



HAZARDOUS MATERIAL REMEDIATION DEMOLITION

1130 West Trenton Ave.
Orange, CA 92867
Phone: 714-385-0099
Fax: 714-385-0011

EMPLOYEE APPLICATION FOR EMPLOYMENT

DATE: SOCIAL SECURITY #:

NAME: TELEPHONE #:

ADDRESS: CITY:

\*\* (Be sure this is correct, checks mailed to this address)

STATE: ZIPCODE: PLACE OF BIRTH:

BIRTH DATE: DRIVERS LIC/ ID #:

United States Citizen: Yes No If No, Green Card #

Married: Spouse's Name: No. of Dependents:

PERSON TO CONTACT INCASE OF EMERGENCY:

NAME: TELEPHONE #

ADDRESS:

CITY: STATE: ZIPCODE:

I attest that all the information furnished herein is true and correct to the best of my knowledge.

Signature



1130 West Trenton Ave.  
Orange, CA 92867  
Phone: 714-385-0099  
Fax: 714-385-0011

DATE: \_\_\_\_\_

### **Job Reference Sheet**

Please list prior employers that we may contact regarding your previous work history.

COMPANY NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**Years Experience:** \_\_\_\_\_

**Types of Equipment:** \_\_\_\_\_

**Other Skills:** \_\_\_\_\_

I understand that Miller Environmental, Inc. may call anyone I have listed above for a reference.

\_\_\_\_\_  
Signature

# Form W-4 (2014)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if: } • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_  
(**Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.  
• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to six eligible children or **less** "2" if you have seven or more eligible children.  
• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . . **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply. } • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.  
• If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.  
• If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2014</span>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: 

{	\$12,400 if married filing jointly or qualifying widow(er)	}	. . . . .	2	\$ _____
	\$9,100 if head of household				
	\$6,200 if single or married filing separately				

 . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2014 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,950 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

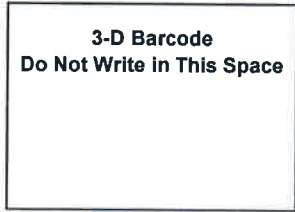
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



**Employer Completes Next Page**



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write in This Space**

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

# MILLER ENVIRONMENTAL INCORPORATED

---

## HAZARDOUS MATERIAL REMEDIATION

Miller ambiental se ha comprometido a alcanzar una cultura de seguridad cero lesiones mediante la aplicación de todos los principios de seguridad ambientales Miller sin compromiso. La salud y el bienestar de nuestros empleados del proyecto, contratistas empleados sub y el público en general son de suma importancia para el éxito de nuestros proyectos y de la organización

### Orientación Seguridad

La entrada al lugar de trabajo requiere casco, botas de trabajo, gafas de seguridad y chaleco de seguridad.

Área de trabajo asignada: Los empleados en los lugares de trabajo se limitan a sus áreas de trabajo asignadas. Vagando a través del sitio está estrictamente prohibido.

Informe accidentes inmediatamente a su supervisor / capataz. Siga las instrucciones dadas a usted cuando es referido para recibir tratamiento médico.

Todos Capataz / supervisores deben reportar las lesiones, enfermedades y accidentes en el momento de ocurrencia de Director de Seguridad - Aoyo Everett, sin excepciones.

Cascos, protección ocular, botas de trabajo y chalecos de seguridad deben ser usados correctamente en todo momento a lo largo de la jornada de trabajo. Escudos de cara completa se requieren al rectificar, cortar o utilizar cualquier herramienta que produzcan chispas.

La ropa apropiada incluyendo pantalones largos, se requieren las camisas con mangas y botas de trabajo con suelas duras. No se permiten sandalias, zapatos tenis, pantalones cortos, camisas sin mangas o recortes. No se permitirá ropa con lenguaje ofensivo o imágenes.

La protección contra caídas se requiere de acuerdo a las regulaciones de Cal-OSHA. Altura de disparo para la protección contra caídas es de 6 pies. Aprobado barandilla o el sistema de amarre se utilizarán. Tie-off se realizará con un arnés de cuerpo entero, un cordón y un punto capaz de soportar 5.000 libras anclaje. de la fuerza de cada persona.

Payasadas, lucha, juegos de azar, las drogas y el alcohol y las bromas prácticas no serán toleradas.

Herramientas y equipos eléctricos deben ser usados correctamente. Todas las herramientas serán de doble aislamiento y o tiene un cable a tierra (tercera clavija). Sin herramientas, enchufes, conectores, cajas de salida o líneas se va a modificar. GFCI se utilizará para todos los cables de cableado eléctrico temporal y equipos. Se requiere aprobación para el uso de equipo de puesta a tierra segura.

Los cables de extensión deben ser de calidad Construcción de servicio de tres cables, pesado. Los cables de extensión deben estar protegidos contra daños físicos y colgados de una manera a fin de no crear un riesgo de tropiezo.

Cualquier cable de extensión dañado debe retirarse del lugar de trabajo. Las escaleras deben estar libres de daño y / o piezas defectuosas. Las escaleras de extensión se colocarán sobre una base sólida a 04:01 pitch asegurado contra el desplazamiento, con acceso superior clara e inferior. Las escaleras deben extenderse un mínimo de 36 centímetros por encima de la parte superior de aterrizaje y estar protegidos adecuadamente. Las escaleras de mano deberán utilizarse con esparcidores totalmente bloqueados y nunca utilizar como una escalera de extensión. No subirse, pararse o sentarse en los tres últimos peldaños. Los andamios deben estar totalmente levantados y se instalan con barandas. Scissor / auge ascensores, minicargadoras, gradalls y el resto de equipos pesados sólo pueden ser manejados por personal capacitado. La limpieza es una de las primeras líneas de defensa contra accidentes. Todo el personal es responsable de la limpieza y remoción de escombros sobre una base diaria. La basura y los desechos se depositarán en contenedores provistos

o receptáculos de basura. Todas las áreas de trabajo deben ser organizados y transitables.

Los permisos se pueden utilizar con todo tipo de trabajo lo permitan. Ejemplos: Espacio reducido, el trabajo en caliente, herramientas activadas por pólvora, Lockout Tag-out, y otros permisos según sea necesario.

Levantamiento de objetos pesados debe ser realizada por un mínimo de 2 personas. Recuerde levantar con los músculos más grandes piernas y no con la espalda.

Los extintores deben estar ubicados y disponibles cuando la soldadura, amolado, corte y otras operaciones de trabajo caliente están en curso. Los líquidos inflamables deben ser almacenados adecuadamente en la etiqueta, aprobado, cerró los contenedores

Hojas de Datos de Seguridad de Materiales (MSDS) y IIPP / Manual de seguridad se mantendrán en el sitio o en camión Foreman. Los protectores no podrán ser retirados o modificados en las herramientas o maquinaria. Todas las herramientas deberán estar en buen estado de funcionamiento en todo momento. Las herramientas defectuosas deben ser retiradas de servicio inmediatamente.

Las excavaciones de más de 5 pies de profundidad deben ser apuntalada, inclinada o de otro modo protegido para evitar el colapso o la cueva pulg Una persona competente tiene la obligación de monitorear todas las excavaciones al día y de acuerdo con Cal-OSHA. Se necesita un permiso al excavar más de 5 pies con los trabajadores de la excavación. Los andamios de más de 6 metros de altura deben tener pasamanos, rieles intermedios y plintos. Debe proporcionar Escalera de acceso.

SWPPP (Storm Plan de Prevención de la Contaminación del Agua)

- Reporte los derrames peligrosos y sacos de arena roto
- No vierta ningún tipo de residuos en el lugar
- Reporte cualquier agua (líquido) que entran o salen del sitio
- Reporte cualquier exceso de polvo
- No arrastre la suciedad en las instalaciones de

Miller Ambiental supervisa constantemente todos los proyectos para garantizar la seguridad. Cualquier empleado que se niegue a cumplir o que se ha observado en varias ocasiones debido a que viola las reglas de seguridad se dará por terminado IMMEDIATELY

En caso de emergencia: (no amenaza la vida). Oro West Medical Clinic, 915 E. Katella Ave # 100, Anaheim, CA (714) 634-4884 (Traumático Grave) Llame al 911

Al firmar este documento, usted reconoce que ha leído y comprendido las reglas y políticas de seguridad de la compañía. Cualquier violación de estas u otras normas de seguridad de OSHA podría resultar en su expulsión inmediata del Miller Ambiental. Además, usted se compromete a trabajar de una manera que evita accidentes a sus compañeros de trabajo, público en general, la propiedad y usted mismo en todo momento.

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_





Miller Environmental is committed to achieving a zero injury safety culture by implementing all of Miller Environmental safety principles without compromise. The health and well being of our project employees, sub contractors employees and the general public are paramount to the success of our projects and organization

## Safety Orientation

Entry to job site requires hard hat, work boots, safety glasses, and safety vest. Assigned work area: Employees on job sites are confined to their assigned work areas. Wandering throughout the site is strictly prohibited.

Report accidents immediately to your Supervisor/Foreman. Follow instructions given to you when referred for medical treatment.

**All Foreman/Supervisors must report injuries, illnesses and accidents at the time of occurrence to Safety Director – Everett Aoyo with no exceptions.**

Hard Hats, eye protection, work boots and safety vests must be worn properly at ALL times throughout the work day. Full-face shields are required when grinding, cutting or using any spark producing tools.

Proper clothing including long pants, shirts with sleeves and hard soled work boots are required. No sandals, tennis shoes, shorts, tank tops or cutoffs are allowed. No clothing with offensive language or pictures will be allowed.

Fall protection is required according to Cal-OSHA regulations. Trigger height for fall protection is 6 feet. Approved guardrail or tie-off system shall be utilized. Tie-off will be performed with a full body harness, lanyard and an anchorage point able to withstand 5000 lbs. of force for each person. Horseplay, fighting, gambling, drugs and alcohol and practical jokes will not be tolerated.

Electrical tools and equipment must be used properly. All tools shall be double insulated and or have a ground wire (third prong). **NO TOOLS, PLUGS, CONNECTORS, OUTLET BOXES or LINES ARE TO BE ALTERED.** GFCI's shall be used for all temporary electrical wiring cords and equipment. Approval is required for assured grounding equipment use. Extension cords shall be three-wire, heavy duty construction grade. Extension cords shall be protected from physical damage, and strung in a manner so as to not create a tripping hazard. Any damaged extension cord should be removed from jobsite.

Ladders shall be free from damage and/or defective parts. Extension ladders shall be placed on a solid base at a 4:1 pitch secured from displacement, with clear access top and bottom. Ladders shall extend a minimum of 36 inches above top landing and properly be secured. Stepladders shall be used with spreaders fully locked and never used as an extension ladder. Do not climb, stand or sit on the top three rungs. Scaffolds must be fully erected and installed with guardrails. Scissor / boom lifts, skid steers, gradalls and all other heavy equipment can only be operated by trained personnel.

Housekeeping is one of our first lines of defense against accidents. All personnel is responsible for clean up and removal of debris on a daily basis. Trash and debris shall be placed in provided dumpsters or trash receptacles. All work areas should be organized and passable.

Permits shall be used with all permit type work. Examples: Confined Space, Hot Work, Powder-Actuated Tool, Lockout Tag-out, and other permits as required.

Lifting of heavy items should be performed by a minimum of 2 people. Remember to lift with your larger leg muscles and not with your back. Fire extinguishers shall be located and available when welding, grinding, cutting and other hot work operations are in progress. Flammable liquids are to be stored properly in labeled, approved, closed containers. Material Safety Data Sheets (MSDS) and IIPP / Safety Manual shall be kept onsite or on Foreman truck. Guards shall not be removed or modified on tools or machinery. All tools shall be in proper working order at all times. Defective tools shall be removed from service immediately. Excavations greater than 5 feet in depth are required to be shored, sloped or otherwise protected to prevent collapse or cave in. A competent person is required to monitor all excavations daily and in accordance with Cal-OSHA. A permit is needed when excavating greater than 5 feet with workers in excavation. Scaffolds over 6 feet high must have handrails, mid-rails and toe-boards. Ladder for access must be provided.

SWPPP (Storm Water Pollution Prevention Plan)

- Report all hazardous spills and broken sandbags
- Do not dump any type of waste onsite
- Report any water (liquid) leaving or entering the site
- Report any excess dust
- Do not track any dirt on off site

Miller Environmental constantly monitors all projects to ensure safety. Any employee who refuses to comply with or has been repeatedly observed violating safety rules will be **TERMINATED IMMEDIATELY**

In case of emergency: **(Non-Life Threatening)** Golden West Medical Clinic, 915 E. Katella Ave #100, Anaheim, CA (714) 634-4884  
**(Serious Traumatic)** Call 911

By signing below, you acknowledge that you have read and understand the rules and company safety policies. Any violation of these or other OSHA safety regulations could result in your immediate dismissal from Miller Environmental. Furthermore, you agree to work in a manner that prevents accidents to your fellow workers, general public, property and yourself at all times.

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_