



**HIGHWIRE**

# **Safety Assessment**

## **Program for:**

**M.G. Newell**

The Safety Assessment Program reviews a company's historic safety performance and current safety management systems. The program normalizes data for vendor or contractor size and type of work performed.

The program provides thorough, objective and consistent evaluation of company performance so clients can identify, monitor, and manage risk smarter. The results provide a strong indicator of how a vendor or contractor values safety and a reliable predictor of future performance.

# CERTIFICATE OF ACHIEVEMENT



## GOLD SAFETY AWARD

This acknowledgement certifies that on 08/01/2022

**M.G. Newell**

has successfully completed the Highwire Independent Safety Assessment Program and has achieved the Certificate of Completion for the trade

**Biopharmaceutical Manufacturing Equipment**

A handwritten signature in blue ink that reads 'Garrett Burke'.

Garrett Burke, *President, Highwire*

**HIGHWIRE**

### Safety Assessment Results

Total Score	92.91 / 100
Insurance/Injury/Illness	43 / 45 points
EMR	8 / 10
DART	15 / 15
Recordable Case	15 / 15
No of Fatalities	0:5 points awarded
OSHA Experience	10 / 10 points
Special Elements	5.00 / 5 points
Safety Program Elements	6.67 / 10 points
Safety Management Systems	28.24 / 30 points

Safety Account Expires: Sep 24, 2023 Injury/Illness Data Valid Until Feb 1, 2023

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### Company Information

Company Name	M.G. Newell
Federal EIN	561443724
First Name	Mimi
Last Name	Cartee
Email	mimi.cartee@mgnewell.com
Telephone	336-393-0100
Address 1	301 Citation Court
Address 2	
City	Greensboro
State	North Carolina
Zipcode	27409

### Safety Profile

Trade Category	Score
Biopharmaceutical Manufacturing Equipment	92.91

### Strengths/Weakness (Biopharmaceutical Manufacturing Equipment)

#### Strengths

Safety Management Systems
Special Elements
EMR is better than the industry average
Days Away case and Restricted 'Recordable Case' is better than industry average
Recordable Cases is better than industry average
No fatalities in the past
No points deducted from Safety Documentation

#### Weakness

### Insurance/Injury/Illness



## 2021

Did your company perform work this year?	yes
OSHA Recordable Cases	1
DART Cases	0
Total Days Away From Work	0
Total Days of Job Transfer or Restricted Duty	0
# Fatalities	0
# Total Hours Worked By All Employees	227531

## 2020

Did your company perform work this year?	yes
OSHA Recordable Cases	0
DART Cases	0
Total Days Away From Work	0
Total Days of Job Transfer or Restricted Duty	0
# Fatalities	0
# Total Hours Worked By All Employees	220870

## 2019

Did your company perform work this year?	yes
OSHA Recordable Cases	2
DART Cases	1
Total Days Away From Work	0
Total Days of Job Transfer or Restricted Duty	5
# Fatalities	0
# Total Hours Worked By All Employees	202415

## 2018

Did your company perform work this year?	yes
OSHA Recordable Cases	2
DART Cases	1
Total Days Away From Work	0
Total Days of Job Transfer or Restricted Duty	27



# Fatalities	0
# Total Hours Worked By All Employees	194824

## OSHA Experience

## Safety Management Systems

**1. Have a defined set of goals related to safety?**

**Ans:** Yes

**2. Have a defined management leadership and involvement program?**

**Ans:** Yes

**3. Have a defined accountability program for observed infractions of your company's safety and health program?**

**Ans:** Yes

**4. Have a crisis management or emergency action plan?**

**Ans:** Yes

**5. Have an incident investigation program?**

**Ans:** Yes

**6. Have an employee training and development program for workforce, foreman, superintendent, and managers?**

**Ans:** Yes

**7. Have a new hire orientation program?**

**Ans:** Yes

**8. Have a defined employee performance evaluation process that includes safety performance?**

**Ans:** Yes

**9. Have a defined employee involvement plan (i.e., safety committee, feedback program, etc.)?**

**Ans:** Yes

**10. Have a defined budget for safety?**

**Ans:** Yes

**11. Have a defined incentive and/or recognition program?**

**Ans:** Yes

**12. Have an annual self evaluation program?**

**Ans:** Yes

**13. Have defined safety meetings?**

**Ans:** Yes

**14. Have an inspection and hazard identification program?**

**Ans:** Yes

**15. Have a full-time safety manager on staff? If Yes, please upload one of the following: CSP or CHST designation or resume?**

**Ans:** No

**16. Have a defined program for the communication of safety-related items (incidents, accidents, successes, program changes, etc.)?**

**Ans:** Yes

**17. Have a policy statement that is endorsed by the company president, owner or executive management?**

**Ans:** Yes

## Safety Program Elements

## Construction Questions

**1. Does your company have a head protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**2. Does your company have an eye protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**3. Does your company have a fall protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**4. Does your company have a program in place for maintaining housekeeping?**

**Ans:** We have a program in place to address this hazard/activity.

**5. Does your company have a fire prevention and protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**6. Does your company have a hazard communication program?**

**Ans:** We have a program in place to address this hazard/activity.

**7. Does your company have a foot protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**8. Does your company have a soft-tissue injury prevention program in place (material handling)?**

**Ans:** We have a program in place to address this hazard/activity.

**9. Does your company have an incident and accident reporting program?**

**Ans:** We have a program in place to address this hazard/activity.

**10. Does your company have a procedure in place to respond to regulatory agency complaints, inspections and citations?**

**Ans:** We have a program in place to address this hazard/activity.

**11. Does your company have a signs, signals and barricades program?**

**Ans:** We have a program in place to address this hazard/activity.

**12. Are your employees exposed to cut and laceration hazards to the hands?**

**Ans:** We have a program in place to address this hazard/activity.

**13. Are your employees EVER required to enter or work around trenches or excavations?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**14. Are your employees EVER required to use electric-powered tools or equipment?**

**Ans:** We have a program in place to address this hazard/activity.

**15. Do your employees work on or around electrical systems/components?**

**Ans:** We have a program in place to address this hazard/activity.

**16. Does your company perform work on live electrical components? (Work that involves exposed energized electrical conductors or circuit parts that employees may approach and/or interact with that can expose employees to electric shock hazards or could create an arcing fault that results in an arc flash.)**

**Ans:** We have a program in place to address this hazard/activity.

**17. Do your employees EVER work with or use hoisting or rigging equipment such as slings, shackles, cranes, hoisting chains, etc.?**

**Ans:** We have a program in place to address this hazard/activity.

**18. Do your employees operate motor vehicles as part of their required job duties?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**19. Do your employees use powder-actuated tools? (tools that rely on a powder propellant charge i.e. Hilti or Ramset)?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**20. Do your employees EVER use a ladder?**

**Ans:** We have a program in place to address this hazard/activity.

**21. Do your employees EVER use rolling staging, supported scaffold, suspended scaffolds, mast-climbing scaffolds or other types of scaffolds?**

**Ans:** We have a program in place to address this hazard/activity.

**22. Do your employees EVER perform welding, cutting, brazing, soldering, or other flame/spark producing activities?**

**Ans:** We have a program in place to address this hazard/activity.

**23. Does your company perform steel erection?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**24. Do your employees EVER perform work activities or work in areas with high noise levels?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**25. Are your employees potentially exposed to dust, fumes, mists, vapors or other respiratory hazards?**

**Ans:** We have a program in place to address this hazard/activity.

**26. Do employees work around activities that create silica dust?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**27. Are your employees required to enter manholes, vaults, pits, shafts, trenches, crawl spaces, or other confined spaces?**

**Ans:** We have a program in place to address this hazard/activity.



**28. Are your employees EVER required to use, store or handle oxygen, acetylene, propane, nitrogen or other compressed gasses?**

**Ans:** We have a program in place to address this hazard/activity.

**29. Are your employees EVER required to operate or work from boom lifts, scissor lifts, or other aerial lifts?**

**Ans:** We have a program in place to address this hazard/activity

**30. Do your employees EVER work in places where asbestos-containing materials could be present?**

**Ans:** We have a program in place to address this hazard/activity.

**31. Do your employees EVER perform sandblasting operations?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**32. Are your employees required to attend and/or participate in regularly scheduled toolbox talks?**

**Ans:** We have a program in place to address this hazard/activity.

**33. Are your employees required to possess a first-aid or CPR training certification?**

**Ans:** N/A

**34. Do your employees ever work in places where lead-based paint or lead-containing materials could be present?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**35. Are your employees potentially exposed to other hazardous chemicals, materials, or wastes?**

**Ans:** We have a program in place to address this hazard/activity.

### Special Elements

**1. Does your company have a 'return to work' program for employees who have been injured?**

**Ans:** Yes

**2. Does your company have a substance abuse policy that prohibits drug and alcohol use?**

**Ans:** Yes

**3. Does your company require candidate employees to submit to a drug test before being hired?**

**Ans:** Yes

**4. Does your company perform drug and alcohol testing following EVERY employee work-related injury or accident?**

**Ans:** Yes

**5. Does your company have a reasonable suspicion drug and alcohol testing program?**

**Ans:** Yes

**6. Is your company a member of the OSHA VPP program?**

**Ans:** Yes

**7. Is your company a member of the SHARP program?**

**Ans:** No

**8. Is your company a participant of the OSHA Partnership Program?**

**Ans:** No

**9. Does your company have an infection control plan that addresses local outbreaks and pandemics?**

**Ans:**