an accident.

## HEAT STRESS HAZARDS

Following are three common conditions that can result from the body overheating.

## HEAT CRAMPS

Heavy sweating drains the body of salt, which cannot be replaced by simply drinking water. Painful cramps occur in the arms, legs, or stomach while on the job, or later at home. Move to a cool area at once if cramping is experienced. Loosen clothing and drink cool, lightly salted water or a commercial fluid replacement beverage. Seek medical aid if the cramps are severe, or do not go away.

## HEAT EXHAUSTION

Inadequate water and salt intake causes the body's cooling system to break down. Symptoms include heavy sweating, cool, moist skin, body temperature over 100.4 degrees, weak pulse, and normal or low blood pressure. The victim is likely to be tired, weak, clumsy, upset, or confused. They will be very thirsty and will pant or breathe rapidly. Their vision may be blurred. **Get medical help immediately!** Heat exhaustion can lead to heat stroke, which can kill. Move the person to a cool, shaded area. Loosen or remove excess clothing. Provide cool, lightly salted water. Fan and spray the victim with cool water.

## HEAT STROKE CAN KILL A PERSON QUICKLY!

Once the body uses up all its water and salt, sweating ceases. Temperature can rise quickly. You can assume a person is suffering from heat stroke if their body temperature is over 105.8 degrees, and any of the following symptoms are present:

- Weakness, confusion, distress, strange behavior.
- Hot, dry, red skin.
- Rapid pulse.
- Headache or dizziness.

In later stages of heat stroke, a victim may pass out and have convulsions.

**Call an ambulance immediately** if heat stroke is suspected. The victim's life may be on the line! Until help arrives, move the victim to a cool area and remove excess clothing. Fan and spray them with cool water. Offer sips of water if the victim is conscious.





## HEAT WAVE GUIDELINES

The following measures should help prevent the development of heat-related illnesses.

1. Slowdown in hot weather. Your body's temperature regulating system faces a much greater workload when temperature and humidity are high.
2. Heed early warnings of heat stress, such as headache, heavy perspiration, high pulse rate, and shallow breathing. Take a break immediately and get to a cooler location. Watch for heat stress signs among your co-workers.
3. Dress for hot weather. Lightweight, light-colored clothing reflects heat.
4. Drink plenty of water. Do not let yourself "dry out".
5. Increase your salt intake, preferably by adding salt to your food. (Consult your physician if you are on a salt-restricted diet.)
6. Try to get used to warm weather gradually. Take it easy for those first two or three hot days. Your body will have a better chance to adjust if you take it slow.
7. Get out of the heat occasionally. Physical stress increases with time in hot weather. Take breaks in a cool, shady location.
8. Don't try to get a suntan while you are working! It's harder for your internal cooling system to work through sunburned skin. Wear a hat and long-sleeved shirt to prevent burning (which we know can increase the risk of skin cancer.)



## KNOW YOUR LIMITATIONS!

### FATIGUE

You have probably had the experience of working or exercising to the point that your body could no longer continue, and you affect the brain, but you may not recognize it as you do physical exhaustion.

When fatigue is due to physical work, typical results are muscle tightness and cramping. Work requires conversion of chemical energy to mechanical energy in the muscles. Blood flow and respiration must increase to supply muscles with required energy and oxygen, and to carry off carbon dioxide and chemical waste.

When you work at a rate exceeding heart and lung capacity, aching in the muscles, cramping, tremor, and loss of control may result. To recover, you must stop to rest.

Muscle fatigue is like a safety device that prevents the tissue working beyond its capacity. Individual motivation (desire) plays a very significant role in determining this limit.

If you reach the limit and continue to work, you are more likely to make mistakes. Due to loss of muscular output and control, lessening of attention, slowdown of reactions, and loss of sensitivity, you could cause an accident. Exhausted legs may tremble and fail to operate the brakes. You may drop a load that you could normally lift and carry easily.

To avoid fatigue, take regular rest breaks. Frequent short pauses are more effective than longer breaks at wider intervals. Take extra breaks in the late morning and late afternoon.

## REACTION TIME

Reaction time begins with a message to the brain and ends when the body makes a response. It takes time for the brain to receive a message and tell the body to act. The best human reaction time is slow compared to high-speed machinery. Under ideal conditions, we take about 1/3 –speed to react.

When an operator realizes that his loader tractor is turning over and begins lowering the bucket or taking some other corrective action, it will probably be too late. Rear overturns can rarely be stopped within the span of human reaction time.

Gear and belt drives, feed rolls and PTO shafts turn at dangerously high speeds. Upon sensing danger, a person is rarely able to react quickly enough to avoid entanglement.

That's why it's so important to maintain proper shielding, and to always shut off power before working on equipment. Reaction time is slowed when you are affected by factors like fatigue, medication, alcohol, and preoccupation. It may be considerably lengthened in a panic situation.

For example, having a co-worker caught in a machine can shock a person so much that they can't think clearly enough to stop the equipment as quickly as normal.

Think about how you would react to various emergencies before you are exposed to them. This may help you react more quickly should an emergency occur.



## AGRICULTURAL/INDUSTRIAL MOWER SAFETY

### **KNOW YOUR MACHINE**

Safe use of agricultural and industrial mowers depends on gaining an understanding of each machine's capacity and operating characteristics. For example, you need to find out which materials a particular unit can cut safely.

Study the operator's manual in detail before starting to use equipment. You must know how to use the mower, tractor, and various accessories. Determine the purpose of all the controls, gauges, and dials. Learn the safe speed, slope capabilities, braking and steering characteristics, turning radius, and operating clearances.

Confirm that all guards, shields, and safety signs recommended by the manufacturer are installed. Study the danger, warning, and caution decals affixed to the machine.

### **DON'T OPERATE A MACHINE WITH MISSING OR DAMAGED PROTECTIVE DEVICES.**

Before the start of each workday, make the following checks:

- Repair or replace any loose, broken, missing, or damaged parts on both mower and tractor.
- Sharpen or replace cutting blades as recommended by the manufacturer. Damaged blades do a poor job and can cause dangerous imbalance.
- Make sure that all guards and shields are in place and tightly fastened.
- Check tractor and mower hydraulic systems. Have any leaks or damaged parts repaired.

### **PREPARE THE WORK AREA**

Look for any condition that might be hazardous--ditches, potholes, drop-offs, steep slopes, stumps, etc. Remove any objects which could be thrown by the mower. Remember that obstacles are harder to see in tall grass, weeds, or brush. Check for overhead clearance when operating boom or wing-type mowers.

Determine the best and safest way to proceed with cutting. Consider the height and type of material to be mowed, and the terrain over which you must operate. Plan a pattern that will allow you to travel straight forward as much as possible.

## **PROTECT YOURSELF**

Steel-toed safety footwear is mandatory. Full length, close-fitting clothes should be worn. A hat, safety eyewear, hearing protection, and gloves round out the proper garb for this type of work.

## **WATCH OUT FOR OTHERS**

Make sure no one is under, on, or near the machinery. Let other workers and bystanders know you will be starting up. **Under no circumstances should children or pets be anywhere near the work area--NO RIDERS!** If anyone comes near the area while you are mowing, shut off the equipment. An object hurled by a mower could cause serious or fatal injury.

## **SAFE MOWING PRACTICES**

1. Be sure the transmission is out of gear and the mower blade clutch disengaged before starting the engine.
2. Engage the mower drive at low engine RPM and the equipment at maximum cutting height. Check for excessive vibration and unusual noises. If there is any indication of trouble, shut the machine down and carry out an inspection. Mower blades may continue to rotate for some time, so wait until *all* movement has stopped before leaving the tractor seat. Block the raised mower before inspection.
3. Raise speed to rated RPM and lower the mower to the desired working height.
4. Proper ground speed will depend on the height, type and density of material to be cut, and the nature of the terrain.
5. Slow down on slopes and when turning sharply to avoid a rollover. Be alert for holes or other hidden dangers.
6. With under mount, rear mount, pull-type, and wing mowers, always try to mow down slopes, never up or across the face.
7. With side mount, offset, and sickle bar mowers, always mow across the slope with the mower on the uphill side. Never operate with the mower pointed downhill. Avoid turning uphill quickly or sharply with this class of mowers.
8. Use extreme caution when operating on very uneven terrain. Ground speed should be slow and turns wide and gradual.
9. Pass diagonally through sharp dips. Avoid sudden drop-offs to prevent “hanging up” of the tractor and mower.
10. Extreme caution is required when mowing ditch banks. If a wing or side mount mower hits an obstruction, the front of the tractor will usually swerve toward the ditch.
11. Do not mow in reverse unless specifically recommended in the operator’s manual. Always look behind before backing up. Small children or bystanders may have strayed into the area without your knowledge.
12. Keep feet and hands away from v-belts, shafts, and other moving parts. In fact, the mower should not be running unless the operator is sitting on the seat.
13. Follow recommended shutdown procedures before leaving the mower. Set the brakes, disengage power to the mower, turn off the engine, and remove the key. Never leave a mower on a slope.





# STRING TRIMMERS

Rotating cutting tools can throw objects or cut the operator.

Read and follow manufacturer's operating manual.

## Wear

- Sturdy and snug fitting overalls, jeans or long pants
- Heavy-duty non-slip gloves
- Safety boots with non-slip soles
- Safety goggles or face screen and safety glasses
- Hearing protection (muffs or plugs)

**\*\* Select** equipment with anti-vibration components.

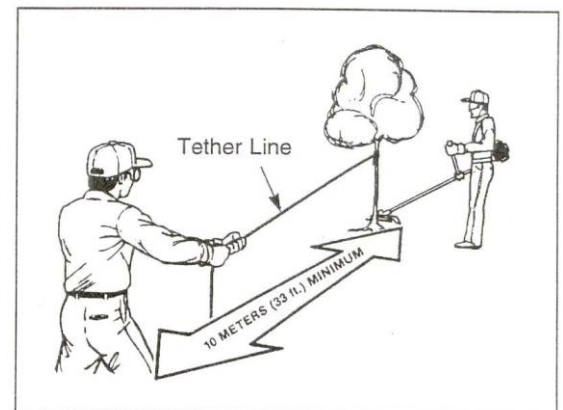
- Hold the unit firmly with both hands.
- Ensure that the cutter is tight.
- Replace bent, warped, damaged or dull cutter.
- Check that the throttle springs back to idle position.

## DO

- **Keep** people and pets away from starting and operating areas.
- **Check** area for stones, glass, metal and debris.
- **Start** the unit on firm ground or other solid surfaces in an open area.
- **Maintain** good balance and secure footing when operating.
- **Secure** cutter to prevent fuel spillage and damage during transport.
- **Keep** the cutter tool covered with the carrying guard.
- **Adjust** harness and hand grip to suit work positions.
- **Stop** the engine before putting cutter down.
- **Use** unit at ground level only.
- **Shut** off engine before cleaning out clogged or stuck cutter.
- **Make** sure muffler is in good condition. In dry weather, use a fire-safe muffler.

## DON'T

- **Leave** tool running unattended. Wear short pants or sleeves.
- **Use** rigid blades in stony areas.
- **Overreach**. Keep proper footing and balance at all times.
- **Repair** damaged attachments. Throw them out.



## LADDERS & STEPLADDERS

1. Read and follow the manufacturer's instructions label affixed to the ladder if you are unsure how to use the ladder.
2. Do not use ladders that have loose rungs, cracked or split sides' rails, missing rubber footpads, or are otherwise visibly damaged.
3. Keep ladder rungs clean and free of grease. Remove buildup of material such as dirt or mud.
4. Do not place ladders in a passageway or doorway without posting warning signs or cones that detour pedestrian traffic away from the ladder. Lock the doorway that you are blocking with the ladder and post signs that will detour traffic away from your work.
5. Do not place a ladder at a blind corner or doorway without diverting foot traffic by blocking or roping off the area.
6. Allow only one person on the ladder at a time.
7. Face the ladder when climbing up or down it.
8. Maintain a three-point contact by keeping both hands and one foot or both feet and one hand on the ladder at all times when climbing up or down the ladder.
9. When a spotter is required to hold a ladder for a co-worker, the spotter must wear a hard hat and safety glasses.
10. When performing work from a ladder, face the ladder and do not lean backward or sideways from the ladder. Do not jump from ladders or step stools.
11. Do not stand on tables, chairs, boxes or other improvised climbing devices to reach high places. Use the ladder or stepstool.
12. Do not stand on the top two rungs of any ladder.
13. Do not stand on a ladder that wobbles, or that leans to the left or right of center.
14. When using a straight or extension ladder, extend the top of the ladder at least three feet above the edge of the landing.
15. Secure the ladder in place by having another employee hold it if it cannot be tied to the structure.
16. Do not move a rolling ladder while someone is on it.
17. Do not place ladders on barrels, boxes, loose bricks, pails, concrete blocks or other unstable bases.
18. Do not carry items in your hands while climbing up or down a ladder.



# FALL PROTECTION

## Fall Protection

Is required when work is conducted at unprotected heights at or exceeding 6 feet above the lower level or above dangerous equipment or processes, a fall hazard is present that must be addressed through either elimination or fall protection.

## Fall Prevention vs. Fall Arrest

Fall prevention includes, but is not limited to, solid rails, wire rope rails, and even travel restraints (harnesses attached to lanyards that do not let you reach the edge from which you could fall). Fall arrest is what employees often mean by “tied-off” – a safety harness, safety lanyard, and anchor point.

## Body Harnesses and Lanyards

### 6 Easy Steps That Could Save Your Life

#### How To Don A Harness



**1** Hold harness by back D-ring. Shake harness to allow all straps to fall in place.



**2** If chest, leg and/or waist straps are buckled, release straps and unbuckle at this time.



**3** Slip straps over shoulders so **D-ring is located in middle of back between shoulder blades.**



**4** Pull leg strap between legs and connect to opposite end. Repeat with second leg strap. If belted harness, connect waist strap after leg straps.



**5** Connect chest strap and position in midchest area. Tighten to keep shoulder straps taut.



**6** After all straps have been buckled, **tighten all buckles so that harness fits snug but allows full range of movement.** Pass excess strap through loop keepers. **Snug Fit**



## GRINDERS AND CHIPPERS

### DO

- **Check** tightness of grinder teeth lock bolts daily.
- **Wear** face shield, hearing and eye and head protection. Remove rings, bracelets and other jewelry.
- **Shut down** equipment before removing clogged materials or making adjustments. Remove key or lockout controls and disengage clutch.
- **Barricade** area around equipment.

### DON'T

- **Attempt** to feed small, short pieces of wood by hand. Use Longer Pieces



## POST HOLE DIGGERS

**Contact utilities for location of cables and pipes prior to digging**

### DO

- **Check** that you are using the correct shear bolt. Don't substitute anything else!
- **Operate** the auger at slow speeds, with rolling PTO shield in place!
- **Dig** the hole in several steps by clearing the soil frequently. This reduces the load and allows for better control.
- **Shut Off** the drive and stop the power source if the Auger Jams. Turn the auger backwards until clear.

### Don't

- **Lock** the drive control in an "ON" position.



## POWERED HAND TOOLS

### DO

- **Read** and follow the manufacturer's operating manual.
- **Wear** eye protection.
- **Keep** fingers away from blades.
- **Turn off** the power before cleaning out twigs or grass.
- **Keep** the cord behind you to avoid snipping it or tripping. Leave enough slack for normal work motions.
- Slip cord under your belt for better control. Use a proper cord of sufficient weight.
- **Always** use a ground fault circuit interrupter (GFCI)
- **Use** both hands to hold and guide tool.
- **Lock** the switch before unclogging grass shear.
- **Use** only approved electrical tools.
- **Use** electric tools in the rain, or when grass or shrubs are wet.

### Don't

- **Use only approved electrical Tools**
- **Use electrical tools in the rain, or when grass or shrubs are wet**



## RIDING MOWERS

Garden tractors have operating features, such as hydraulics and power take-off (PTO), similar to full-size tractors. Rollover protection and seatbelts should never be removed from the equipment for any reason.

## GARDEN TRACTORS and LOADERS

### DO

- **Avoid** striking obstructions with the tractor. They can make you lose control and throw you from the seat. Pipes, curbs, roots and other obstructions will stop a garden tractor.
- **Operate** at a moderate and controllable speed so that you can stop quickly.
- **Lower** the mower deck when the machine is parked.
- **Seatbelt** should always be worn during operation.
- **Back slowly** down slopes with the load.
- **Look out** for holes or obstructions which may cause a rollover or loss of control.
- **Operate** controls from the driver's seat, not standing beside the tractor.
- **Always** keep the loader low when in transit.
- **Lower** the bucket to the ground when not using the tractor. Always use the right size bucket for the tractor being used.
- **Operators must** have documented training before using this equipment.
- **Operators** must have a valid driver license when operating this equipment on public roadways.



- **Use** the loader as a lift for people or as a fence post puller.
- **Overload.** This can cause you to lost stability and steering control

## ROTARY TILLERS

**Check** the area for obstructions, such as wires, cables, and solid objects near ground level. The tines can quickly become entangled and cause extensive damage.

**Keep** safety shields in place.

**Disengage** the power tiller and shut off the motor before trying to clear any obstruction.



**Allow** anyone to be in front of or to the side of the rotary tiller while it is in operation.

**Operate** close to ditches, fences or patios. The tines can catch and throw particles or throw the operator off balance.

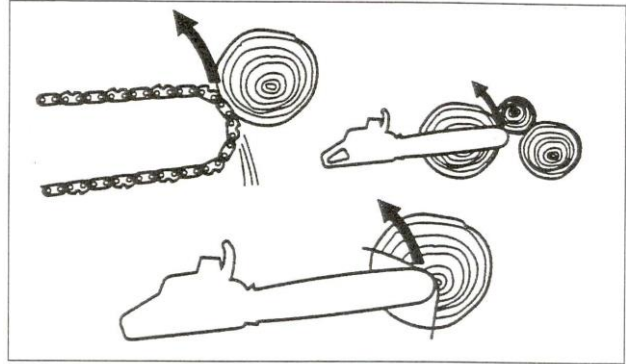




## A few basic rules can help avoid chainsaw Accidents

### DO

- Know how to start, use, maintain and sharpen the saw properly.
- Understand the operating features of the model assigned. Most chainsaws are similar, but controls may differ. Carry the owner's manual with the saw and refer to it when necessary.
- Check the saw for defects before starting.
- Keep the saw well-tuned and sharp.
- Carry fuel in CSA-or UL-certified containers and dispense it carefully.
- Inspect the worksite for overhead wires, obstructions and other hazards before trees are trimmed or felled. Clear away brush to prevent trips and falls.
- Use chainsaws only to cut wood.
- Don't use chainsaws when other types of saws would be more suitable.
- Wear clothing and protective equipment appropriate to the work.



### PROTECTIVE CLOTHING AND EQUIPMENT

- When operating a chainsaw, personnel must wear hard hat and steel toe and sole protection.
- Eye protection in the form of plastic goggles or a face shield is recommended.
- Leather gloves offer a good grip on the saw, protect hands and absorb some vibration. Gloves with ballistic nylon reinforcement on the back of the hand are recommended.
- Since most chainsaws develop a high decibel rating, hearing protection should be worn, especially during prolonged exposure.
- Chainsaw chaps are required anytime a chainsaw is operated.
- When the saw is not being used, a chain guard (sometimes called a scabbard) is useful for protecting the cutting components and preventing accidental contact with the chain

### KICKBACK

#### To minimize the risk of kickback:

- **Use** a low-profile safety chain.
- **Run** the saw at high rpm when cutting. Sharpen the chain to correct specifications. Maintain correct chain tension.
- **Hold** the saw securely with both hands. Know where the bar tip is at all times. Make sure the chain brake is functioning.



- **Allow** the cut to close on the saw.
- **Operate** the saw when you are tired.

# TREE TRIMMING SAFETY

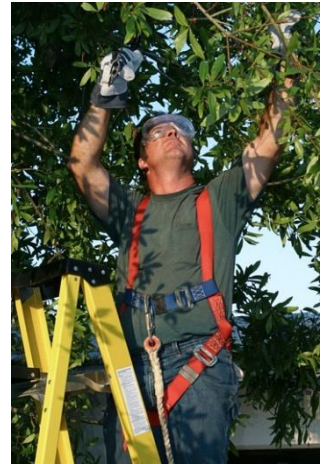
## ASSUME THAT ALL POWER LINES ARE ENERGIZED!

- Contact the utility company to discuss de-energizing and grounding or shielding of power lines.
- All tree trimming or removal work within ten feet of a power line must be done by trained and experienced line-clearance tree trimmers. A second tree trimmer is required within normal voice communication range.
- Line-clearance tree trimmers must be aware of and maintain the proper minimum approach distances when working around energized power lines.
- Use extreme caution when moving ladders and equipment around downed trees and power lines.



## STAY ALERT AT ALL TIMES!

- Do not trim trees in dangerous weather conditions.
- Perform a hazard assessment of the work area before starting work.
- Eliminate or minimize exposure to hazards at the tree and in the surrounding area.
- Operators of chain saws and other equipment should be trained, and the equipment properly maintained.
- Use personal protective equipment such as gloves, safety glasses, hard hats, hearing protection, etc., recommended in the equipment manufacturer's operating manual.
- Determine the tree's felling direction. Address forward lean, back lean, and/or side lean issues.
- Determine the proper amount of hinge wood to safely guide the tree's fall. Provide a retreat path to a safe location.
- Inspect tree limbs for strength and stability before climbing. Tree trimmers working aloft must use appropriate fall protection.
- Do not climb with tools in your hands.
- If broken trees are under pressure, determine the direction of the pressure and make small cuts to release it.
- Use extreme care when felling a tree that has not fallen completely to the ground and is lodged against another tree.
- Never turn your back on a falling tree.
- Be alert and avoid objects thrown back by a tree as it falls.
- Inspect tree limbs for strength before climbing.
- Break dead branches off by hand as you climb.
- Place hands and feet on separate limbs.
- Raise or lower tools by attaching hand lines to end of tools. Tools attached at the center might catch on branches.
- Attach a fiber or leather guard on saws that are held by a ring on worker's belt.



## ROPES

- Inspect regularly for flaws along the entire length of the rope.
- Move ropes slowly over limbs or through crotches to prevent friction damage.
- Keep ropes coiled when not in use.
- Store ropes protected from weather in ventilated boxes.
- Tie yourself off with an approved safety rope when working above ground, even from a ladder or platform.

## POWER LINES

- **Contact** power utility before working on trees near power lines.
- **Use** a pull rope to prevent branches from falling toward power lines.
- **Wear** rubber gloves when using a pole pruner.
- **Ensure** that the pole pruner's cutting head is connected to the lever at the lower end of the pole with polypropylene rope. Do not use a wire or chain.
- **Apply** and maintain a coating of nonconductive wood preservative to help keep wooden pruner handles dry.
- **Use** approved safety belts, lifelines, head wear and leather gauntlet gloves.
- **Wear** footwear with slip-resistant soles, head protections, and eye protection.
- **Choose** close-fitting, long-sleeved clothing.



- **Approach** fallen power lines.
- **Grasp** the pruner closer than four feet from the metal head.
- **Use** wet or moist pruners near power lines.



# BUCKET TRUCK SAFETY

## COMMON HAZARDS

Strains and injuries caused by improper lifting and climbing Injuries common while using a bucket truck include:

- Falls from as little as five feet, which can result in broken bones
- Tip-overs and collapses, endanger personnel in the bucket and on the ground Being struck by falling objects (mostly endangers workers on the ground)
- Getting caught between equipment and fixed structures (especially fingers)
- Being knocked out of a bucket when the truck is struck by another vehicle
- Electrocution or physical injury due to electric shock

## DRIVING AND LOCATING THE TRUCK

- A bucket truck is one of the most complex forms of aerial lift devices. Driving a bucket truck to the site and positioning it correctly requires special skill and knowledge. Even a small truck weighs over four tons and cannot stop on a dime. The first time you must stop your truck suddenly you'll realize why bucket trucks are notorious for rear-impact collisions.
- A three-ton lift places the center of gravity of the truck very high; observe tip-over signs on curves and exit ramps. Heavy trucks easily get stuck off-road, especially in wet or slippery conditions. Bucket trucks have poor rear visibility and should not be backed up unless you find it necessary and have a spotter. You should also want to install a backup-alarm to warn anyone in the vicinity that a dangerous operation is being performed. Placing the truck in the ideal location takes knowledge of the boom length, manufacturer's limits, and surface conditions.

## TRAINING REQUIREMENTS

- OSHA establishes mandatory requirements for training and certification by employers. OSHA defines training requirements in 29 CFR 1910.268.
- The regulation says: Employers shall provide training in the various precautions and safe practices described in this section and shall ensure that employees do not engage in the activities to which this section applies until such employees have received proper training in the various precautions and safe practices required by this section."
- If you are not trained and qualified on a piece of equipment you should not use it. Using unqualified operators carries the risk of higher costs, lost time and increased liability.

## FALL PROTECTION

- While it is rare for an employee to fall out of a bucket, it is more common that one will bounce out when another vehicle hits the aerial lift truck.
- OSHA regulations for fall protection are not clear when it comes to bucket trucks. Once you get more than six feet off the ground, personal fall protection is mandated by OSHA's construction industry standard (1926.501).
- The question is do we put someone in a body belt or a full body harness? If they could fall farther than two feet, a full body harness and lanyard are required. In a practical sense if you restrict the employees fall to two feet, then their lanyard cannot be more than two feet long. This would seriously restrict movement in the bucket, which is not always feasible. Therefore, most people use a full body harnesses with a six-foot lanyard or a small self-retracting lanyard (SRL).

## **PRE-USE SAFETY CHECK LIST**

### **Check the following each day before using a bucket truck**

- Maintenance records that are up to date, or your knowledge of same
- Wheels and tires. Check tire pressure
- Fuel, engine oil levels and hydraulic fluid level
- Hydraulic fluid, oil, fuel and cooling system leaks; listen for air leaks
- Look for loose or missing parts, rust and deteriorating welds
- Test ground level controls first, then all bucket controls before you go up
- Safety devices such as railings, bucket door catches and redundant catches
- Personal protection equipment: snaps that don't stick; age of your hard hat
- Any other items specified by the manufacturer

## **CHECK THE WORK AREA**

- Never work on a slope that exceeds the limits specified by the manufacturer.
- Check the area for soft spots, holes, drop-offs, bumps, and debris.
- Check for overhead power lines, trees, building overhangs, etc.
- Before moving the truck be sure that the boom is cradled and tied down and that all other equipment is secure.

## **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

### **You should wear the following personal protective equipment:**

- Hard hat
- Eye protection
- Gloves appropriate for the work being done
- Personal Fall Arrest
- Other equipment based on your tasks (i.e. Chain saw= Chaps, eye and face Protection)

## **OPERATING A BUCKET TRUCK**

- Set outriggers, brakes, and use wheel chocks, even if you are working on a level slope. Automatic transmissions should be placed in park; manual transmissions in low gear.
- If working near traffic, set up work zone warnings with cones, ropes and signs. (Refer to MOT requirements)
- Close and latch the bucket or platform door and attach the safety chain.
- Stand on the floor of the bucket or lift platform. Never climb on anything inside the bucket to extend your reach.
- Do not climb on tool brackets in the bucket or lean over the railing.
- Never exceed the manufacturer's load capacity limit. This includes the combined weight of the worker(s), tools and material.
- Establish and clearly mark a danger zone around the bucket truck.
- Never move the truck with workers in the elevated platform unless the equipment has been specifically designed and certified for this type of operation.
- Use particular care when positioning the basket between overhead hazards, such as joists or under an overhang. If the basket moves, the worker in the bucket could become crushed between the rails and the fixed structure.

## **EMERGENCY ESCAPE**

- If you have a fleet of bucket trucks, you can extract a stranded worker by dispatching another truck when the manufacturer's provided backup systems fail.
- You should be concerned with escaping from a bucket when working alone and the lift fails. There are several methods used when stranded in the bucket:
  - Auxiliary Power or Backup Pump
  - Emergency Lowering Valve or Holding Valve Bleeding
  - Escape Ladder or a Controlled Decent Rope
  - Lower Controls (with and without an incapacitated worker)



# COMPACT LOADERS

## DO

- **Read** and follow manufacturer's operating manual.
- **Use** the safety treads and grab handles to get on and off the loader.
- **Use** seat bar and fasten seat-belt.
- **Keep** feet on the pedals when operating loader.
- **Use** only approved attachments and buckets.
- **Keep** other people away from work area.
- **Carry** bucket or attachments as low as possible.
- **Load, unload** and turn on level ground.
- **Wear** hearing and head protection.

### Before starting the engine, check

- **Fuel and oil**, hydraulic fluid, cooling system, operator cab, seat-belt and seat bar, lift arm and cylinder pivot points, tires.
- **Make** sure you display a slow-moving vehicle sign when traveling on roadways.
- **Go** straight up and down slopes with the heavy end of the loader uphill.



- **Use** loader without approved Rollover Protection (ROPS) and Falling Object Protection (FOPS) cab.
- **Exceed** rated operating capacity. Carry riders.
- **Travel or turn** with lift arms up.
- **Leave** loader with engine running or with lift arms up.
- **Go** across a slope.
- **Approach** overhead wires.

# TRAINED FORKLIFT OPERATOR

## FORKLIFTS INSPECTION

- Safety begins even before the machine is operated.
- Do not store materials to be moved by forklift under overhead power lines.
- Do a walk-around inspection before operating.
- Check for low tire pressure. Any fuel or hydraulic leaks should be repaired before using the machine.
- Make sure that steps, ladders and the operator's station are free of mud, oil, snow and other slippery material.
- Check all hydraulic controls at the start of a shift to ensure that they are working properly.

## PREPERATION

- Start the machine only when seated in the operator's station.
- Follow manufacturer's instructions when loading and unloading the machine from trailers or floats.
- Set the forks as wide as permissible for the load.
- Before lifting, the load should be as far back on the forks as possible, with its center of gravity between the forks.
- Transport the load with the mast raised in the normal carry position of no more than six to ten inches.
- Tilt the mast back when transporting a load.
- Do not transport or elevate the load on a steep slope.
- The forks should only be raised when the machine is relatively level.
- On gentler slopes, the forklift should be driven up and backed down.
- Do not walk or stand under a raised forklift.
- When raised for repairs, the forks should be supported.
- Never leave a forklift unattended with the engine running or the forks raised.
- Before leaving the machine, always rest the forks on the ground.
- Remove the ignition key or make the machine otherwise inoperable.
- Operate the forklift smoothly. Braking quickly or speeding around corners over bumps can dislodge the load or even tip the machine.
- With the load raised, travel only very short distances and at creeping speeds.
- Operate on level ground when moving the load into position.
- Use a second worker as a guide, since depth perception is often distorted from the operator's station.
- Do not drive near the edge of embankments or over excavated areas that have been refilled but may settle or collapse.
- Do not attempt to lift materials with a sling lopped over the forks.
- Use a proper hook with a safety catch instead.
- Never let anyone ride or be lifted on the forks. This is illegal.



## BACKING UP CAN BE DANGEROUS

Deaths and injuries caused by vehicles and equipment backing up continue to be a major concern. Although everyone will acknowledge the seriousness of the hazard, no simple, foolproof methods have emerged to prevent such accidents.

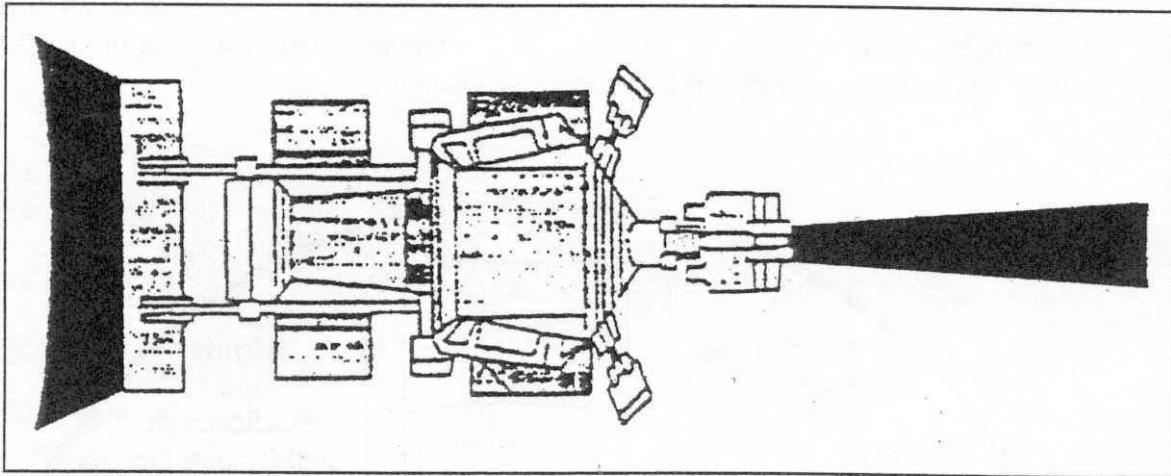
Warning devices, for example, have so far proven of limited use. Backup alarms work well when there is only one vehicle in the immediate area. With several vehicles, however, the constant noises from the alarms cease to attract attention.

An effective, affordable solution continues to elude researchers. Until that solution is found, the best preventive measures remain planning, traffic control and training for everyone involved (including workers on foot).

Whenever possible, site planners should arrange for drive-through operations to reduce the need for vehicles to back up.

Foot traffic should be minimized where trucks and equipment operate in congested areas such as excavations. Where feasible, a barricade can protect workers, for example, by keeping excavation work separate from the operations.

In addition to site planning, training is crucial to prevent accidents caused by equipment backing up. All workers must be made familiar with “blind spots” - those areas around every vehicle or piece of equipment that are partly or completely blocked from the view of the operator or driver, even with the help of mirrors.



The “blind spots” of a backhoe are shown by the dark areas in the diagram.

## WORKERS ON FOOT SHOULD KNOW

- Know how to work safely around trucks and operating equipment.
- Know operator or driver blind spots.
- Avoid entering or standing in blind spots.
- Make eye contact with the operator before approaching the equipment.
- Signal their intentions to the operator.
- Use separate access, if available, rather than using vehicle ramps, to enter or exit the worksite
- Avoid standing or talking near vehicle paths, grading operations and other activities where mobile equipment is being moved back and forth.



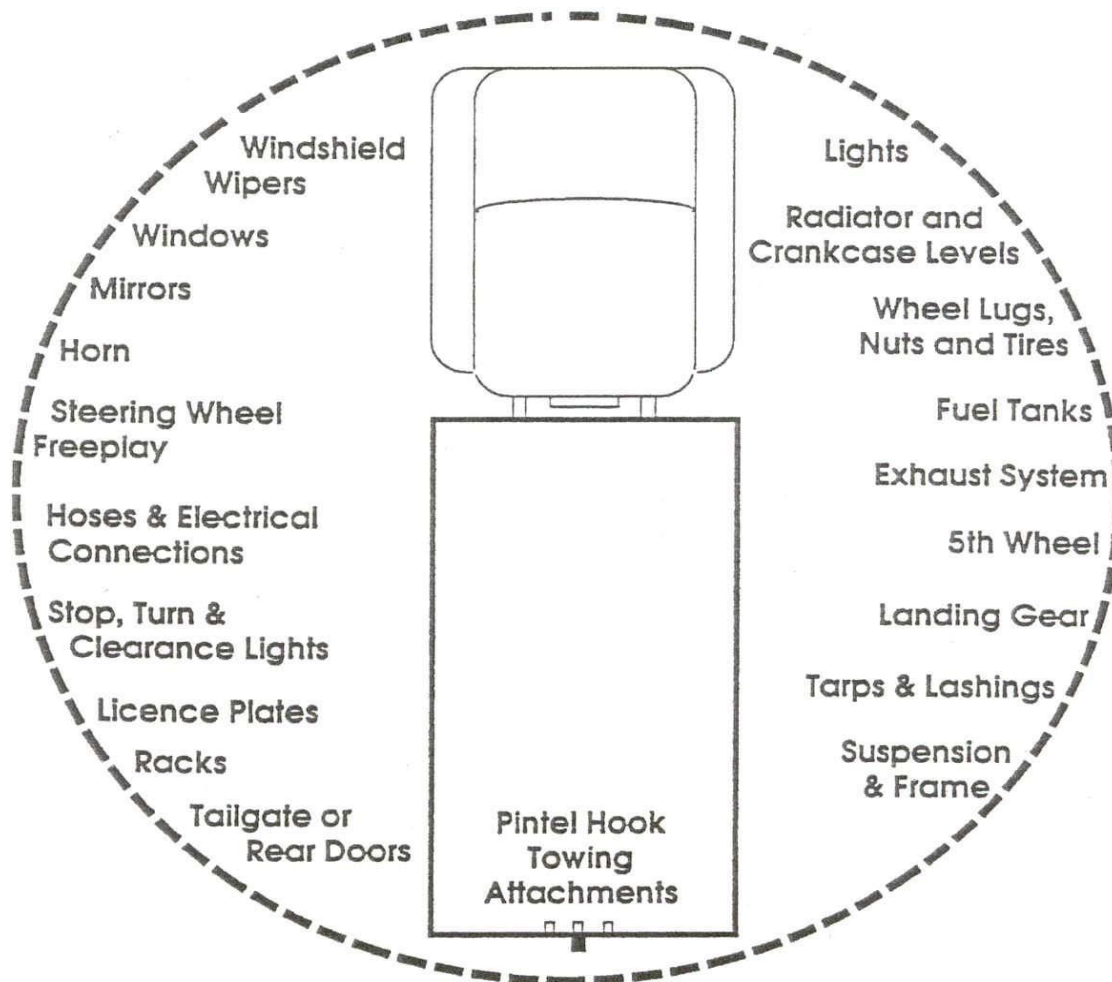
## DID YOU CIRCLE YOUR VEHICLE?

The “**circle check**” is an important part of your daily vehicle inspection.

Owners and drivers are responsible for ensuring that their vehicles are fit for use. To fulfill their obligation, drivers should know how to inspect their vehicles and be capable of determining whether or not they are in safe operating condition.

The drawing below shows a general method of making a systematic circle check before taking out a vehicle at the beginning of a day’s work.

Details of the check can be varied according to the type of vehicle but generally, you should follow the principle of making a complete circle. An inspection checklist will help to ensure that all of the components are inspected in an efficient manner.



## SAFE DRIVING TIPS

- Seatbelts must be used by all vehicle occupants when vehicle is in motion.
- Hands-Free devices are required for all drivers when operating a company vehicle.
- Drivers are prohibited from texting and/or other cell phone use while driving
- Obey all speed limits and signs.
- Be attentive and drive responsibly.
- Always use your turn signals.
- Always stay focused on the road when driving. Remember as your speed increases so does your braking distance. If you double your speed, you quadruple your braking distance. If you double the weight of your vehicle, you double the stopping distance.
- When stopping at a stop sign, spell S-T-O-P to yourself before proceeding. Always turn your head to look left, then right, straight ahead, then left again before proceeding.
- Always use a spotter when backing up vehicles, or when the rear view is obstructed. If working alone, a spotter may not always be available. At a minimum, walk around the vehicle to check for obstacles before moving.
- All commercial vehicles and any towed unit not attached to a towing unit shall be chocked when stopped and engaged in work.
- When parked and engaged in work on an active roadway or parking lot that impedes the flow of traffic, a minimum of 3 safety cones must be placed alongside a truck, and 5 safety cones when using with a truck and trailer.



## LOADING EQUIPMENT ON TRAILERS

Whether loading or unloading wheeled or crawler equipment there are a number of safe procedures which **must** be followed.

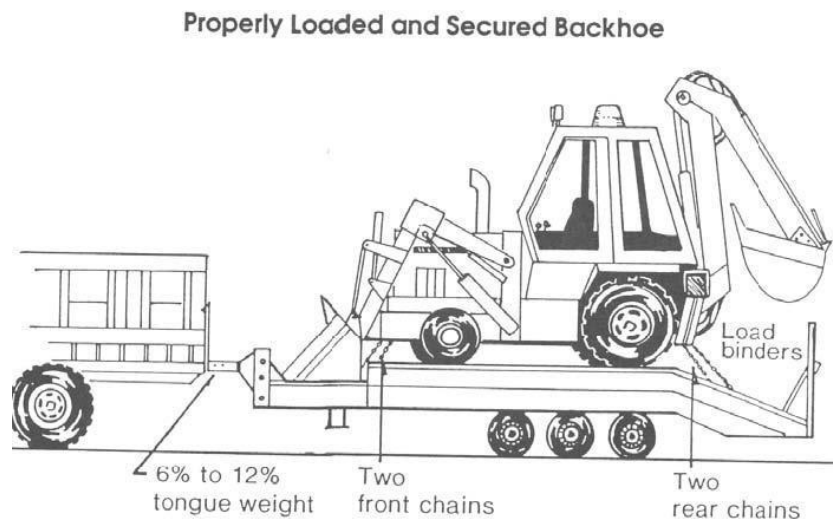
### Personnel:

- Those loading and unloading must be competent and have had experience in the loading and unloading of equipment.
- An assigned employee should oversee the operation.
- He/she should always remain in visual and voice communication with the equipment operator during the loading and unloading operations.
- Provide the driver of the truck, trailer or float with the weight and dimensions of the equipment being loaded. This job should never be done alone!

### Equipment:

- Ensure that the truck, trailer or float is secure from movement. Use chocks or blocking.
- Floats with removable goosenecks shall have the goose-neck removed and the equipment loaded from the front of the float.
- If a tilt and load type truck is to be loaded or unloaded with a crawler or wheel type equipment, the load deck shall be positioned on the ground.
- Where the float is not equipped with a removable gooseneck, it is strongly recommended that a suitable loading ramp should be of an appropriate height to match the truck, trailer or float and of adequate dimension, load capacity and access grade as required by the equipment.

## TRAFFIC CONTROL AT THE JOB SITE



### FLAGGER TRAINING REQUIREMENTS

The Manual of Uniform Traffic Control Devices (MUTCD) that currently regulates work zone traffic control requires that flaggers be trained in the fundamentals of flagging moving traffic before being assigned as flaggers.

Training will be provided by Juniper Landscaping Safety Manager with the qualifications and the experience necessary to effectively instruct the employees in the fundamentals of flagging.

Juniper Landscaping locations are to use only those employees that attend and successfully complete our Flagging Training.

## **FLAGGER FUNCTION**

Regulations enforced by the Department of Transportation have specific requirements for signage, traffic control persons and protective equipment which must be used and standard distances for setting up controls depending upon conditions such as posted speeds and multi-lane highways.

When loading and unloading equipment and product, warning signs, orange cones and fluorescent vests will make you highly visible.

The primary function of traffic control procedures is to move vehicles and pedestrians safely and expeditiously through or around temporary traffic control zones while protecting on-site workers and equipment.

## **FLAGGING PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- High-Visibility Safety Apparel
- Flaggers must wear ANSI/ISEA Class 2 during daytime operations
- safety glasses
- white hardhat
- Work Boots

Flaggers must not use devices which may distract their vision, hearing, or attention. These include but are not limited to:

- Cell phones
- Radios
- Headphones

The flagging certification can be revoked from any certified flagger that:

- Don't follow our safety MOT policy
- Don't follow the Traffic Control/MOT procedures
- Observed putting theirs or others wellbeing at risk

## SAFE LIFTING AND CARRYING TECHNIQUES

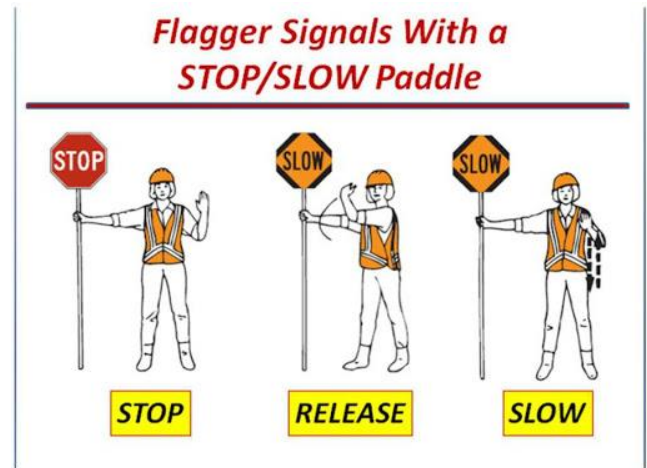
Improper lifting techniques are responsible for a large percentage of back injuries among landscape workers.

Proper methods of lifting and handling protect against injury and make work easier. You need to “think” about what you are going to do before bending to pick up an object. Over time, safe lifting technique should become a habit.

When equipment is available, it should be used to lift and carry heavy objects. Loaders, forklifts, hoists, etc. are made for this purpose.

Following are the basics steps of safe lifting and handling:

1. Size up the load and check overall conditions. Don't attempt the lift by yourself if the load appears to be too heavy or awkward. Check that there is enough space for movement, and that the footing is good. “Good housekeeping” ensures that you won't trip or stumble over an obstacle.
2. Test the weight of the load before lifting by pushing the load along its resting surface.
3. If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks and carts, or gets assistance from a co-worker. If assistance is required to perform a lift, coordinate and communicate your movements with those of your coworker.
4. Make certain that your balance is good. Feet should be shoulder width apart, with one foot beside and the other foot behind the object that is to be lifted.
5. Face the load, bend at the knees, not at the back and keep your back straight.
6. Get a firm grip on the object using your hands and fingers. Keep the arms and elbows close to the body while lifting.
7. Use handles when they are present.
8. Hold the object as close to your body as possible. Don't twist your body while carrying the load. To change direction, shift your foot position and turn your whole body
9. Use the load moving, and then lift by pushing up with the legs. This makes full use of the strongest set of muscles. While keeping the weight of the load in your legs, stand to an erect position.
10. If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
11. To lower the object, bend the knees. Don't stoop. To deposit the load on a bench or shelf, place it on the edge and push it into position. Make sure your hands and feet are clear when placing the load. Set down objects in the same manner as you picked them up, except in reverse.
12. Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.
13. Watch where you are going!



**Make it a habit to follow the above steps when lifting anything--even a relatively light object.**

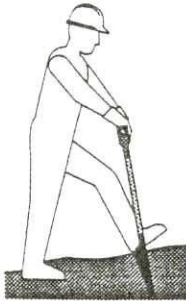


# MANUAL MATERIALS HANDLING

## SHOVELING AND DIGGING

### DIGGING

- (1) Keep feet wide apart. Place one foot on top of shovel using leg muscles. Shift weight to rear foot. Pull handle backwards.



- (2) Slide load close to body. Ensure load is loose from ground prior to lifting.



### SHOVELLING

- (1) Keep feet wide apart. Place front foot close to shovel.



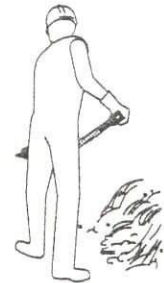
- (2) Put weight on front foot. Use leg to push shovel.



- (3) Shift weight to rear foot. Keep load close to body.



- (4) Turn your feet in direction of throw.



**Contact utilities for location of cables and pipes prior to digging.**



## PESTICIDE STORAGE AND TRANSPORTATION

EPA's Agricultural Worker Protection Standard (WPS) aims to reduce pesticide poisonings and injuries among agricultural workers and pesticide handlers.

## WORKPLACE HAZARDOUS MATERIALS INFORMATION

A WHMIS label is a source of information on a controlled product designed to alert employers and employees, in an easily understood way, to the hazards of the product and the precautions to be taken when working with or near the product.

The WHMIS label is the first hazard warning employees will see.

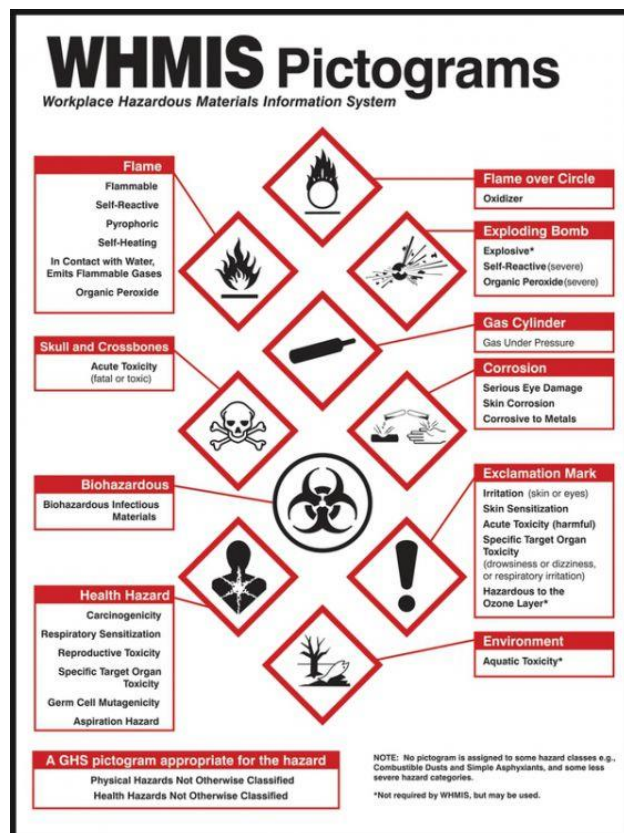
Under WHMIS there are three ways in which information on hazardous materials could be provided to employees:

- Labeling of hazardous materials
- Safety Data Sheets (SDS) to supplement the label with precautionary information
- Employee training programs

The supplier of the hazardous material provides the labels and data sheets to the employer. The employer is responsible for giving this information to employees and providing the training.

Juniper landscaping employees will be trained in GHS Hazardous Materials to OSHA standards.

## HAZARDOUS MATERIALS



1. Follow the instructions on the label and in the corresponding Safety Data Sheet (SDS) for each chemical product you will be using in your workplace.
2. Do not use protective clothing or equipment that has split seams, pin holes, cuts, tears, or other visible signs of damage.
3. Each time you use your gloves, wash them, before removing the gloves, using cold tap water and normal hand washing motion. Always wash your hands after removing the gloves.
4. Do not use chemicals from unlabeled containers or unmarked cylinders.
5. Always use chemical goggles and a face shield before handling chemicals labeled "Corrosive" or "Caustic."
6. Do not store chemical containers labeled "Oxidizer" with containers labeled "Corrosive" or "Caustic."
7. Do not smoke while handling chemicals labeled "Flammable."

## RESPIRATORY PROTECTION

**Only trained and authorized employees are permitted to use respirators.**

1. Do not perform operations requiring respirators, unless you have been approved for use of respirators, fitted and trained in the company's respiratory protection program.
2. Inspect respirators for cracked or worn parts before and after each use and after cleaning.
3. Do not wear a respirator if facial hair prevents a tight seal between the respirator and your face.
4. Clean and sanitize respiratory equipment according to manufacturer recommendations after each use.
5. Store respiratory equipment in a clean and sanitary location.

## HAZARD COMMUNICATION

All Juniper Landscaping employees have a right to know what chemicals they work with, what the hazards are, and how to handle them safely.

Safety Data Sheets (SDS) is the documents provided by the supplier of a chemical. SDS details the chemical contents, associated hazards, and general safe handling guidelines. At Juniper Landscaping, the SDS collection is located at each branch office. Employees are free to utilize the SDS as needed.

General rules for handling chemicals in an office environment are:

- Read all label warnings and instructions.
- Follow instructions for quantity. More is not better.
- Minimize contact with chemicals. Use double layer cloths or gloves to protect your skin and keep your face clear of the area to reduce inhalation.
- Always wash your hands after handling chemicals.
- If a chemical enters your eye(s) immediately hold open the injured eye(s) and rinse it/them with clean, cool water for 15 minutes. Then be sure to report the injury immediately.
- Any questions or concerns regarding chemicals should be reported to your Supervisor.

All chemical containers must be labeled to identify contents and hazards. Most labels use numbers to rank the hazard level in three important areas:

- **FIRE** (red background color) - will the material burn?
- **HEALTH** (blue background) - is the material dangerous to my body?
- **REACTIVITY** (yellow background) - is the material dangerously unstable?

After each hazard (Fire, Health, and Reactivity), a number from 1-4 will be assigned. The number reflects the degree (or amount) of hazard:

- 0 Minimal
- 1 Slight
- 2 Moderate
- 3 Serious

## BLOOD BORNE PATHOGENS

1. Blood and other bodily fluids can carry pathogens, which are capable of causing diseases in others. This includes HIV, which leads to AIDS, and hepatitis.
2. Because we cannot tell by looking at a person if they are infected with a pathogenic disease, we must take precautions following an illness or injury when bodily fluids are released.
3. In the event of a person losing bodily fluids, stay away from the area and warn others to also do so. You can still stay close to the ill/injured person to support him/her, just be sure to stay out of contact any bodily fluids.
4. In the event that you find spilled bodily fluids, a syringe, or other medically contaminated materials, do not attempt clean up by yourself. Call Supervisor immediately for instructions.

## Juniper Tailgate Talk checklist

Running effective crew talks (safety meetings) can be a challenge. It takes careful preparation and a real desire to involve workers in improving health and safety. Photocopy this checklist and use it to guide your crew talks.

### Be prepared

- ☐ Inspect your workplace for hazards related to the topic you've chosen for the crew talk.
- ☐ Read over the material you plan to cover.
- ☐ Review any regulations, guidelines, and company rules related to the topic.
- ☐ Review reports of recent accidents at your workplace, including near misses.

### Involve workers in the meeting

- ☐ Talk about a real-life situation. Try to use an example relevant to your own workplace.
- ☐ Invite workers to ask questions and make suggestions related to the topic.
- ☐ Respond to questions that you can answer, and offer to find answers for those you can't.
- ☐ Allow time at the end of the crew talk for questions and suggestions on any safety issue.
- ☐ Ask workers for feedback about the meeting.
- ☐ Ask workers to help prepare for or even lead future crew talks.

### Follow up

- ☐ Look into complaints, concerns, and suggestions that your workers bring up.
- ☐ Report back to let them know what will be done.
- ☐ Keep good records of each crew talk.

## Lifting

Improper handling and lifting of heavy or bulky objects is a major source of strains, sprains, neck injuries, back injuries, and hernias. Any of these injuries can affect your quality of life for weeks, months, or even years, preventing you from working or doing many things you enjoy.

### Common hazards

- Shoulder or wrist sprains or strains from lifting heavy equipment, bags, or boxes
- Back pain from lifting and carrying awkward loads
- Back, shoulder, or leg strain from moving items by pushing or pulling

### Incident examples

- A worker was moving bags of fertilizer and turned quickly without moving his feet, twisting his back. He was off work for three weeks with back pain.
- A young worker was lifting trays off the floor onto potting tables, leaning over instead of bending her knees. After several hours, she experienced back muscle spasms and was off work for three days.

### Safety tips

- ☐ Use safe lifting technique, as shown on page 58.
- ☐ Decide whether you'll need help from another person or whether a wheelbarrow or hand truck will be needed to move heavy or awkward objects.
- ☐ Be sure you can see where you are going when carrying large items.
- ☐ When storing equipment or supplies, place the heaviest items at knee to chest level.

## Safe lifting technique



1. Get close to the object.

2. Bend at your hip and knees. Get good grip. Glove may improve your grip.

3. Lift smoothly and slowly, keeping the object close to your body. Keep the load between your knees and shoulders.

4. Pivot with your feet instead of twisting your back.

## Lifting safely from a vehicle

1. Lift smoothly and slowly, keeping the object close to your body. Keep the object between your knees and shoulders. Use gloves to improve your grip.



2. Pivot with your feet instead of twisting your back.



3. Bend at your hips and knees.



# EMPLOYEE SAFETY RESPONSIBILITIES - EMERGENCY ACTION PLAN

## Juniper Landscaping Emergency Contact Information

**FIRE DEPARTMENT:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**POLICE DEPARTMENT:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMERGENCY MEDICAL SERVICES (AMBULANCE):** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**HOSPITAL:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMERGENCY CARE FACILITY ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**BRANCH MANAGER:** \_\_\_\_\_

**Cell/Home TELEPHONE:** \_\_\_\_\_

**BRANCH TELEPHONE:** \_\_\_\_\_





### Worker's Compensation Treatment Authorization Form.

This Form is not a guarantee of eligibility or compensability for Workers' Compensation Benefits.

To be completed by employer (please print)

Account Number: 1093921

Employer Name: Juniper Landscaping of Florida, LLC.

Employer Address: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Body Part Injured: \_\_\_\_\_

Supervisor issuing form: \_\_\_\_\_

**Supervisors:** Please give this completed form to the injured employee to take with them to the physician. You must file the First Report of Injury with the PMA Insurance Group within 24 hours of injury.

This form is for one-time use, only on this date \_\_\_\_\_.

**Providers:** You must call The PMA Insurance Group toll free at 888-476-2669 prior to any additional treatment/admission or referral, other than an emergency situation. In an emergency situation, notification to PMA is required within 24 hours.

To inquire about the status of an unpaid medical bill call:	Send Medical Bills To:	Who is the claims adjuster?
1.888.476.2669	PMA Customer Service P.O. Box 5231  Janesville, WI 53547-5231	Call 1.888.476.2669

Send to Fleet Department

**Accident Reporting Form**

Date of Accident:

Time:

Location of Accident:

JUNIPER DRIVER INFORMATION	
NAME:	DOB:
EMPLOYEE ID #:	BRANCH:
ADDRESS:	
CITY:	STATE, ZIP:
TELEPHONE:	DL NUMBER:
VEHICLE VIN:	YR/MAKE/MODEL
LICENSE PLATE#:	SUPERVISOR:

OTHER DRIVER INFORMATION	
NAME:	DOB:
ADDRESS:	
CITY:	STATE, ZIP:
TELEPHONE:	EMAIL:
DL NUMBER:	STATE/EXPIRES:
INS CARRIER:	POLICY #:
Vehicle VIN:	YR/MAKE/MODEL:

Police contacted: YES NO      Department Name: \_\_\_\_\_

Officer Name/Badge #: \_\_\_\_\_ Case # \_\_\_\_\_

Was Juniper Car TOWED or DRIVABLE (Circle One) Tow Company:

Was other Car TOWED or DRIVABLE (Circle One) Tow Company:

PLEASE DESCRIBE THE ACCIDENT AND THE DAMAGE TO EACH VEHICLE:

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Please take pictures of any damages and location of accident WHEN it is safe to do so and submit them to FLEET Dept. at [Fleet@juniperlandscaping.com](mailto:Fleet@juniperlandscaping.com) If you exceed the description area, please write on the back.

# First Report of Injury or Illness Form

## FIRST REPORT OF INJURY OR ILLNESS

### FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

For assistance call 1-800-342-1741  
or contact your local EAO Office

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE

PLEASE PRINT OR TYPE		EMPLOYEE INFORMATION	
NAME (First, Middle, Last)		Social Security Number	Date of Accident (Month/Day/Year)
HOME ADDRESS		Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM	
Street/Apt. #		EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury)	
City, State, Zip			
TELEPHONE Area Code Number			
OCCUPATION		INJURY/ILLNESS THAT OCCURRED	PART OF BODY AFFECTED
DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F		

EMPLOYER INFORMATION		DATE FIRST REPORTED (Month/Day/Year)
COMPANY NAME	FEDERAL I.D. NUMBER (FEIN)	POLICY/MEMBER NUMBER
D. B. A.	NATURE OF BUSINESS	
Street	DATE EMPLOYED	PAYED FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO
City, State, Zip	LAST DATE EMPLOYEE WORKED	WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> YES
TELEPHONE Area Code Number	RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE	LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP
EMPLOYER'S LOCATION ADDRESS (if different)	DATE OF DEATH (if applicable)	RATE OF PAY <input type="checkbox"/> HR <input type="checkbox"/> WK \$ _____ PER <input type="checkbox"/> DAY <input type="checkbox"/> MO
Street	AGREE WITH DESCRIPTION OF ACCIDENT?	Number of hours per day _____
City, State, Zip	<input type="checkbox"/> YES <input type="checkbox"/> NO	Number of hours per week _____
COUNTY OF ACCIDENT		Number of days per week _____
Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement.		NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL
EMPLOYEE SIGNATURE (if available to sign)	DATE	AUTHORIZED BY EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER SIGNATURE	DATE	

CLAIMS-HANDLING ENTITY INFORMATION		
<input type="checkbox"/> 1(a) Denied Case - DWC-12, Notice of Denial Attached <input type="checkbox"/> 1(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached <input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3) Employee's 8 <sup>TH</sup> Day of Disability _____ Entity's Knowledge of 8 <sup>TH</sup> Day of Disability _____ <input type="checkbox"/> 3. Lost Time Case - 1st day of disability _____ Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date _____ Date First Payment Made _____ AWW _____ Comp Rate _____ <input type="checkbox"/> T.T. <input type="checkbox"/> T.T. - 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> DEATH <input type="checkbox"/> SETTLEMENT ONLY Penalty Amount Paid in 1 <sup>st</sup> Payment \$ _____ Interest Amount Paid in 1 <sup>st</sup> Payment \$ _____		
REMARKS	INSURER NAME	
INSURER CODE #	EMPLOYER'S CLASS CODE	EMPLOYER'S NAICS CODE
SERVICE CODE/PA CODE #	CLAIMS-HANDLING ENTITY FILE #	
CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE		

Form DFB-F2-DWC-1 (10/2016) Rule 69L-9.026, F.A.C.

# Juniper Fleet Insurance Cards

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD	
COMPANY: Pennsylvania Manufacturers' Association Insurance 12262 Com	
POLICY #: 1520/51093921	EFFECTIVE DATE: 01/01/2020
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY	<input checked="" type="checkbox"/> BODILY INJURY LIABILITY
NAMED INSURED: Juniper Landscaping of Florida, LLC & Prestige Property Maint	
YEAR:	MAKE: Fleet
VIN #:	
FLEET COVERAGE: <input checked="" type="checkbox"/>	
(If more than 25 vehicles insured)	
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE	

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD	
COMPANY:	
POLICY #:	EFFECTIVE DATE:
<input type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY	<input type="checkbox"/> BODILY INJURY LIABILITY
NAMED INSURED:	
YEAR:	MAKE:
VIN #:	
FLEET COVERAGE: <input type="checkbox"/>	
(If more than 25 vehicles insured)	
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE	

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND	
IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:	
1. Name and address of each driver, passenger and witness.	
2. Name of Insurance Company and policy number for each vehicle involved.	
<input type="checkbox"/> Rental car coverage is provided. If rental car coverage is provided, refer to the outline of coverage as to the details or extent of coverage.	
MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR	
ACORD 50 FL (2017/12) © 1994-2017 ACORD CORPORATION. All rights reserved.	

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND	
IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:	
1. Name and address of each driver, passenger and witness.	
2. Name of Insurance Company and policy number for each vehicle involved.	
<input type="checkbox"/> Rental car coverage is provided. If rental car coverage is provided, refer to the outline of coverage as to the details or extent of coverage.	
MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR	
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## WORKERS' COMPENSATION

### REFUSAL OF MEDICAL TREATMENT OR OBSERVATION FORM

Employee's Name (Print): \_\_\_\_\_

Work Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Witness(es): \_\_\_\_\_

Nature of Injury/Condition: \_\_\_\_\_

Description of Injury [Body Part(s) Injured]: \_\_\_\_\_

Brief Narrative Description of the Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, hereby acknowledge my refusal of medical treatment and/or observation offered to me at the expense of Juniper Landscaping for the work-related

injury I incurred on \_\_\_\_\_ (date). By signing this form, I realize that

I do not necessarily affect my later eligibility for Workers' Compensation. I acknowledge that my supervisor(s), in good faith, have offered and made available to me an opportunity to seek necessary medical treatment and/or observation.

At a later time, I understand that I may request from my supervisor(s) a medical authorization to obtain medical treatment and/or observation for the above described injury; which request can then be either approved or denied.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Transitional Work Program**

Juniper Landscaping has developed a return-to-work program as a benefit for all employees. If an employee is disabled and unable to perform their regular job, we will make every effort to speed recovery through the use of transitional duty. Working with the treating physician, we will develop a temporary position that matches the physical restrictions established by the doctor. In most cases this transitional duty will last no longer than 30 days, renewable for additional 30 days.

Studies have confirmed that returning workers to work as soon as possible after an injury is the most effective form of rehabilitation. Our return-to-work program enables our injured workers to return to productivity much earlier in their healing process. The success of our return-to-work program requires all employees, supervisors, and managers to understand and adhere to the roles and responsibilities outlined in this policy.

### ***The procedure for all employees***

If you are injured on the job:

1. Report to your supervisor immediately. If necessary, you will be sent to our medical provider for treatment.
2. The doctor will determine your work status. If there are physical restrictions that prevent you from performing your regular job, we will find transitional duty work for you.
3. Your physical restrictions will be reviewed on a regular basis by a doctor, so that we can modify the transitional duty job and return you to your regular job as quickly as possible.

### ***Roles and responsibilities of injured employee***

1. Report all injuries, no matter how slight, immediately to your immediate supervisor.
2. Inform the medical provider of our company's Return to Work policy and our willingness to provide transitional work that will accommodate restrictions. This will reduce the possibility for disruptions in your weekly pay.
3. Return to work following medical treatment and report to your immediate supervisor. If it is not medically possible to return to work, report to your supervisor via phone immediately following your medical evaluation.
4. Report to work in your temporary, modified job assignment following receipt of your return-to-work date (set by your medical provider).
5. Follow your medical provider's orders with respect to established work restrictions, limitations, therapies, etc.
6. Return to your normal work assignment as soon as your medical provider deems it is safe.

### ***Roles/responsibilities: immediate supervisor***

1. Understand and adhere to our return-to-work policy.
2. Ensure that direct report employees receive a thorough orientation and that they understand the Juniper Landscaping return-to-work policy and procedures.
3. Develop temporary, modified job tasks for jobs most likely to result in lost time injuries.
4. Maintain close communication with the injured employee throughout the healing process.
5. Follow up with medical provider and employee regarding prescribed therapy and recovery process.
6. Report job injuries to the branch manager or designee in a timely fashion. Additionally, injuries must immediately be reported to HR and SAFETY.
7. Follow established program guidelines for every employee involved in a lost time injury.



***Roles/responsibilities: employer***

1. Establish clear, documented return-to-work policies and procedures.
2. Ensure that our return-to-work policies and procedures are uniformly followed.

The Juniper Landscaping return to work policy supports the emotional and financial needs of our injured workers until they are medically stable and/or able to return to their original jobs. We strive to reduce safety hazards and eliminate on-the-job injuries, and our return-to-work program helps us reduce lost productivity associated with accidents while minimizing the financial strain to those injured on the job.

## Juniper Return to Work with Restrictions Letter



# Return to Work with Restrictions

Date: Month Day, Year

Recipient: First and Last Name (John Doe)

Street Address: 123 Sesame Ln

City, State, Zip Code

Dear (Recipient First Name),

This letter is to confirm that we will temporarily accommodate the restrictions outlined by your healthcare provider on the attached return to work notice. It is our understanding that you are not able to work more than 40 hours per week for 4-6 weeks from your return date. It is your responsibility to work within these restrictions and immediately communicate to Human Resources and Safety any changes in these restrictions. If under any circumstances you work outside of your restrictions, you will receive disciplinary action up to and including termination.

Your management team has been advised of your restrictions and understands they are not authorized to assign you duties outside of such restrictions. They also understand their responsibility in that, if they are aware or made aware of you performing duties outside of your restrictions, they are to report it to Human Resources and Safety immediately.

You must provide Human Resources and Safety with updated medical information from your physician should any of the following occur.

- 1) You find it difficult, or become unable, to perform your restricted duties at any time,
- 2) You have a change in your restrictions, or
- 3) 4 weeks has passed since the last medical update from your physician.

Your physician has approved your return date as XX/XX/20XX, which means an update from your physician must be submitted to Human Resources and Safety no later than XX/XX/20XX. At that time, we will evaluate the information and make a determination on whether we can continue to accommodate your restrictions. Should your physician release you from your restrictions prior to XX/XX/20XX, an updated medical report from your physician must be submitted to Human Resources and Safety immediately. Otherwise, you will still be considered on restricted duty.

By signing below, you are accepting your responsibility and compliance with the restrictions and guidelines described above.

Employee Name (print): (First and Last Name)	Employee Signature:	Date:
Supervisor Name (print):	Supervisor Signature	Date:
Branch Manager Name (print):	Branch Manager Signature	Date:



## Regreso al Trabajo con Restricciones

Fecha: Mes, Día, Año

Destinatario/a: **Nombre y apellido (John Doe)**

Dirección: **Numero y nombre de la calle, numero de departamento (si aplica)**

**Ciudad, Estado, Código Postal**

Estimado **(nombre del destinatario/a)**,

Esta carta es para confirmar que acomodaremos temporalmente las restricciones descritas por su proveedor de atención médica en el aviso de regreso al trabajo adjunto. Tenemos entendido que no podrá trabajar más de 40 horas por semana durante 4-6 semanas a partir de la fecha de regreso. Es su responsabilidad trabajar dentro de estas restricciones y comunicar inmediatamente a Recursos Humanos y Seguridad cualquier cambio en estas restricciones. Si bajo cualquier circunstancia trabaja fuera de sus restricciones, recibirá una acción disciplinaria que puede hasta incluir el despido.

Su equipo administrativo ha sido informado de sus restricciones y entiende que no están autorizados a asignarle deberes fuera de dichas restricciones. También comprenden su responsabilidad en el sentido de que, si conocen o se enteran de que usted realiza tareas fuera de sus restricciones, deben informarlo a Recursos Humanos y Seguridad de inmediato.

Deberá proporcionar a Recursos Humanos y Seguridad información actual de su médico en caso de que ocurra cualquiera de las siguientes situaciones:

- 1) Le resulta difícil o no puede realizar sus tareas restringidas en cualquier momento,
- 2) Tiene un cambio en sus restricciones, o
- 3) Han pasado 4 semanas desde la última actualización médica de su médico.

Su médico ha aprobado XX / XX / 20XX como su fecha de regreso, lo que significa que debe enviar una actualización de su médico a Recursos Humanos y Seguridad a más tardar el XX / XX / 20XX. En ese momento, evaluaremos la información y tomaremos una determinación sobre si podemos seguir adaptándonos a sus restricciones. Si su médico lo libera de sus restricciones antes del XX / XX / 20XX, debe enviar un informe médico actualizado a Recursos Humanos y Seguridad de inmediato. De lo contrario, se lo considerará en servicio restringido.

Al firmar a continuación, acepta su responsabilidad y cumple con las restricciones y pautas descritas anteriormente.

Nombre del Empleado: <b>(Nombre y Apellido)</b>	<b>Firma del Empleado:</b>	<b>Fecha:</b>
Nombre del Supervisor:	Firma del Supervisor:	Fecha:
Nombre del Gerente de Sucursal:	Firma del Gerente de Sucursal:	Fecha:

## Daily Pre-Task Plan to Limit Silica Exposure Form

Name of Subcontractor Completing: \_\_\_\_\_

Name of the “On-site” Competent Person completing this form and directly responsible for ensuring that all required protective measures are in place prior to start of your work:

Name: \_\_\_\_\_ Jobsite Contact Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Have you as the supervisor, physically reviewed the work area today as to assess conditions to ensure that your crews have the proper equipment and will work in a safe manner? \_\_\_\_\_

---

---

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What areas will your crews be working in? \_\_\_\_\_

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What tasks will your crews be performing today? \_\_\_\_\_

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What equipment will your crews use to complete this work? \_\_\_\_\_

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Will the equipment being used be water assisted or vacuum assisted? \_\_\_\_\_

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List any additional measures to be used to limit respirable silica: \_\_\_\_\_

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## EMPLOYEE SAFETY RESPONSIBILITIES - EMPLOYEE ACKNOWLEDGEMENT FORM

Juniper Landscaping is firmly committed to your safety. We will do everything possible to prevent workplace accidents and are committed to providing a safe working environment for you and all employees. We value you not only as an employee but also as a human being critical to the success of your family, the local community, and Juniper Landscaping. You are encouraged to report any unsafe work practices or safety hazards encountered on the job. All accidents/incidents (no matter how slight) are to be immediately reported to the supervisor on duty.

A key factor in implementing this policy will be the strict compliance to all applicable federal, state, local, and Juniper Landscaping policies and procedures. Failure to comply with these policies may result in disciplinary actions. Respecting this, Juniper Landscaping will make every reasonable effort to provide a safe and healthful workplace that is free from any recognized or known potential hazards. Additionally, Juniper Landscaping subscribes to these principles:

1. All accidents are preventable through implementation of effective Safety and Health Control policies and programs.
1. Safety and Health controls are a major part of our work every day.
2. Accident prevention is good business. It minimizes human suffering, promotes better working conditions for everyone, holds Juniper Landscaping in higher regard with customers, and increases productivity.
3. Management is responsible for providing the safest possible workplace for Employees. Consequently, management of Juniper Landscaping is committed to allocating and providing all the resources needed to promote and effectively implement this safety policy.
4. Employees are responsible for following safe work practices, company rules, and for preventing accidents and injuries. Management will establish lines of communication to solicit and receive comments, information, suggestions, and assistance from employees where safety and health are concerned.
5. Management and supervisors of Juniper Landscaping will set an exemplary example with good attitudes and strong commitment to safety and health in the workplace. Toward this end, management must monitor the company's safety and health performance, working environment, and conditions to ensure that program objectives are achieved.
6. Our safety program applies to all employees and persons affected or associated in any way by the scope of this business. Everyone's goal must be to constantly improve safety awareness and to prevent accidents and injuries. Everyone at Juniper Landscaping must be involved and committed to safety. This must be a team effort. Together, we can prevent accidents and injuries and keep each other safe and healthy in the work that provides our livelihood.

By signing this document, I confirm the receipt of Juniper Landscaping' employee safety manual. I have read and understood all policies, programs, and actions as described, and agree to comply with these set policies.

Employee Name (Print) \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

## QR Codes – How to Use

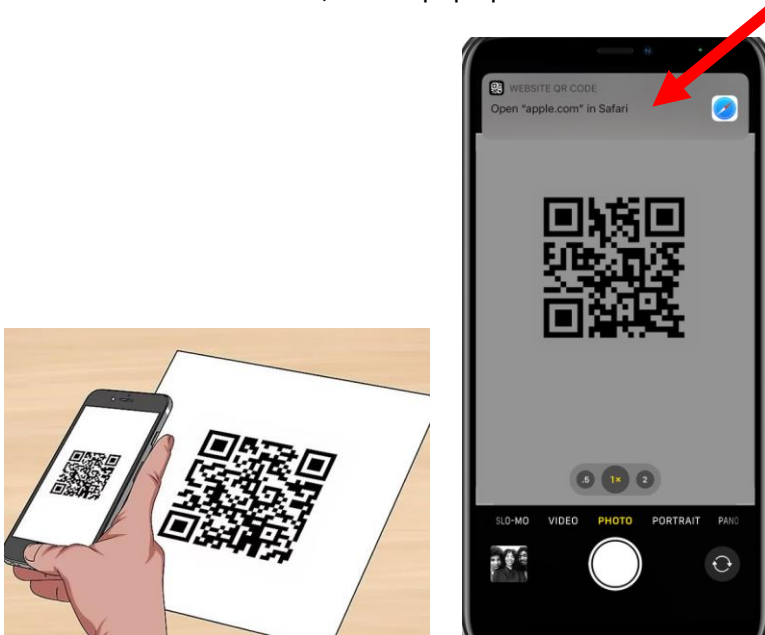
Below there are QR Codes with videos for further explanation and trainings and proper PPE. We have provided the links to the videos as well that you can click on if that's easier.

### To use the QR Codes, please follow these steps:

- 1) Pull out your cellphone and open the camera (Apples phone on left, Android on Right)



- 2) Hold the camera over the QR Code, once a pop up comes on the screen click it



- 3) Presto! The videos should open up.



## QR Training Videos

### Juniper University Training Highlight



[https://www.youtube.com/watch?v=2-xii8-mbEU&list=PLfnCYDcOZ4cNe8\\_BbTVzAPxXymq5KCeJE&index=4](https://www.youtube.com/watch?v=2-xii8-mbEU&list=PLfnCYDcOZ4cNe8_BbTVzAPxXymq5KCeJE&index=4)

### Weed Wacker - Proper PPE & Use



[https://www.youtube.com/watch?v=BONKozoj3D0&list=PLfnCYDcOZ4cNe8\\_BbTVzAPxXymq5KCeJE&index=3](https://www.youtube.com/watch?v=BONKozoj3D0&list=PLfnCYDcOZ4cNe8_BbTVzAPxXymq5KCeJE&index=3)

### Edger - Proper PPE & Use



[https://www.youtube.com/watch?v=viMa\\_LWWgvU&list=PLfnCYDcOZ4cNe8\\_BbTVzAPxXymq5KCeJE&index=2](https://www.youtube.com/watch?v=viMa_LWWgvU&list=PLfnCYDcOZ4cNe8_BbTVzAPxXymq5KCeJE&index=2)

## Hedge Trimmer - Proper PPE and Use



[https://www.youtube.com/watch?v=gl7SoU9ZehY&list=PLfnCYDcOZ4cNe8\\_BbTVzAPxXymq5KCeJE&index=1](https://www.youtube.com/watch?v=gl7SoU9ZehY&list=PLfnCYDcOZ4cNe8_BbTVzAPxXymq5KCeJE&index=1)

## Cortadora de Malezas - PPE Adecuado y Uso



[https://www.youtube.com/watch?v=jniq1I7KzEE&list=PLfnCYDcOZ4cODT9gJXl0\\_Kiflhct6ppHz](https://www.youtube.com/watch?v=jniq1I7KzEE&list=PLfnCYDcOZ4cODT9gJXl0_Kiflhct6ppHz)

May 10, 2022

West Village Improvement District

2501A Burns Road

Palm Beach Gardens, FL 33410

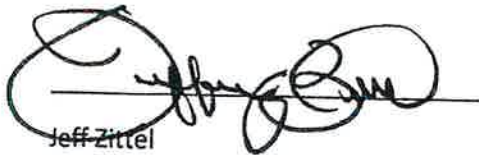
RE: Letter of Recommendation

To Whom It My Concern,

Castle Management serves as the management company for the Island Walk Community located in the West Village District in Venice Fl. Island Walk consist of 2,391 homes, 66 lakes, 3 amenity centers and Guard house. Juniper Landscaping started the landscape management services in January of 2022. The management includes the maintenance of all turf, shrubbery, and irrigation system functions. Juniper has made noticeable improvements to all areas of the landscape throughout the community. The contract value is 3,335,320.

Juniper Landscaping has proven to the Castle Management team and the residents of Island Walk a crucial component in the improvements to the landscape and overall appearance to the entire property.

Sincerely,



Jeff Zittel

General Manager

Castle Management Group

Jeff Zittel

General Manager | Castle Group

IslandWalk at the West Villages "Proudly Managed by the Castle Group" 13605 Tantino Drive, Venice, FL 34293

[zittel@castlegroup.com](mailto:zittel@castlegroup.com) | [www.castlegroup.com](http://www.castlegroup.com)

P: 941-493-2302



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WE'RE HIRING

