

# CERTIFICATE

of completion  
**DRI Commercial Corporation**  
Gold Award

This is to certify that **DRI Commercial Corporation** has successfully completed the ConstructSecure independent Construction Safety Assessment Program (CSAP). **DRI Commercial Corporation** has completed the area for the trade Roofing Contractors. The Contractor Safety Assessment Program reviews a company's historic safety performance and current safety management systems. The program normalizes for contractor size and type of work performed. It provides a thorough, objective and consistent evaluation of company performance for decision making by construction industry participants. The results provide a view of the value a company places on safety and a reliable predictor of future performance.

**The results are below:**

TOTAL SCORE: 93.48 / 100  
Injury/Illness/Insurance: 43/45 points  
EMR: 9/10  
Fatalities: 0: 5 points awarded  
Recordable Cases: 14/15  
Dart: 15/15  
OSHA Experience: 7/10 points  
Safety Management Systems: 30/30 points  
Safety Program Elements: 8.48/10 points  
Special Elements: 5/5 points  
Safety Manual Document: 0 points deducted

**ConstructSecure, Inc.**



**Gold Award**

**DATE: 4/8/2011**

**#2892a**



## Company Information

<b>Company Name*:</b> DRI Commercial Corporation	<b>Contact First Name*:</b> DRI Commercial Corporation
<b>Address:</b> 17182 Armstrong Avenue	<b>Contact Last Name*:</b> Messinger
<b>Address 2:</b>	<b>Contact Job Title*:</b> Director of Safety
<b>City:</b> Irvine	<b>Email:</b> jmessinger@dricompanies.com
<b>State:</b> CA	<b>Contact Telephone # (Office)*:</b> 949-266-1900
<b>Zip Code:</b> 92614	<b>Mobile Phone:</b>
<b>Main Telephone #:</b> 949-266-1900	<b>Contact Fax #:</b> 949-266-1974
<b>Main Fax #:</b> 949-266-1974	<b>Federal EIN:</b> 050546968



## Insurance/Injury/Illness

### Year 2006

EMR:0  
# Lost Workday and Restricted Duty Cases (DART): 0  
Total # OSHA Recordable Cases: 0  
# Fatalities: 0  
Description:  
# Employee Hours Worked: 0

### Year 2007

EMR: 0  
# Lost Workday and Restricted Duty Cases (DART): 0  
Total # OSHA Recordable Cases: 0  
# Fatalities: 0  
Description:  
# Employee Hours Worked: 0

### Year 2008

EMR: 0.57  
# Lost Workday and Restricted Duty Cases (DART): 3  
Total # OSHA Recordable Cases: 14  
# Fatalities: 0  
Description:  
# Employee Hours Worked: 505588

### Year 2009

EMR: 0.52  
# Lost Workday and Restricted Duty Cases (DART): 0  
Total # OSHA Recordable Cases: 6  
# Fatalities: 0  
DescriptionDescription:  
# Employee Hours Worked: 386950

### Year 2010

EMR: 0.72  
# Lost Workday and Restricted Duty Cases (DART): 1.12  
Total # OSHA Recordable Cases: 6  
# Fatalities: 0  
DescriptionDescription:  
# Employee Hours Worked: 389236

## OSHA Experience

Citation Date	Severity	Cited Regulation	Penalty Assessed
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**CONSTRUCTSECURE, INC CONTRACTOR SAFETY ASSESSMENT PROGRAM**  
**DRI Commercial Corporation, Roofing Contractors**



12/9/2010	94	80027020	none
6/18/2008	94	1509A, 1215B	\$335
6/18/2008	94	3276A	\$2700

## Safety Program Elements

<b>Does your company have a head protection program?:</b> Yes	<b>Does your company have a eye protection program?:</b> Yes
<b>Does your company have a fall protection program?:</b> Yes	<b>Does you company have a program in place for maintaining housekeeping?:</b> Yes
<b>Does your company have a fire prevention and protection program:</b> Yes	<b>Does your company have a hazard communication program?:</b> Yes
<b>Does your company have a foot protection program?:</b> Yes	<b>Does your company have a soft-tissue injury prevention program in place (material handling):</b> Yes
<b>Does your company have an incident and accident reporting program?:</b> Yes	<b>Does your company have a procedure in place to respond to regulatory agency complaints, inspections and citations?:</b> Yes
<b>Does your company have a signs, signals and barricades program?:</b> Yes	<b>Are your employees EVER required to enter or work around trenches or excavations?:</b> Yes
<b>Are your employees EVER required to use electric-powered tools or equipment, OR do your employees work on or around electrical systems/components?:</b> Yes	<b>Does your company perform work in accordance with NFPA 70E when it is required to work on live electrical components?:</b> Yes
<b>Do your employees EVER work with or use hoisting or rigging equipment suchs as slings, shackles, cranes, hoisting chains, etc.:</b> Yes	<b>Do your employees ever operate motor vehicles as part of their required job duties?:</b> Yes
<b>Do your employess use hand or power tools?:</b> Yes	<b>Do your employees EVER use a ladder?:</b> Yes
<b>Do your employees EVER use rolling staging, supported scaffold, suspended scaffolds, mast-climbing scaffolds or other types of scaffolds?:</b> Yes	<b>Do your employees EVER perform welding, cutting, brazing, soldering, or other flame/spark producing activities?:</b> Yes
<b>Does your company perform steel erection?:</b> No	<b>Does your company have a hearing conservation program in place to protect against noise levels above 90 decibels?:</b> Yes
<b>Are your employees potentially exposed to dust, silica, fumes, mists, vapors or other respiratory hazards?:</b> Yes	<b>Are your employees EVER required to enter manholes, vaults, pits, shafts, trenches, crawl spaces or other confined spaces?:</b> No
<b>Are your employees EVER required to use, store or handle oxygen, acetylene, propane, nitrogen or other compressed gasses?:</b> Yes	<b>Does your company have an environmental protection program?:</b> Yes

**CONSTRUCTSECURE, INC CONTRACTOR SAFETY ASSESSMENT PROGRAM**  
**DRI Commercial Corporation, Roofing Contractors**



<b>Are your employees EVER required to operate or work from boom lifts, scissors lifts, or other aerial lifts?:</b> Yes	<b>Do your employees ever work in places where asbestos-containing material could be present?:</b> No
<b>Do your employees EVER perform sandblasting operations?:</b> No	<b>Are your employees required to attend and/or participate in regularly scheduled tool-box talks?:</b> Yes
<b>Are any of your employees required to possess a first-aid or CPR training certification?:</b> Yes	<b>Do your employees ever work in places where lead-based paint or lead-containing materials could be present?:</b> No
<b>Does your company have a medical surveillance program for potential exposure to hazardous chemicals, materials or wastes?:</b> Yes	

## Safety Management Systems

- **Have a defined set of goals related to safety?:** Yes
- **Have a defined management leadership and involvement program? :** Yes
- **Does your company have a defined accountability program for observed infractions of your company's safety and health program? :** Yes
- **Have a crisis management or emergency action plan?:** Yes
- **Have an incident investigation program?:** Yes
- **Have an employee training and development program for workforce, foreman, superintendent, and managers? :** Yes
- **Have a new hire orientation program?:** Yes
- **Have a defined employee performance evaluation process that includes safety performance? :** Yes
- **Have a defined employee involvement plan (i.e., safety committee, feedback program, etc.)?:** Yes
- **Have a defined budget for safety? :** Yes
- **Have a defined incentive and/or recognition program? :** Yes
- **Have an annual self evaluation program? :** Yes
- **Have defined safety meetings? :** Yes
- **Have an inspection and hazard identification program?:** Yes
- **Have a full-time safety manager on staff?:** Yes
- **Have a defined program for the communication of safety-related items (incidents, accidents, successes, program changes, etc.)? :** Yes
- **Does your company have a policy statement that is endorsed by the company president, owner or executive management? :** Yes



## Special Elements

- **Does your company have a 'return to work' program for employees who have been injured?:** Yes
- **Does your company have a substance abuse policy that prohibits drug and alcohol use?:** Yes
- **Does your company require candidate employees to submit to a drug test before being hired?:**  
Yes
- **Does your company perform drug and alcohol testing following EVERY employee work-related injury or accident?:** Yes
- **Does your company have a reasonable suspicion drug and alcohol testing program?:** Yes
- **Is your company a member of the VPP program (need to work on language):** No
- **Is your company a member of the SHARP program:** No
- **Is your company a participant of the OSHA Partnership Program?:** Yes

## Uploaded Documents

### Safety Manual:

COSP\_English\_Master\_01-10.doc  
IIPP\_Master\_DRI\_Companies.doc  
DRI-\_Bloodborne\_Pathogen\_Program-\_Master.doc  
DRI\_-\_Electrical-\_Lockout\_Tagout\_Program\_Master.doc  
DRI-\_Stretch\_and\_Flex\_Program-\_Master.doc  
DRI\_-\_Fall\_Protection\_Program.doc  
DRI\_-\_Hand\_Tool\_Safety-\_Master.doc  
DRI-\_Hazard\_Communication\_Program-\_Master.docx  
DRI\_-\_Hearing\_Protection\_Program-\_Master.doc  
DRI\_Heat\_Illness\_Prevention\_Program.doc  
DRI\_-\_PPE\_PROGRAM.doc  
SA-1-3\_Industrial\_Trucks-\_Safety\_Requirements.doc  
Program\_Master.docx  
DRI\_Cranes\_and\_Rigging\_Program\_2011.docx

### OSHA 300 Summary Form:

Commercial.pdf

### Insurance EMR Rating:

X-Mod\_History\_Letter\_2010.pdf