

Exhibit 1 — Subcontractor HSE Data Form

Provide HSE Performance History for Last Three Full Years

Enter Year	2011	2010	2009
Workers Compensation Experience Modification Rate (EMR)	.92	.86	.85
If self-insured, provide employee work hours per claim			
Number of employee hours worked	45,043	34,740	31,583
Number of fatalities (Column G on OSHA Form 300; provide explanation on separate sheet for each fatality)	0	0	0
Number of cases involving days away from work (Column H on OSHA Form 300)	0	1	0
Number of job transfer or restricted duty cases (Column I on OSHA Form 300)	0	0	0
Number of "other recordable cases" (Column J on OSHA Form 300)	0	0	0
Total of all cases above (fatalities, days away from work, transfers or restricted duty, and other recordable cases, i.e., the total of Columns G, H, I, and J)	0	1	0
OSHA Incidence Rate (total recordable cases x 200,000/total work hours)	0	5.76	0
Number of citations by OSHA and other HSE regulatory agencies (provide details for each on a separate sheet)	0	0	0
Number of miles driven on company business	60,000	60,000	60,000
Number of motor vehicle accidents	0	0	0
Miles driven divided by number of vehicle accidents	0	0	0

HSE Program

	Yes	No
Do you have a written hazard communication program?	X	
Do you have a written HSE program?	X	
Do you have a written drug and alcohol abuse prevention program, which includes pre-employment, reasonable suspicion, and post incident testing?	X	
Do you have a written respiratory protection program?	X	
Do you have a new employee orientation program? If yes, does it contain instructions on:	X	

	Yes	No
• Company HSE Policy	X	
• Company HSE Record	X	
• Company HSE Rules	X	
• Driving Safety	X	
• Electrical Safety	X	
• Fall Protection	X	
• Fire Protection	X	
• First Aid	X	
• Hazard Recognition	X	
• Hazard Reporting	X	
• Hearing Conservation	X	
• Housekeeping	X	
• HSE Meeting Attendance	X	
• Injury Reporting	X	
• Ladders and Stairway Safety	X	
• Lock-out/Tag-out	X	
• Personnel Protective Equipment	X	
• Personnel Protective Equipment	X	
• Toxic Substances	X	
• Trenching and Excavation	X	
Do you have a training program for newly hired or promoted first line supervisors? If yes, does it contain instructions on:	X	
• Accident Investigation	X	
• Emergency Procedures	X	
• First Aid Procedures	X	
• Hazard Recognition	X	
• HSE Supervision	X	
• Incident Reporting	X	
• New Employee Orientation	X	
• Safe Work Practices	X	
• Tailgate/Toolbox HSE Meetings	X	
Supervisor HSE meetings are conducted:	X	
• Weekly	X	
• Bi-weekly		

	Yes	No
• Monthly		
• Less often, as needed		
Do you conduct field HSE inspections of work in progress?	X	
If yes, who conducts the inspections? _____		
How often? _____		
Are accident reports circulated to your management?	X	
Is HSE a (documented) weighted factor in evaluating in the performance of:		
• Foreman	X	
• Supervisor	X	
• Management	X	
Does your firm hold "Toolbox" HSE Meetings? If yes, how often:	X	
• Weekly	X	
• Bi-weekly		
• Monthly		
• Less often, as needed		

HSE Staff

	Number
How many full time HSE professionals do you have on staff?	2
How many full time industrial hygienists do you have on staff?	0
How many full time physicians do you have on staff?	0

Who is the most senior staff HSE professional at your company?

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Who should we contact to discuss the details of the information contained in this document?		
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