

SOLICITATION, OFFER, AND AWARD (Construction, Alteration, or Repair)	1. SOLICITATION NUMBER	2. TYPE OF SOLICITATION	3. DATE ISSUED	PAGE OF PAGES
	VA246-16-B-0340	<input checked="" type="checkbox"/> SEALED BID (IFB) <input type="checkbox"/> NEGOTIATED (RFP)	05-6-2016	1 56

IMPORTANT - The "offer" section on the reverse must be fully completed by offeror.

4. CONTRACT NUMBER TBD	5. REQUISITION/PURCHASE REQUEST NUMBER TBD	6. PROJECT NUMBER 652-314
7. ISSUED BY CODE	8. ADDRESS OFFER TO	
Department of Veterans Affairs Network Contracting Office 6 100 Emancipation Drive Hampton VA 23667	Department of Veterans Affairs Network Contracting Office 6 ATTN: Mark Harville Bldg. 507, Rm C1-6 1201 Broad Rock Blvd. Richmond VA 23224	
9. FOR INFORMATION CALL:	a. NAME Sallieann Wilson (Contractor)	b. TELEPHONE NUMBER (Include area code) (NO COLLECT CALLS) 757-315-3740

SOLICITATION

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

10. THE GOVERNMENT REQUIRES PERFORMANCE OF THE WORK DESCRIBED IN THESE DOCUMENTS (Title, identifying number, date)

Project Title: SCI (Spinal Cord Injury) Enhancement Center

Project Description: The project will provide a new 20,000 SF addition contiguous to the existing SCI Unit located on the first floor of the Richmond VAMC. The first floor addition will provide 21 new single patient rooms, improve continuity of care during emergencies, and allow for improved flow.

See the SCOPE OF WORK, the BID ITEM LIST, the Specifications, and the Drawings for additional descriptions.

NAICS Code: 236220; Small Business Standard Size: \$36.5 Million

11. The Contractor shall begin performance within <u>15</u> calendar days and complete it within <u>380</u> calendar days after receiving <input type="checkbox"/> award, <input checked="" type="checkbox"/> notice to proceed. This performance period is <input checked="" type="checkbox"/> mandatory <input type="checkbox"/> negotiable. (See 52.211-10)	
12a. THE CONTRACTOR MUST FURNISH ANY REQUIRED PERFORMANCE AND PAYMENT BONDS? (If "YES," indicate within how many calendar days after award in Item 12B.) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12b. CALENDAR DAYS 15
13. ADDITIONAL SOLICITATION REQUIREMENTS:	
a. Sealed offers in original and <u>NO</u> copies to perform the work required are due at the place specified in Item 8 by <u>2:00 PM</u> (hour) local time <u>06-7-2016</u> (date). If this is a sealed bid solicitation, offers must be publicly opened at that time. Sealed envelopes containing offers shall be marked to show the offeror's name and address, the solicitation number, the date and time offers are due.	
b. An offer guarantee <input checked="" type="checkbox"/> is, <input type="checkbox"/> is not required.	
c. All offers are subject to the (1) work requirements, and (2) other provisions and clauses incorporated in the solicitation in full text or by reference.	
d. Offers providing less than <u>120</u> calendar days for Government acceptance after the date offers are due will not be considered and will be rejected.	

OFFER (Must be fully completed by offeror)

14. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)

Axis Global Enterprises Inc.
2824 Shipps Corner Road
Virginia Beach, VA 23453

15. TELEPHONE NUMBER (Include area code) 7578574777

16. REMITTANCE ADDRESS (Include only if different than Item 14.)

CODE 040480397

FACILITY CODE 6KXD4

17. The offeror agrees to perform the work required at the prices specified below in strict accordance with the terms of the solicitation, if this offer is accepted by the Government in writing within 120 calendar days after the date offers are due. (Insert any number equal to or greater than the minimum requirement stated in Item 13d. Failure to insert any number means the offeror accepts the minimum in Item 13d.)

AMOUNTS

Please see the Bid Items list on Page 3 for further details.

18. The offeror agrees to furnish any required performance and payment bonds.

19. ACKNOWLEDGMENT OF AMENDMENTS

(The offeror acknowledges receipt of amendments to the solicitation -- give number and date of each)

AMENDMENT NUMBER	1	2								
DATE.	6/3/2016	6/3/2016								

20a. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER
(Type or print) Ross D. Vierra, President

20b. SIGNATURE

20c. OFFER DATE
6/7/2016**AWARD (To be completed by Government)**

21. ITEMS ACCEPTED:

22. AMOUNT

23. ACCOUNTING AND APPROPRIATION DATA

24. SUBMIT INVOICES TO ADDRESS SHOWN IN
(4 copies unless otherwise specified)

ITEM

25. OTHER THAN FULL AND OPEN COMPETITION PURSUANT TO
☐ 10 U.S.C. 2304(c) () ☐ 41 U.S.C. 3304(a) ()

26. ADMINISTERED BY

Department of Veterans Affairs
Network Contracting Office 6
1970 Roanoke Boulevard
Salem VA 23153

27. PAYMENT WILL BE MADE BY

Department of Veterans Affairs
Financial Services Center
PO BOX 149971
Austin TX 78714-9971

PHONE:

FAX:

CONTRACTING OFFICER WILL COMPLETE ITEM 28 OR 29 AS APPLICABLE

☐ 28. NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all work requirements identified on this form and any continuation sheets for the consideration stated in this contract. The rights and obligations of the parties to this contract shall be governed by (a) this contract award, (b) the solicitation, and (c) the clauses, representations, certifications, and specifications incorporated by reference in or attached to this contract.

☐ 29. AWARD (Contractor is not required to sign this document.) Your offer on this solicitation is hereby accepted as to the items listed. This award consummates the contract, which consists of (a) the Government solicitation and your offer, and (b) this contract award. No further contractual document is necessary.

30a. NAME AND TITLE OF CONTRACTOR OR PERSON AUTHORIZED
TO SIGN (Type or print)

31a. NAME OF CONTRACTING OFFICER (Type or print)

30b. SIGNATURE

30c. DATE

31b. UNITED STATES OF AMERICA

31c. AWARD DATE

BY

BID ITEM LIST

SCI Enhancement Center
Project Number 652-314
Richmond VAMC

Note: All items listed are in the correct order of priority

BID ITEM I (BASE BID): GENERAL CONSTRUCTION: The Contractor shall furnish all labor, materials, tools, equipment, transportation, and qualified supervision necessary for the construction of additional patient's room to the VA Medical Center. This work shall include the construction of approximately 20,000 square foot (SF) addition, which includes twenty-one private bedroom/bathroom units, two multidisciplinary stations, one Dayroom and multiple support spaces. The 20,000 SF of new construction will require the strengthening of the existing columns and footings within the footprint of the addition. Work includes general construction, demolition and alterations of existing construction, structural, mechanical, electrical, plumbing, fire protection, hazardous material removal, including a new rooftop unit and emergency generator. Any necessary removal of existing structures and strengthening of existing structural construction must be provided by contractor and any alterations involving connection to the existing building and modification. Work also includes new walks, grading, relocation of existing utilities and site drainage.

The work shall be completed in accordance with the approved schedule. All work, including final cleanup and completion of all punch list items (if any) shall be performed within three hundred eighty (380) calendar days from receipt of the Notice to Precede (NTP)

BID ITEM I (BASE BID I) \$ 12,446,255 ✓

BID ITEM II (DEDUCT ALTERNATE 1): Contractor shall perform all work as described in **BID ITEM I** except **DELETE** the planting and mulch from the courtyard and instead install sod as described on drawings. If selected, the construction time allocated for completion of the work associated with Bid Item II (**Deduct Alternate 1**) is 350 calendar days receipt of the Notice to Precede (NTP).

BID ITEM II (DEDUCT ALTERNATE 1) \$ 12,415,005 ✓

BID ITEM III (DEDUCT ALTERNATE 2): Contractor shall perform all work as described in **BID ITEM II** above, except **DELETE** all scope of work indicated for air cooled chiller and packaged chilled water pumping system as described on drawings (**Listed as Deduct Alternate 1a on the drawings**). All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Precede

BID ITEM III (DEDUCT ALTERNATE 2) \$ 12,140,355 ✓

BID ITEM IV (DEDUCT ALTERNATE 3): Contractor shall perform all work as described in **BID ITEM III** above, except **DELETE** approximately 450 sf of finished interior space described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Precede

BID ITEM IV (DEDUCT ALTERNATE 3) \$ 12,069,509 ✓

BID ITEM V (DEDUCT ALTERNATE 4): Contractor shall perform all work as described in **BID ITEM IV** above, except **DELETE** approximately 450 sf of finished interior space as described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM V (DEDUCT ALTERNATE 4) \$ 11,998,664 ✓

BID ITEM VI (DEDUCT ALTERNATE 5): Contractor shall perform all work as described in **BID ITEM V** above, except **DELETE** approximately 450 sf of finished interior space as described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM VI (DEDUCT ALTERNATE 5) \$ 11,927,818 ✓

BID ITEM VII (DEDUCT ALTERNATE 6): Contractor shall perform all work as described in BID ITEM VI above, except DELETE approximately 1,600 sf of finished interior space as described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM VII (DEDUCT ALTERNATE 6) \$ 11,756,957 ✓

BID ITEM VIII (DEDUCT ALTERNATE 7): Contractor shall perform all work as described in BID ITEM VII above, except DELETE approximately 900 sf of finished interior space as described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM VIII (DEDUCT ALTERNATE 7) \$ 11,615,266 ✓

BID ITEM IX (DEDUCT ALTERNATE 8): Contractor shall perform all work as described in BID ITEM VIII above, except DELETE approximately 1,650 sf of finished interior space as described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM IX (DEDUCT ALTERNATE 8) \$ 11,370,963 ✓

BID ITEM X (DEDUCT ALTERNATE 9): Contractor shall perform all work as described in BID ITEM IX above, except DELETE approximately 2,800 sf of construction from the project as indicated on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM X (DEDUCT ALTERNATE 9) \$ 11,003,176 ✓

NOTICE

1. The Base Bid contains all the project work. Each Bid deduct deletes a portion of the work.
2. It is anticipated that award will be made on Bid Item I (Base Bid) to the lowest responsive and responsible offeror for Bid Item I. However, if the bids exceed the funds available, award will be made on Bid Item II (Deduct Alternate 1) to the lowest responsive and responsible offeror for Bid Item II. Likewise, if the bids exceed the funds available for the Bid Item I (Base Bid) and Bid Item II (Deduct Alternate 1), award will be made on Bid Item III (Deduct Alternate 2) to the lowest responsive and responsible offeror for Bid Item III (Deduct Alternate 2), et cetera.
3. The Bid Items are listed in descending order.
4. Bidders shall affix a price to each bid item. **Failure to do so may render the bid as nonresponsive.**
5. Prices for each Bid Deduct Alternate shall be expressed as the total price for the entire project at the Deduct Alternate level and NOT the dollar amount to be deducted from the price for the Bid Item above. For example, price the Deduct Alternate as a whole value, such as \$425,000.00 in lieu of a negative value, such as -\$25,320.00.

BID BOND

(See instruction on reverse)

DATE BOND EXECUTED (Must not be later than bid opening date)

June 7, 2016

OMB NO.: 9000-0045

Reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.

PRINCIPAL (Legal name and business address)

Axis Global Enterprises
2824 Shipp's Corner Road
Virginia Beach, VA 23453

TYPE OF ORGANIZATION ("X" one)

☐ INDIVIDUAL☐ PARTNERSHIP☐ JOINT VENTURE☒ CORPORATION

STATE OF INCORPORATION

VA

SURETY(IES) (Name and business address)

Liberty Mutual Insurance Company
175 Berkeley Street
Boston, MA 02116

PENAL SUM OF BOND

PERCENT OF BID PRICE	AMOUNT NOT TO EXCEED			
	MILLION(S)	THOUSAND(S)	HUNDRED(S)	CENTS
20%				

BID IDENTIFICATION

BID DATE	INVITATION NO.
June 7, 2016	VA246-16-B-0340
FOR (Construction, Supplies, or Services)	SCI (Spinal Cord Injury) Enhancement Center

OBLIGATION:

We, the Principal and Surety(ies) are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS:

Principal has submitted the bid identified above.

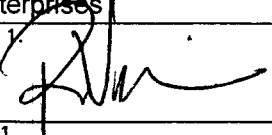
THEREFORE:

The above obligation is void if the Principal - (a) upon acceptance by the Government of the bid identified above, within the period specified therein for acceptance (sixty (60) days if no period is specified), executes the further contractual documents and gives the bond(s) required by the terms of the bid as accepted within the time specified (ten (10) days if no period is specified) after receipt of the forms by the principal; or (b) in the event of failure to execute such further contractual documents and give such bonds, pays the Government for any cost of procuring the work which exceeds the amount of the bid.

Each Surety executing this instrument agrees that its obligation is not impaired by any extension(s) of the time for acceptance of the bid that the Principal may grant to the Government. Notice to the surety(ies) of extension(s) are waived. However, waiver of the notice applies only to extensions aggregating not more than sixty (60) calendar days in addition to the period originally allowed for acceptance of the bid.

WITNESS:

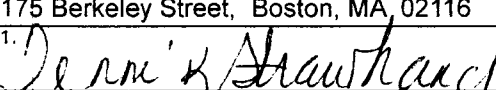
The Principal and Surety(ies) executed this bid bond and affixed their seals on the above date.

Axis Global Enterprises		PRINCIPAL	
SIGNATURE(S)		2.	3.
	(Seal)	(Seal)	(Seal)
NAME(S) & TITLE(S) (Typed)	1. Ross Vierra President	2.	3.
			Corporate Seal

INDIVIDUAL SURETY(IES)

SIGNATURE(S)	1.	2.
	(Seal)	(Seal)
NAME(S) (Typed)	1.	2.

CORPORATE SURETY(IES)

NAME & ADDRESS	Liberty Mutual Insurance Company 175 Berkeley Street, Boston, MA 02116	STATE OF INC.	LIABILITY LIMIT (\$)
		MA	
SIGNATURE(S)		2.	
NAME(S) & TITLE(S) (Typed)	1. Terri K. Strawhand Attorney-in-Fact	2.	



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees. To confirm the validity of this Power of Attorney call 610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

American Fire and Casualty Company
The Ohio Casualty Insurance Company

Liberty Mutual Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Terri K. Strawhand of the city of Virginia Beach, state of VA its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the following surety bond:

Principal Name: Axis Global Enterprises

Obligee Name: Department of Veterans Affairs

Surety Bond Number: Bid Bond

Bond Amount: See Bond Form

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 18th day of November, 2013.



American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By:

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 18th day of November, 2013, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017

By:

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of June, 2016.



By:

Gregory W. Davenport, Assistant Secretary



AXISGLOBAL ENTERPRISES

CONSTRUCTION | SECURITY | TECHNOLOGY

June 6, 2016

Mark Harville
Department of Veterans Affairs
Network Contracting Office
1201 Broad Rock Boulevard
Richmond, VA 23249

Dear Mr. Harville:

Axis Global Enterprises, Inc. certifies hereby certifies we have had no willful OSHA or EPA violations in the past three (3) years. Included in this bid package are our EMR letter, along with 3 years of our OSHA 300A Log Reports.

Sincerely,

Ross D. Vierra
CEO | President
Axis Global Enterprises, Inc.

corporate **2824 SHIPPS CORNER ROAD, VIRGINIA BEACH, VA 23453 t 757.857.4777 f 757.857.1595 w AXISGE.COM**
peninsula **12674 PATRICK HENRY DRIVE, NEWPORT NEWS, VA 23602 t 757.989.0718 f 757.989.0594 w ASISECURITY.NET**

VA CLASS A GENERAL CONTRACTOR | DCJS #11-8792 | SDVOSB DBE | SWAM MBE | SBA 8A

Building Your Vision. Securing Your Future.



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June 6, 2016

H.H. McGuire VA – Spinal Cord Enhancement Center
Richmond, VA

RE: Axis Global Enterprises, Inc.
2824 Shipps Corner Road
Virginia Beach, VA 23453

To Whom It May Concern:

The above named insured's EMR (Experience Modification Rate) for the current and past 3 years are as follows:

- 6/5/2013 – 6/5/2014 = 1.00
- 6/5/2014 – 6/5/2015 = 1.00
- 6/5/2015 – 6/5/2016 = 1.00
- 6/5/2016 – 6/5/2017 = 0.95

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Danielle Liddy".

Danielle Liddy, CLCS
Account Manager

Please feel free to contact me via e-mail: daniellel@wareinsurance.com

141 Business Park Drive · Virginia Beach, VA 23462-6519
(757) 490-1166 · Fax: (757) 671-9073
www.wareinsurance.com

Summary of Work-Related Injuries and Illnesses

Year 20 16

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 job transfer or restriction _____ Total number of other recordable cases _____

(G) _____ (H) _____ (I) _____ (J) _____

Number of Days

Total number of days away from work _____ Total number of days of job transfer or restriction _____

(K) _____ (L) _____

Injury and Illness Types

Total number of ... (M) _____

- (1) Injuries _____ (4) Poisonings _____
- (2) Skin disorders _____ (5) Hearing loss _____
- (3) Respiratory conditions _____ (6) All other illnesses _____

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 _____ Axis Global Enterprises Inc.

Street _____ 2824 Shipp's Corner Road

City _____ Virginia Beach

State _____ VA ZIP _____ 23453

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

Commercial Construction

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR _____

North American Industrial Classification (NAICS), if known (e.g., 336212) _____ 23600

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

30

Annual average number of employees _____

58000

Total hours worked by all employees last year _____

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.

Company executive _____

(757-857-4777

Phone _____

President

Title _____

06-07-2016

Date _____

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete. 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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.



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 cases other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)



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



Total number of...	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(M)	0	0	0	0	0	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 50 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 2015

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0178

Establishment Information

Your establishment name Axis Global Enterprises, Inc.
Street 2824 Shippo Corner Rd
City Virginia Beach State VA Zip 23453
Industry description (e.g., Manufacture of motor truck trailers)
General Contracting & Security
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 28
Total hours worked by all employees last year 24,265.15

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.

Ross Viera Company executive
President
Title
757-857-4777 Phone
1/14/18 Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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)	(N)	(O)	(P)	(Q)
(1) Injuries	0	0	0	0	0
(2) Skin disorders	0	0	0	0	0
(3) Respiratory conditions	0	0	0	0	0
(4) Poisonings	0	0	0	0	0
(5) Hearing loss	0	0	0	0	0
(6) All other illnesses	0	0	0	0	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 50 minutes per response, including time to review the instructions, search existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503. Do not send the completed forms to this office.

Year 20 14

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

Form approved OMB no 1218-0176

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.

Establishment information

Your establishment name Axis Global Enterprises Inc
Street 2824 SHIPPS CORNER RD
City VA Beach State VA Zip 23453
Industry description (e.g., Manufacture of motor truck trailers)
General Contractor & Security
Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

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

236220

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

Annual average number of employees 25
Total hours worked by all employees last year 4000

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.

Company executive [Signature] Title President
Phone 757-857-4777 Date 12/16/14

Save Input

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



Year 2013

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

Form approved OMB no. 1216-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Name of establishment

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

Name of establishment

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

Name of establishment

Total number of...	(M)	(N)	(O)	(P)	(Q)	(R)
(1) Injury	0	0	0	0	0	0
(2) Skin Disorder	0	0	0	0	0	0
(3) Respiratory Condition	0	0	0	0	0	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 56 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Axis Global Enterprises, Inc.

Street 2824 Shipp's Corner Rd

City Virginia Beach State VA Zip 23453

Industry description (e.g., Manufacture of motor truck trailers)
General Contracting & Security

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

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

Employment information

Annual average number of employees 3
Total hours worked by all employees last year 6,240.00

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.

Ross Viera Company executive President Title

757-857-4777 Phone 12/2014 Date