



CONSTRUCTSECURE
MANAGING YOUR RISK...SMARTER™

Safety Assessment Program for:

P3 TECHNOLOGY ENGINEERING PTE. LTD.

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



Platinum Safety Award

This acknowledgement certifies that on 3/12/2021
**P3 TECHNOLOGY ENGINEERING PTE.
LTD.**

has successfully completed the ConstructSecure
Independent Safety Assessment Program and has
achieved the Platinum Safety Award for the trade
Division 1 - General Requirements.

A handwritten signature in black ink, appearing to read 'Garrett Burke', written over a horizontal line.

Garrett Burke, CSP - CEO ConstructSecure

Safety Assessment Results

Total Score:	95 / 100
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Injury/Illness/Insurance:	40/40 points
• Fatalities:	0: 5 points awarded
• Dart:	35/35
Safety Management Systems:	35/35 points
Safety Program Elements:	25/25 points
Safety Manual Document:	-5 points deducted



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CS-Safety Account Expires: March 8, 2022 Injury/Illness Data Valid Until Feb 1, 2022

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Company Information

Company Name P3 TECHNOLOGY ENGINEERING PTE. LTD.	First Name KHOON KEAT
Address 280 WOODLANDS INDUSTRIAL PARK E5	Last Name ONG
Address2 #02-25 HARVEST @ WOODLANDS	Email KHOONKEAT.ONG@P3-TECHNOLOGY.COM
City SINGAPORE	Telephone # +65 6891 4102
State SG.NE	Federal EIN
ZipCode 757322	

Safety Profile

TRADE CATEGORY	SCORE
Division 1 - General Requirements	95

Discrepancies

Each item below notes a question that was answered "Yes" but there was not enough information in your Safety Manual to support the "Yes" answer.

Safety Program Elements

- 3. Does your company have a fall protection program?
- 10. Does your company have a procedure in place to respond to regulatory agency complaints, inspections and citations?
- 15. Do your employees work on or around electrical systems/components?
- 28. Are your employees EVER required to use, store or handle oxygen, acetylene, propane, nitrogen or other compressed gasses?
- 33. Are your employees required to possess a first-aid or CPR training certification?

STRENGTHS AND WEAKNESSES

STRENGTHS



Days Away, Restricted Duty, or Job Transfer (DART) Case Rate is better than the industry average

No fatalities in the past

Safety Management Systems

Safety Program Elements

Special Elements

WEAKNESSES

Points deducted from Safety Documentation



Insurance / Injury / Illness

Year 2020

Did your company perform work this year ?	Yes
DART Cases	0
# Fatalities	0
# Total Hours Worked By All Employees	82300

Year 2019

Did your company perform work this year ?	Yes
DART Cases	2
# Fatalities	0
# Total Hours Worked By All Employees	626347

Year 2018

Did your company perform work this year ?	Yes
DART Cases	0
# Fatalities	0
# Total Hours Worked By All Employees	275561

Year 2017

Did your company perform work this year ?	Yes
DART Cases	0
# Fatalities	0
# Total Hours Worked By All Employees	72141

Safety Management Systems

1. Have a defined set of goals related to safety?
Yes
2. Have a defined management leadership and involvement program?
Yes
3. Have a defined accountability program for observed infractions of your company's safety and health program?
Yes
4. Have a crisis management or emergency action plan?
Yes
5. Have an incident investigation program?
Yes
6. Have an employee training and development program for workforce, foreman, superintendent, and managers?
Yes
7. Have a new hire orientation program?
Yes
8. Have a defined employee performance evaluation process that includes safety performance?
Yes
9. Have a defined employee involvement plan (i.e., safety committee, feedback program, etc.)?
Yes
10. Have a defined budget for safety?
Yes
11. Have a defined incentive and/or recognition program?
Yes
12. Have an annual self evaluation program?
Yes
13. Have defined safety meetings?



- Yes
14. Have an inspection and hazard identification program?
Yes
15. Have a full-time safety manager on staff? If Yes, please upload one of the following: CSP or CHST designation or resume.
Yes
16. Have a defined program for the communication of safety-related items (incidents, accidents, successes, program changes, etc.)?
Yes
17. Have a policy statement that is endorsed by the company president, owner or executive management?
Yes

Safety Program Elements

1. Does your company have a head protection program?
Yes
2. Does your company have an eye protection program?
Yes
3. Does your company have a fall protection program?
Yes
4. Does your company have a program in place for maintaining housekeeping?
Yes
5. Does your company have a fire prevention and protection program?
Yes
6. Does your company have a hazard communication program?
Yes
7. Does your company have a foot protection program?
Yes
8. Does your company have a soft-tissue injury prevention program in place (material handling)?
Yes
9. Does your company have an incident and accident reporting program?
Yes
10. Does your company have a procedure in place to respond to regulatory agency complaints, inspections and citations?
Yes
11. Does your company have a signs, signals and barricades program?
Yes
12. Are your employees exposed to cut and laceration hazards to the hands?
Yes
13. Are your employees EVER required to enter or work around trenches or excavations?
NA
14. Are your employees EVER required to use electric-powered tools or equipment?
Yes
15. Do your employees work on or around electrical systems/components?
Yes
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.)
NA
17. Do your employees EVER work with or use hoisting or rigging equipment such as slings, shackles, cranes, hoisting chains, etc. ?
Yes
18. Do your employees operate motor vehicles as part of their required job duties?
Yes
19. Do your employees use <u>powder</u>-actuated tools? (tools that rely on a <u>powder</u> propellant charge i.e. Hilti or Ramset)?
NA
20. Do your employees EVER use a ladder?
Yes
21. Do your employees EVER use rolling staging, supported scaffold, suspended scaffolds, mast-climbing scaffolds or other types of scaffolds?
Yes
22. Do your employees EVER perform welding, cutting, brazing, soldering, or other flame/spark producing activities?
Yes
23. Does your company perform steel erection?
Yes



- 24. Do your employees EVER perform work activities or work in areas with high noise levels?
Yes
- 25. Are your employees potentially exposed to dust, fumes, mists, vapors or other respiratory hazards?
Yes
- 26. Do employees work around activities that create silica dust?
NA
- 27. Are your employees required to enter manholes, vaults, pits, shafts, trenches, crawl spaces, or other confined spaces?
Yes
- 28. Are your employees EVER required to use, store or handle oxygen, acetylene, propane, nitrogen or other compressed gasses?
Yes
- 29. Are your employees EVER required to operate or work from boom lifts, scissor lifts, or other aerial lifts?
Yes
- 30. Do your employees EVER work in places where asbestos-containing materials could be present?
NA
- 31. Do your employees EVER perform sandblasting operations?
NA
- 32. Are your employees required to attend and/or participate in regularly scheduled toolbox talks?
Yes
- 33. Are your employees required to possess a first-aid or CPR training certification?
Yes
- 34. Do your employees ever work in places where lead-based paint or lead-containing materials could be present?
NA
- 35. Are your employees potentially exposed to other hazardous chemicals, materials, or wastes?
Yes

Special Elements

- 1. Does your company have a 'return to work' program for employees who have been injured?
Yes
- 2. Does your company have a substance abuse policy that prohibits drug and alcohol use?
Yes
- 3. Does your company have an alcohol and substance abuse prevention and awareness program?
Yes
- 4. Does your company have an infection control plan that addresses local outbreaks and pandemics?
Yes