

BID FORM

JOB NAME: Meadow Lake Dock Improvement Project 2023

JOB LOCATION: Round Rock, Williamson County, Texas

OWNER: City of Round Rock, Texas

DATE: March 2023

Ladies and Gentlemen:

Pursuant to the foregoing Notice to Bidders and Instructions to Bidders, the undersigned bidder hereby proposes to do all the work, to furnish all necessary superintendence, labor, machinery, equipment, tools, materials, insurance and miscellaneous items, to complete all the work on which he bids as provided by the attached supplemental specifications, and as shown on the plans for the construction of **Meadow Lake Dock Improvement Project 2023** and binds himself on acceptance of this proposal to execute a contract and bond for completing said project within the time stated, for the following prices, to wit:

Any addenda issued will be posted with the Project Manual and/or Contract Documents on the City's website at <https://www.roundrocktexas.gov/businesses/solicitations/> by the close of business on March 31, 2023. Prior to submitting a bid, the bidder is responsible for determining if any addenda have been issued and for following any instructions in any addenda issued. Bidder acknowledges receipt of the following Addenda by listing Addendum "number" and "date".

<u>Addendum:</u>	<u>Date:</u>
_____ N/A	_____
_____	_____
_____	_____
_____	_____

The Owner reserves the right to award any combination of bid items in the Base Bid.

BID BOND

THE STATE OF TEXAS §
 §
COUNTY OF WILLIAMSON §

KNOW ALL BY THESE PRESENTS:

That AGH20 Holdings, LLC of the City of Round Rock County of Williamson State of Texas as Principal, and FCCI Insurance Company authorized under the laws of the State of Texas to act as surety on bonds for principals, are held and firmly bound unto the **CITY OF ROUND ROCK, TEXAS ("Owner")**, in the penal sum of Five Percent (5%) of the total amount of the Bid of the Principal submitted to the Owner, for the Work described below; for the payment whereof, well and truly to be made, and the said Principal and Surety do hereby bind themselves and their heirs, administrators, executors, successors and assigns, jointly and severally, as follows:

In no case shall the liability of the Surety hereunder exceed the sum of (Five Percent of Bid Amount Dollars (\$ 5% of Bid Amount).

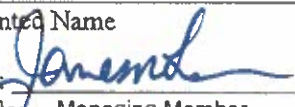
THE CONDITIONS OF THIS OBLIGATION ARE SUCH that, whereas, the Principal has submitted the above-referenced Bid to the Owner, for construction of the Work under the "Specifications for Construction of Meadow Lake Dock Improvement Project 2023" for which Bids are to be opened at the office of Owner on the 4th day of April, 2023.


NOW, THEREFORE, if the Principal is awarded the Contract, and within the time and manner required under the "Instructions to Bidders," after the prescribed forms are presented to her/him for signature, enters into a written Agreement substantially in the form contained in the Bid Documents, in accordance with the Bid, and files the two (2) bonds with the Owner, one to guarantee faithful performance and the other to guarantee payment for labor and materials, then this obligation shall be null and void; otherwise, it shall be and remain in full force and effect.

If, however, Principal fails to enter into a written Agreement with the Owner in accordance with the Bid or Principal and Surety fail to timely deliver to Owner the performance and payment bonds required by the Bid Documents, Surety within five (5) business days after receipt of a written demand from Owner shall pay to Owner the full penal sum of this Bid Bond, subject to the limitation described herein.

In the event that suit is brought upon this Bond by the Owner and judgment is recovered, said Surety shall pay all costs incurred by the Owner in such suit, including a reasonable attorney's fee to be fixed by the Court.

IN WITNESS WHEREOF, the said Principal and Surety have signed this instrument on this the 4th day of the month of April, 2023.

AGH20 Holdings, LLC
Principal
James R. Lesko
Printed Name
By: 
Title: Managing Member
Address: 3817 Bent Brook Dr.
Round Rock, TX 78664-6261

FCCI Insurance Company
Surety
Sally Lorden
Printed Name
By: 
Title: Attorney-In-Fact
Address: 6300 University Pkwy
Sarasota, FL 34240

Resident Agent of Surety:

Sally Lorden

Signature

Sally Lorden - Donegan Insurance Agency

Printed Name

314 N Camp

Street Address

Seguin, TX 78155

City, State, Zip



GENERAL POWER OF ATTORNEY

Know all men by these presents: That the FCCI Insurance Company, a Corporation organized and existing under the laws of the State of Florida (the "Corporation") does make, constitute and appoint:

Bruce Barnard; Gwen Crouch; Debbie Hay; Tom Hewitt; Sally Lorden

Each, its true and lawful Attorney-In-Fact, to make, execute, seal and deliver, for and on its behalf as surety, and as its act and deed in all bonds and undertakings provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the sum of (not to exceed \$20,000,000.00): \$20,000,000.00

This Power of Attorney is made and executed by authority of a Resolution adopted by the Board of Directors. That resolution also authorized any further action by the officers of the Company necessary to effect such transaction.

The signatures below and the seal of the Corporation may be affixed by facsimile, and any such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.

In witness whereof, the FCCI Insurance Company has caused these presents to be signed by its duly authorized officers and its corporate Seal to be hereunto affixed, this 23rd day of July, 2020.

Attest: Christina D. Welch
Christina D. Welch, President
FCCI Insurance Company



Christopher Shoucair
Christopher Shoucair,
EVP, CFO, Treasurer, Secretary
FCCI Insurance Company

State of Florida
County of Sarasota

Before me this day personally appeared Christina D. Welch, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2023



Peggy Snow
Notary Public

State of Florida
County of Sarasota

Before me this day personally appeared Christopher Shoucair, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2023



Peggy Snow
Notary Public

CERTIFICATE

I, the undersigned Secretary of FCCI Insurance Company, a Florida Corporation, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore that the February 27, 2020 Resolution of the Board of Directors, referenced in said Power of Attorney, is now in force.

Dated this 4th day of April, 2023

Christopher Shoucair
Christopher Shoucair, EVP, CFO, Treasurer, Secretary
FCCI Insurance Company

BASE BID

<u>Bid Item</u>	<u>Approx. Quantity</u>	<u>Unit</u>	<u>Item Description and Written Unit Price</u>	<u>Unit Price</u>	<u>Amount</u>
1.	1	LS	Mobilization, complete in place per plan, for <u>EIGHTEEN THOUSAND</u> dollars and <u>NO</u> cents.	<u>\$18,000⁰⁰</u>	<u>\$18,000⁰⁰</u>
2.	1	MO	Barricades, Signs and Traffic Handling, complete in place per plan, for <u>EIGHT HUNDRED</u> dollars and <u>NO</u> cents.	<u>\$800⁰⁰</u>	<u>\$800⁰⁰</u>
3.	140	SY	Concrete Sidewalk (4"), complete in place per plan, for <u>ONE HUNDRED FORTY</u> dollars and <u>NO</u> cents.	<u>\$140⁰⁰</u>	<u>\$19,600⁰⁰</u>
4.	250	LF	Silt Fence (Install, Maintain And Remove) complete in place per plan, for <u>FIFTEEN</u> dollars and <u>NO</u> cents.	<u>\$15⁰⁰</u>	<u>\$3,750⁰⁰</u>
5.	1	EA	Stabilized Construction Entrance, complete in place per plan, for <u>TWENTY FIVE HUNDRED</u> dollars and <u>NO</u> cents.	<u>\$2,500⁰⁰</u>	<u>\$2,500⁰⁰</u>
6.	1	LS	Concrete Dock Bulkhead/ Abutment, complete in place per plan, for <u>TWENTY EIGHT THOUSAND</u> dollars and <u>NO</u> cents.	<u>\$28,000⁰⁰</u>	<u>\$28,000⁰⁰</u>
7.	130	CY	Excavation and Haul Off, complete in place per plan, for <u>SEVENTY FIVE</u> dollars and <u>NO</u> cents.	<u>\$75⁰⁰</u>	<u>\$9,750⁰⁰</u>

<u>Bid Item</u>	<u>Approx. Quantity</u>	<u>Unit</u>	<u>Item Description and Written Unit Price</u>	<u>Unit Price</u>	<u>Amount</u>
8.	30	CY	Embankment, complete in place per plan, for <u>ONE HUNDRED TWENTY FIVE</u> dollars and <u>NO</u> cents.	\$ <u>125</u> ⁰⁰	\$ <u>3,750</u> ⁰⁰
9.	1	LS	Demolition and removal of Concrete sidewalk, complete in place per plan, for <u>SEVENTY FIVE HUNDRED</u> dollars and <u>NO</u> cents.	\$ <u>7,500</u> ⁰⁰	\$ <u>7,500</u> ⁰⁰
10.	1	LS	Concrete Washout Pad, complete in place per plan, for <u>TWO THOUSAND</u> dollars and <u>NO</u> cents.	\$ <u>2,000</u> ⁰⁰	\$ <u>2,000</u> ⁰⁰
11.	38,400	SF	Re-vegetation using Bermuda hydroseed of all disturbed areas, complete in place, per plan, for <u>0</u> dollars and <u>FIFTEEN</u> cents.	\$ <u>0</u> ¹⁵	\$ <u>5,760</u> ⁰⁰
12.	1	LS	Temporary irrigation for the Establishment and hydroseed re-vegetation of all disturbed areas, complete in place, per plan, for <u>FOURTY FIVE HUNDRED</u> dollars and <u>NO</u> cents.	\$ <u>4,500</u>	\$ <u>4,500</u> ⁰⁰

<u>Bid Item</u>	<u>Approx. Quantity</u>	<u>Unit</u>	<u>Item Description and Written Unit Price</u>	<u>Unit Price</u>	<u>Amount</u>
13.	1	LS	Purchase and install of Floating Dock as manufactured by Floation Systems, Inc. (Ph.: 800.711.1785) or approved equal per plans and specifications, complete in place, per plan for <u>ONE HUNDRED NINETY FOUR THOUSAND</u> dollars and <u>N/A</u> cents.	\$ <u>194,000.⁰⁰</u>	\$ <u>194,000.⁰⁰</u>

TOTAL BASE BID (Items 1 thru 13): \$ 299,910.⁰⁰

STATEMENT OF SEPARATE CHARGES:

Materials:	\$ <u>200,000.⁰⁰</u>
All Other Charges:	\$ <u>99,910.⁰⁰</u>
*Total:	\$ <u>299,910.⁰⁰</u>

- **Note:** This total must be the same amount as shown above for "Total Base Bid"

If this proposal is accepted, the undersigned agrees to execute the contract and provide necessary bonds and insurance certification as per the Instructions to Bidders and commence work within ten (10) days after written Notice to Proceed. The undersigned further agrees to complete the work in full within **one hundred twenty (180)** calendar days after the date of the written Notice-to-Proceed.

The undersigned certifies that the bid prices contained in the proposal have been carefully checked and are submitted as correct and final. The Owner reserves the right to reject any or all bids and may waive any informalities.

Respectfully Submitted,

James R Lesko
Signature

JAMES R LESKO
Print Name

GENERAL MANAGER
Title

AqH₂O HOLDINGS LLC
Name of Firm

4/4/23
Date

3817 BENT BROOK DRIVE RR TX
Address 78664

(512) 484-7611
Telephone

Secretary, if Bidder is a Corporation

00410 STATEMENT OF BIDDER'S SAFETY EXPERIENCE

Solicitation Requirements, Contract Forms & Conditions of Contract
Statement of Bidder's Safety Experience Section 00410

Bidder must submit a signed Statement of Bidder's Safety Experience form with his Bid; failure to do so will constitute an incomplete Bid that may be rejected. In order to make a responsive Bid, Bidder must provide evidence that it meets minimum OSHA construction safety program requirements, has not been fined by OSHA for any willful safety violations in the past three years, and has a lost time injury rate that doesn't exceed the limits established below. All questions must be answered and data given must be clear and comprehensive. If necessary, questions may be answered on separate attached sheets.

Company Name: Agltzo HOLDINGS LLC

Address: 3817 BENT BROOK DR Round Rock 78664 Phone: (512) 484 7611

Completed by: JAMES LESKO Date: 4/3/23

1. Does the company have a written construction Safety program? Yes No
2. Does the company conduct construction safety inspections? Yes No
3. Does the company have an active construction safety-training program? Yes No
4. Has the company been fined by OSHA for any willful safety violations in the past three years? Yes No
5. Does the company have a lost time injury rate of 7.8 for SIC 15, or 7.6 for SIC 16, or less over the past three years? Yes No

Attach the company's OSHA 200/300 logs for the past three years.

6. Does the company or affected subcontractors have competent persons in the following Areas?
 - A. Scaffolding Yes No N/A
 - B. Excavation Yes No N/A
 - C. Cranes Yes No N/A
 - D. Electrical Yes No N/A
 - E. Fall Protection Yes No N/A
 - F. Confined Spaces Yes No N/A

I hereby certify that the above information is true and correct.

Signature James Lesko Title GCN MANAGER

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 22



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name AGH2O Holdings, LLC
 Street 3817 Bent Brook Drive
 City Round Rock State TX Zip 78664

Industry description (e.g., *Manufacture of motor truck trailers*)

Construction

North American Industrial Classification (NAICS), if known (e.g., 336212)

236200

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 2
 Total hours worked by all employees last year 1407

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

James Lee Gen. Mgr.
 Company executive Title
 Phone (512) 484-7611 Date 12/31/2022

Reset

OSHA's Form 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
 Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 22

U.S. Department of Labor
 Occupational Safety and Health Administration



Form approved OMB no. 1218-0176

Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name AGH2O Holdings, LLC

City Round Rock State TX

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

Step 4. **Step 5.**

SELECT ONLY ONE circle based on the employee's outcome:

Enter the number of days the injured or ill worker was:

Select one column:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Remained at Work				Days away from work (K)	On job transfer or restriction (L)	Illness							
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses		
<input type="button" value="Reset"/>			___/___/___ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			___/___/___ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			___/___/___ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			___/___/___ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			___/___/___ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			___/___/___ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			___/___/___ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			___/___/___ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			___/___/___ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>			___/___/___ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these statistics or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room 1-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals **0 0 0 0 0 0 0 0 0 0**

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury (1) Skin disorder (2) Respiratory condition (3) Poisoning (4) Hearing loss (5) All other illnesses (6)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 21

U.S. Department of Labor
Occupational Safety and Health Administration



Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Establishment Information

Your establishment name AGH2O Holdings, LLC
 Street 3817 Bent Brook Drive
 City Round Rock State TX Zip 78664

Industry description (e.g., *Manufacture of motor truck trailers*)
Construction

North American Industrial Classification (NAICS), if known (e.g., 336212)
236200

Employment Information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 1
 Total hours worked by all employees last year 1024

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

James L. Bell Gen. Mgr.
 Company executive Title
 Phone (512) 484-7611 Date 12/31/2021

Reset

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.
 Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 21



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name **AGH2O Holdings, LLC**

City **Round Rock** State **TX**

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

Step 4. **Step 5.**

SELECT ONLY ONE circle based on the most serious outcome.

Enter the number of days the injured or ill worker was:

Select one column:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Remained at Work				Away from work (K) days	On job transfer or restriction (L) days	Illness										
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)					
Reset			/																			
Reset			/																			
Reset			/																			
Reset			/																			
Reset			/																			
Reset			/																			
Reset			/																			
Reset			/																			
Reset			/																			
Reset			/																			
Reset			/																			
Reset			/																			
Reset			/																			
Reset			/																			

Page totals ▶ 0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Add a Form Page

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room I-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 20

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Establishment information

Your establishment name AGH2O Holdings, LLC
 Street 3817 Bent Brook Drive
 City Round Rock State TX Zip 78664

Industry description (e.g., *Manufacture of motor truck trailers*)
Construction
 North American Industrial Classification (NAICS), if known (e.g., 336212)
236200

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)
 Annual average number of employees 1
 Total hours worked by all employees last year 1371

Sign here
 Knowingly falsifying this document may result in a fine.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
James A. Lee Gen. Mgr.
 Company executive Title
 Phone (512) 484-7611 Date 12/31/2020

Reset

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.
 Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
 Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 20

U.S. Department of Labor
 Occupational Safety and Health Administration



Form approved OMB no. 1218-0176

Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name AGH20 Holdings, LLC

City Round Rock State TX

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome!

Step 4.

Step 5.

Enter the number of days the injured or ill worker was:

Select one column:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		
Reset			___/___/___ month / day		

Remained at Work

Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Away from work (K)	On job transfer or restriction (L)
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days

Illness

(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals **0 0 0 0 0 0**

Add a Form Page

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room 1-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury (1) Skin disorder (2) Respiratory condition (3) Poisoning (4) Hearing loss (5) All other illnesses (6)