



Please print legibly and complete to the best of your knowledge

Your Name & Title: JENNIFER FREITAS, OFFICE MANAGER

Official Company Name: CONCRETE NORTH, INC.

Your Phone: 209.745.7400 Office Phone: 209.745.7400

Office Fax: 209.745.7477 Email Address: JENNY@CONCRETENORTH.NET

Company Mailing Address: 10274 IRON ROCK WAY
ELK GROVE, CA 95624

Name/Title of Pres., V.P., or other top management official: _____
TRAVIS OLESON, VP

Type of Business (framer, plumber, HVAC, roofer, etc.) _____
CONCRETE

Union or Non-Union: UNION Union Rep. name: MULTIPLE

Union Mailing Address: CARPENTERS LOCAL 971, 1150 TERMINAL WAY # 2, RENO, NV 89502
LABORERS LOCAL 169, 570 REACTOR WAY, RENO, NV 89502
CEMENT MASONS LOCAL 797, 810 GLEESON WAY, SPARKS, NV 89431

Employees on site: 17 (VARIES) # Employees (total) in NV: 33

Normal work-hours at site: 7am-3pm

Has OSHA Enforcement inspected your company in the last 12 months? NO

Have employees been provided the Nevada Rights & Responsibilities Pamphlet? Y/N

Please provide:

- A copy of the Written Safety Program (for those with 11 or more employees)
- The last 3 years of OSHA 300 and 300A logs
- Verification of worker's compensation insurance
- Proof of OSHA 10/30 Hour for those onsite

Does your company provide: Dust masks, or respirators? Yes No

Is the use of mask: Voluntary Mandatory

Do employees cut/grind concrete/mortar/granite on this job? Yes No

Are employees provided hearing protection? Yes No

Is hearing protection required by the employer? Yes No

Are employees required to provide first aid, CPR, or clean-up blood? Yes No