



# HIGHWIRE

## Safety Assessment

### Program for:

#### S.A.S Advanced Technologies

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. This is a certificate of completion and does not represent approval of use by your hiring partner.

# CERTIFICATE OF COMPLETION



This acknowledgement certifies that on 03/05/2024

## S.A.S Advanced Technologies

has successfully completed the Highwire Independent Safety Assessment Program for the trade

## Equipment Supplier (Install and/or Maintenance)

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

Garrett Burke, President, Highwire

## HIGHWIRE

Safety Account Expires: Feb 14, 2025 Injury/Illness Data Valid Until Feb 1, 2025

### Safety Assessment Results

| Total Score             | 88 / 100                 |
|-------------------------|--------------------------|
| Injury & Illness        | 40 / 40 points           |
| No of Fatalities        | 0:5 points awarded       |
| Days Away               | 35 / 35                  |
| Program Elements        | 25 / 25 points           |
| Management Systems      | 23 / 35 points           |
| Review of Safety Manual | Zero discrepancies found |

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## Company Information

|              |                             |
|--------------|-----------------------------|
| Company Name | S.A.S Advanced Technologies |
| Federal EIN  | 514957364                   |
| First Name   | Assaf                       |
| Last Name    | Nave                        |
| Email        | assaf@sas-tech.com          |
| Telephone    | +972 052-955-2406           |
| Address 1    | Ha Marpeh 3 St.             |
| Address 2    |                             |
| City         | Jerusalem                   |
| State        |                             |
| Zipcode      | 97740                       |

## Safety Profile

| Trade Category                                  | Score |
|---|-------|
| Equipment Supplier (Install and/or Maintenance) | 88    |

## Strengths/Weakness (Equipment Supplier (Install and/or Maintenance))

### Strengths

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

### Weakness

## Injury & Illness

2023

|  |     |
|--|-----|
| Did your company perform work this year? | yes |
|--|-----|



|   |        |
|---|--------|
| Days Away Cases                               | 0      |
| Total Days Away From Work                     | 0      |
| # Fatalities                                  | 0      |
| Injuries and Illnesses Without Lost Work Days | 0      |
| # Total Hours Worked By All Employees         | 19,200 |
| EMR   |        |

## 2022

|   |        |
|---|--------|
| Did your company perform work this year?      | yes    |
| Days Away Cases                               | 0      |
| Total Days Away From Work                     | 0      |
| # Fatalities                                  | 0      |
| Injuries and Illnesses Without Lost Work Days | 0      |
| # Total Hours Worked By All Employees         | 19,200 |
| EMR   |        |

## 2021

|   |    |
|---|----|
| Did your company perform work this year?      | no |
| Days Away Cases                               |    |
| Total Days Away From Work                     |    |
| # Fatalities                                  |    |
| Injuries and Illnesses Without Lost Work Days |    |
| # Total Hours Worked By All Employees         |    |

## 2020

|   |    |
|---|----|
| Did your company perform work this year?      | no |
| Days Away Cases                               |    |
| Total Days Away From Work                     |    |
| # Fatalities                                  |    |
| Injuries and Illnesses Without Lost Work Days |    |
| # Total Hours Worked By All Employees         |    |



## Management Systems

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

**Ans:** Yes

**2. Does your company follow a detailed planning process for safety that breaks tasks or activities down into steps, identifies hazards and control measures for each step, identifies responsible parties for implementing controls, and ensures that plans are communicated to the workforce providing task-specific training?**

**Ans:** Yes

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

**Ans:** Yes

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

**Ans:** Yes

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

**Ans:** Yes

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

**Ans:** Yes

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

**Ans:** Yes

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

**Ans:** Yes

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

**Ans:** No

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

**Ans:** No

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

**Ans:** Yes



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

**Ans:** No

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

**Ans:** Yes

**14. Have defined safety meetings?**

**Ans:** Yes

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

**Ans:** Yes

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

**Ans:** No

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

**Ans:** No

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

**Ans:** No

## Program Elements

## Facilities Questions

**1. Are ANY of your employees required to maintain a permit, license or certification in order to perform their work?**

**Ans:** NA

**2. Does your company have a personal protection equipment program?**

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

**3. Does your company have a walking and working surfaces program?**

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

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



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

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

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

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

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

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

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

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

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

**9. Does your company have a hearing conservation program?**

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

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

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

**11. Does your company have an environmental protection program?**

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

**12. Does your company have a medical surveillance program for potential exposure to hazardous chemicals, materials or wastes?**

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

**13. Does your company have a written respiratory protection program?**

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

**14. Does your company have a control of hazardous energy program?**

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

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

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

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

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



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

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

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

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

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

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

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

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

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

**22. Do your employees ever use a ladder?**

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

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

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

**24. 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.

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

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

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

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

**27. Are your employees ever required to operate or work from boom lifts, scissors lifts, or other aerial lifts?**

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

**28. Do your employees ever work in places where asbestos-containing material could be**





present?

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

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

**Ans:** NA

**30. 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.

**31. Are your employees required to possess a hazardous waste removal license?**

**Ans:** NA

## Advanced Initiatives

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

**Ans:** No

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

**Ans:** No

**3. Does your company have an alcohol and substance abuse prevention and awareness program?**

**Ans:** No

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

**Ans:** No

**5. Have any updates been made to your company's safety programs, policies, procedures, or management systems?**

**Ans:** No

**6. Annual Safety Program Update**

**Ans:** check-this-box-to-confirm-that-your-company-s-most-recent-safety-programs-policies-procedures-and-management-systems-have-been-uploaded-to-highwire-

**7. Select 'Agree' below to acknowledge that all safety policies, procedures, and documentation uploaded into the Highwire applications are accurate, were developed in**



**substantial part by your company personnel, and fairly represent how your business will operate at your client's sites, projects, and facilities:**

**Ans:** Agree

**8. Identify the most recent revision date for the safety policies and procedures uploaded in Highwire:**

**Ans:** 2019-09-09T00:00:00