

RECEIVED BY  
PORT EVERGLADES DEPT.  
BUSINESS ADMINISTRATION  
JUL 10 25 AM 10 00  
PORT EVERGLADES FRANCHISE APPLICATION  
**MARINE TERMINAL SECURITY SERVICES**

APPLICANT IS APPLYING FOR A FRANCHISE TO PROVIDE  
SECURITY SERVICES EMPLOYING:

☐ FIREARMS CARRYING SECURITY PERSONNEL

☒ NON-FIREARMS CARRYING SECURITY PERSONNEL

An application will not be deemed completed and processed until all required documents and fees are received.

Note: Applicant is defined as the legal entity applying for the franchise. All information contained in this application shall apply only to the Applicant, not to any parent, affiliate, or subsidiary entities.

Applicant's Name U.S. Security Associates, Inc.

(Name as it appears on the certificate of incorporation, certificate of organization, charter, by-laws, or other official document)

Applicant's Business Address 200 Mansell Court, 5<sup>th</sup> Floor, Roswell, GA 30076

Number /

Street

City/State/Zip

Phone # 770 625-1500

E-mail address tmorris@ussecurityassociates.com

Fax #: 954-351-9202

Name of the person authorized to bind the Applicant  
(This person's signature must appear on Page 10.)

Name: Tim Morris

Title: Regional Manager

Business Address: 200 Mansell Court, 5<sup>th</sup> Floor, Roswell, GA 30076

Phone # 954-351-0190 E-mail address [tmorris@ussecurityassociates.com](mailto:tmorris@ussecurityassociates.com) Fax#: 954-351-9202

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed: (if different from the person authorized to bind the Applicant)

Representative's Name\_\_

Representative's Title\_\_\_\_\_

Representative's Business Address\_\_\_\_\_

Number /

Street

City/State/Zip

Representative's Phone # \_\_\_\_\_

Representative's E-mail address\_\_\_\_\_

Representative's Fax #: \_\_\_\_\_

PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO  
CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION  
APPLIES (I.E., SECTION A, B, C, etc.).

## Section A

1. List the name(s) of Applicant's officers including CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), as registered with the Florida Department of State Division of Corporations.

### Officers:

Title President, CEO, Director

First Name Richard Middle Name Lawrence

Last Name Wyckoff ✓

Business Street Address 200 Mansell Court, 5<sup>th</sup> Floor Roswell, GA 30076

City, State, Zip Code \_\_\_\_\_

Phone Number 770-625-1500 Fax Number 770 625 1509

Email Address rwyckoff@ussecurityassociates.com

Title VP Finance, CFO Treasurer

First Name Kevin Middle Name Scott

Last Name Smith ✓

Business Street Address 200 Mansell Court, 5<sup>th</sup> Floor Roswell, GA 30076

City, State, Zip Code \_\_\_\_\_

Phone Number 770 625 1500 Fax Number 770 625 1509

Email Address ksmith@ussecurityassociates.com

**Title General Counsel, Vice President, Secretary**

First Name LJ Middle Name Paul

Last Name Lutz ✓

Business Street Address 200 Mansell Court, 5<sup>th</sup> Floor, Roswell, GA 30076

City, State, Zip Code \_\_\_\_\_

Phone Number 770 625 1500 Fax Number 770 625 1509

Email Address plutz@ussecurityassociates.com

**Title Director**

First Name Ann Middle Name \_\_\_\_\_

Last Name Berry ✓

Business Street Address 200 Mansell Court, 5<sup>th</sup> Floor, \_\_\_\_\_

City, State, Zip Code Roswell, GA 30076

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address ann.berry@gs.com

Attach additional sheets if necessary.

### 2. Resumes:

Provide a resume for each officer, director, member, partner, shareholder, principal, as listed above.



## Section B

1. Place checkmark to describe the Applicant:

( ) Sole Proprietorship ( X ) Corporation ( ) Partnership ( ) Joint Venture ( ) Limited Liability Company

2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

**Please see the attached.**

## Section C

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)

Yes\_\_\_ No X\_\_\_ If "Yes," please provide details in the space provided. Also supply documentation evidencing the changes. Attach additional sheets if necessary.

2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?

Yes\_\_\_ No X\_\_\_ If "Yes," please provide details in the space provided, including:  
Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.

3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?

Yes X\_\_\_ No\_\_\_ If "Yes," please provide details in the space provided, including:  
Prior officers, directors, executives, partners, shareholders, members  
Name(s) Charles Schneider, Kenneth Oringer, Jim Tenbroek, Mark Reed, Michael Geisler, Karen Deano, Antonio Dimalanta, Timothy Pitoniak, Paul Parrish, Karl Scott  
New officers, directors, executives, partners, shareholders, members  
Name(s) Richard Wyckoff, Kevin Smith, Karen Deano, Timothy Pitoniak, Paul Parrish, Karl Scott  
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

**Please see the attached.**

## Section D

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other state agencies. If none, indicate Advance Security GS, Arizona; Advance Security North Dakota; Advance Security, Minnesota and Advance Security GS Michigan \_\_\_\_\_.



## Section E

1. Has the Applicant acquired another business entity within the last five (5) years?  
Yes X No      If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate  
McRoberts Protective Agency, Inc.
2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Also supply documentation evidencing the changes. Attach additional sheets if necessary.  
  

Andrews Holding Co., Andrews International Holding LLC	Stock	02/10/2012
Morris Protective Service	Asset	12/21/2012
Control Security Services, Inc.	Asset	12/31/2012
Diamond Detective Agency a/k/a Diamond Security	Asset	03/01/2013
Cauley Security Services	Asset	05/31/2013
Staff Pro Inc.	Stock	03/27/2014
Murphy Security Services	Asset	01/23/2015
Desert Services	Asset	06/15/2015
McRoberts Protective Agency, Inc.	Asset	03/14/2016
Entourage Security Management	Asset	10/28/2015
50 State Security Services, Inc.	Asset	07/01/2016
3. Has the Applicant been acquired by another business entity within the last five (5) years? Yes      No X  
If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None"      None     .
4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Also supply documentation evidencing the changes. Attach additional sheets if necessary. Not Applicable.

## Section F

Provide Applicant's previous business history as it relates to providing seaport security services at Port Everglades, and at any other U.S. seaport within the last five (5) years. McRoberts was purchased and has over



20 years experience in Seaport Security in Port Everglades, Miami and many other deep water Ports. US Security Associates has Petro-Chemical Seaport security services in Texas.

## Section G

1. Provide a list of Applicant's current managerial employees, including supervisors, superintendents, and forepersons who will be assigned to Port Everglades.

Jinette Jean – Operations Manager  
Maxine Saunders – TSO ( Terminal Supervisor Officer)  
Luis Cruz – FSO ( Facility Supervisor Officer) Senior Operations Manger  
James Clement – Security Supervisor  
Rulid Aristide – Security Supervisor  
Shaenell Etienne – Security Supervisor  
Tim Morris – Regional Branch Manager, Alternate FSO  
Rick Welch – Vice President  
Aaron Cant - Director

2. Provide resumes of Applicant's current managerial employees, to include the experience and length of time performing specific seaport security duties.

## Section H

List all seaports, including Port Everglades if applicable, where the Applicant is currently performing seaport security services.

Use one form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_

Seaport \_\_\_\_\_ Number of Years Operating at this Seaport \_\_\_\_\_

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)  
and Contact Information

Number of Years Applicant has Supplied  
Services to this Client


## Section I

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:

- a. The case title and docket number
- b. The name and location of the court before which it is pending or was heard
- c. The identification of all parties to the litigation
- d. General nature of all claims being made

If none, indicate "None" None.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes      No X



If "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a. A description of the case style and docket number
- b. The nature of the charge or indictment
- c. Date of the charge or indictment
- d. Location of the court before which the proceeding is pending or was heard
- e. The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f. Any sentence imposed
- g. Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

Attach additional sheets if necessary.

## Section J

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.porteverglades.net/development/tariff>.

## Section K

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.
2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?

Yes\_\_\_ No\_X\_\_

If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:

- a. Date petition was filed or relief sought
  - b. Title of case and docket number
  - c. Name and address of court or agency
  - d. Nature of judgment or relief
  - e. Date entered
3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?

Yes\_\_\_ No\_X\_\_

If "Yes," please provide the following information for each appointment:

- a. Name of person appointed
- b. Date appointed
- c. Name and address of court
- d. Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?

Yes \_\_\_ No X\_\_\_

If "Yes," please provide the following information for each appointment:

- a. Name of person appointed
- b. Date appointed
- c. Name and address of court
- d. Reason for appointment

#### Section L

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Legal Business Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_

(Provide three others on a separate sheet.)

#### Section M

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank, in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.

2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?

Yes \_\_\_ No X\_\_\_

If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

#### Section N



## SECURITY EQUIPMENT

1. Provide a list of all metal detection devices, walk-through and hand held, as well as all luggage and carryon x-ray machines owned or leased, to be used or domiciled at Port Everglades. Listing must include brand name and model.
2. Provide a copy of all manufacturers recommended service intervals and name of company contracted to provide such services on all aforementioned equipment.
3. Provide description of current method employed to assure all equipment is properly calibrated and functioning.
4. Provide current training requirements and training syllabus for employees operating x-ray equipment. Highlight emphasis on weapon and contraband identification. Include equipment operator certificates, if any.

## **Section O**

1. Provide copies of all local, state and federal licenses, including:
  - a. A copy of the Applicant's State of Florida Business License.
  - b. A copy of security agency's Manager's "M" or "MB" License and a copy of the security agency's "B" or "BB" License issued by the Florida Department of Agriculture and Consumer Services.
  - c. A copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License).

## **Section P**

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. SECURITY GUARDS / SUPERVISORS
  - a. Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.
  - b. Provide historic annual turnover ratio for security guards. 30%
  - c. Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.

3. SECURITY GUARDS / SUPERVISORS

- a. Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.
- b. Provide historic annual turnover ratio for security guards. 30%
- c. Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.
- d. Provide background requirements, experience, licensing and any and all advanced training provided to supervisory personnel.
  1. Thorough Pre employment background checks are conducted by – Sterling.
  2. Prior experience is preferred but not required. An industry-leading and award winning Training Program is fully administered prior to the employee being put on post.
  3. Licensing – all employees must have a D-License.
  4. Advanced Training – Our Award-winning Training program is ongoing and, we re-certify our employees annually, even if they've been with us for years.
- e. Provide present policy for individual communication devices either required of security guards or supplied by the employer.
- f. Provide procurement criteria and source as well as Applicant's certification requirements for K-9 workforce. The Cruise lines arrange directly.
- g. Provide information on the number of security guards / supervisors currently employed or expected to be employed to provide security services at Port Everglades.

Supervisors: 14  
Class D Guards: 700+  
Class G Guards  
K-9 Handlers – Cruise line directly

**Section Q**

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?  
Yes\_\_\_ No\_X\_\_
2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard? Yes\_\_\_ No\_X\_\_



3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?

Yes X No     

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a. Name and address of the agency issuing the citation or notice
- b. Date of the notice
- c. Nature of the violation
- d. Copies of the infraction notice(s) from the agency
- e. Disposition of case
- f. Amount of fines, if any
- g. Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

5. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in Port Everglades.

US Security Associates is committed to operate in an environment friendly manor. We maintain state of the art service agreements on all our equipment that keep with our environmental position.

## **Section R**

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler and steamship agent), the written evidence must demonstrate Applicant's ability to attract and retain new business such that, Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time.

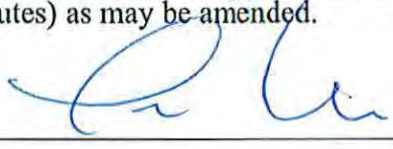
By signing and submitting this application, Applicant certifies that it has read and understands the governing rules and regulations for a franchise as provided in Chapter 32, Part II, of the Broward County Administrative Code as amended. For additional information, visit:  
<http://www.municode.com/resources/gateway.asp?pid=13528&sid=9>.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct and further, understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

The individual executing this application personally warrants that s/he has the full binding authority to execute this application on behalf of the Applicant. Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) and/or to its officers, directors, senior management personnel and/or in its business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore & Harbor Workers' Act, Jones Act Insurance, as required by federal law.

By signing and submitting this application, Applicant authorizes the Port Everglades Department of Broward County to make any inquiry or investigation it deems appropriate to verify or augment the information contained in this application, and authorizes others to release to the Port Everglades Department of Broward County any and all information sought in such inquiry. Applicant further understands that under the laws of the State of Florida, this application is subject to the Florida Public Records Act (Chapter 119, Florida Statutes) as may be amended.

Signature of Applicant's Authorized Representative  Date  
Signed 8-12-2016

Signature name and title - typed or printed Timothy Morris

Witness Signature 

Witness name-typed or printed William Adam

Witness Signature 

Witness name-typed or printed Michele Togo

If a franchise is granted, all official notices/correspondence should be sent to:

Name Tim Morris Title: Regional Manager

Address : 200 Mansell Court, 5<sup>th</sup> Floor, Roswell, GA 30076  
Phone: 954-351-0190



**RICHARD L. WYCKOFF**

Richard graduated from Boston University with a Business Administration Degree in Marketing in 1981. Upon graduation, he joined the IBM Corporation in a sales position within the large systems data processing division.

After IBM, Richard earned an MBA in general management from Harvard Business School in 1990, graduating with High Distinction and awarded the Baker Scholar Honors.

Two years after joining Culbro, Richard was promoted to the position of President of Imperial Nurseries; one of Culbro's operating companies.

In 1998, Richard joined ARAMARK Corporation in the position of President, Refreshment Services, a \$275 million operating company.

In 2009, Richard became EVP and Chief Customer Officer of C&S Wholesale Grocers, an \$18 billion private company, and the nation's largest distribution company within the grocery industry.

In 2014, Wyckoff joined U.S. Security Associates, Inc. as President and CEO, and currently holds a position on the Board of Directors.

**KEVIN S. SMITH**

1347 Benbrooke Lane  
Acworth, GA 30101

Home: (770) 919-1623  
Cell: (404) 421-8213

Email: ksmith6602@aol.com

---

**SENIOR FINANCE, PROCUREMENT AND IT EXECUTIVE**

Senior Executive with proven and progressive track record in managing multi-billion dollar, multi-site operations. Senior Vice President, Chief Financial Officer providing overall Financial, Procurement and IT Management for the industry leader in airport retailing. Responsible for the overall business direction of the company including not only the management of internal functional areas, but also serves as main contact for Private Equity owners and lending group. Experienced in M&A transactions including, selling The Paradies Shops twice in the last five years (private equity and strategic buyers). Skilled in managing large Finance, Procurement and IT organizations as well as managing cross functional relationships in a complex matrix organization.

**PROFESSIONAL EXPERIENCE**

**THE PARADIES SHOPS, Atlanta, GA**

**2008-Current**

Industry Leader in Airport Retailing with \$550+ million in revenue, and 82 airports and 535 stores (\$850M and 105 airports post-transaction with Lagardere)

**Senior Vice President, Chief Financial Officer**  
**Chief Financial Officer**  
**Vice President, Finance**

**2013-Current**  
**2010-2012**  
**2008-2009**

Responsible for all aspects of finance/accounting, procurement and IT including regular communication with private equity owners, lenders, internal management, including the board of directors and outside auditors, as well as numerous merchandise and expense suppliers. Track record of delivering significant improvement in EBITDA and overall company value. Responsible for setting the business direction for the company and leading a team of more than 100 associates.

- Key business partner to Merchandising, Operations, Business Development and HR. This includes support for operational metrics as well as organization redesign and process re-engineering for all departments.
- Re-engineered and streamlined operations in all Financial and IT Departments which led to improved reporting metrics (timeliness and accuracy) and reduced operating expenses which funded departmental resource expansion in Business Development, Merchandising, Human Resources and other departments to support significant company growth. This included modernizing the entire IT infrastructure from data center to location hardware/applications to customer service in the call center.
- Introduced and implemented extensive financial planning process, including the establishment of the Financial Planning and Analysis (FP&A) Team, to ensure the Company not only understood its financial goals and objectives but had clear accountability in managing to the goals and objectives.
- Established a true Management Incentive Bonus program that measures associates on their individual contributions as well as total Company goals.
- Developed comprehensive Pro Forma model to properly evaluate new airport contracts. Responsible for leading the review of all new opportunities with the private equity owners, board of directors, internal senior management, and lenders.
  - Established metrics for evaluating all potential projects
  - Won 20 new contracts totaling more than \$100 million in revenue over the last 18 months
  - Responsible for capital budget of more than \$50 million annually including lender interface and debt covenant management



**KEVIN S. SMITH**

**Page 2**

- Improved working capital position by 20 days which increased cash flow by \$20 million as a result of implementing new payment terms and payment tools for all suppliers. Additionally, automated the payables process by implementing electronic payment process which increased payment days and provided a volume rebate.
- Negotiated significant recent savings in multiple contracts, both merchandise and non-merchandise, with annual savings highlighted below:
  - Beverage agreement \$16 million
  - Snack agreement \$500,000
  - External auditor \$600,000
  - Electronic payment/P-card \$750,000
  - Post-audit \$1,200,000
  - Bank service fees \$300,000
  - Multiple other contracts \$4 million
- Responsible for managing all non-merchandise vendors including banking and audit partners
- Designed and implemented Indirect Procurement Team contributing \$4M+ of value annually
- Led financial forecasting and due diligence review with private equity group, external auditors and lenders during the sale of The Paradies Shops in 2010 (private equity buyer).
- Led refinancing of debt during FY2013 which significantly reduced cost of debt and greatly improved flexibility in debt covenants to support our continued growth
- Led all aspects of the recent sale of The Paradies Shops to Lagardere (strategic buyer - \$7B global retailer)
- Named as co-lead with Lagardere N.A.'s CEO for the integration of both companies (Lagardere/Paradies)

**THE HOME DEPOT, Atlanta, GA**

1986-2008

Leading Home Improvement Retailer with \$80+ billion revenues and 2200+ retail outlets

**Senior Director Procurement, Sourcing and Vendor Management**

2006-2008

Procurement Leader for U.S. Retail Divisions with over \$80 billion in revenue; 2,200 retail sites, 48 states, and multiple support sites, including the central Store Support Center in Atlanta, Ga. Direct report to Senior Vice President, Global Sourcing and Vendor Management. Responsible for sourcing \$14 billion of indirect goods and services consumed in running the business. Key strategic partner to Store Operations, Store Construction and Maintenance, Human Resources, Supply Chain, IT and Marketing. Managed Team consisting of 75 Sourcing Professionals and 35 Hourly Transactional Associates.

**Senior Director of Finance, Global Sourcing**

2005-2006

Finance Leader for Global Sourcing. Direct report to Senior Vice President, Global Sourcing and Vendor Management. Directed all financial activities for the division which included Sourcing (Direct and Indirect), Sourcing Quality Assurance, Inventory Replenishment, Supplier Performance Management and Supplier Diversity. Interaction with Operating and Merchandising leaders, key metric reporting, annual planning process and various pro forma development. Managed Team of 12 Finance Professionals.



**KEVIN S. SMITH**

**Page 3**

**Senior Director of Finance, Financial Operations**

**2001-2005**

Responsible for all "back office accounting" including Accounts Payables (direct, indirect and freight), Accounts Receivables, Payroll, Cash Accounting and Supplier Development and Performance. Direct report to CFO. Responsible for all day to day activities as well as, developing and implementing strategy to support the growing business. Managed Team of approximately 1,000 full time associates (30% salaried professionals and 70% hourly associates). Extensive exposure to CFO and other Executive Leaders throughout monthly activities and in conjunction with quarterly financial forecasting activities.

**Director of Finance (Controller), Financial Reporting**

**1996-2001**

Responsible for entire financial reporting activities of the Home Depot, Inc. Dual report to CFO and Vice President, Controller. Responsible for all internal and external financial reporting. Managed General Accounting, Cash/Receivable Accounting, Inventory Accounting, Sales Accounting, International Accounting and Specialty Accounting. Team consisted of approximately 350 associates (250 accounting professionals and 100 hourly associates).

**Various Management Roles, Financial Reporting**

**1986-1996**

**EDUCATION**

**KENNESAW STATE UNIVERSITY, Kennesaw, GA**

**Bachelor of Business Administration, Major in Accounting, 1988**

**Other**

Executive Board member of Sean Witherspoon's "Spoonful of Hope" Foundation

**L. J. Paul Lutz, Esq.**  
**Vice President, General Counsel**

**Highlight of Qualifications**

- 10+ years of experience
- 6 years of experience in the US Military
- Outstanding General Counsel-Small Award
- Association of Corporate Counsel, Georgia Chapter Award

**Professional Experience**

- Deputy General Counsel, U.S. Security Associates
- Associate, Sutherland Asbill & Brennan, LLP
- Law Clerk, Judge Emmett Ripley Cox, 11<sup>th</sup> Circuit Court of Appeals
- Surface Warfare Officer, U.S. Navy

**Affiliations/Memberships**

- IASIR

**Education/Certifications**

- J.D. Magna Cum Laude, University of Florida
- B.S. Computer Science, U.S. Naval Academy

As U.S. Security Associates' Vice President, General Counsel, and Secretary, L.J. Paul Lutz has provided counsel to the portfolio companies on all legal matters for the last four years. Lutz handles all USAS's mergers and acquisitions; he oversaw much of USA's merge with Andrews International, ensuring that all AI employees were successfully integrated into the USA system. He also supervises all intellectual property portfolio maintenance, customer contracts, and other legal matters.

Much of U.S. Security Associates' legal success is credited to Lutz, who offers the ability to approach issues head-on and use knowledge and focus to develop tactical solutions. His continuous innovation has grown the company while still protecting its assets. In 2013, he was honored with both the Outstanding General Counsel-Small Award and the Association of Corporate Counsel's Georgia Chapter 2013 Corporate Counsel Award.

Lutz joined USA in 2008 after gaining several years of legal experience. He began his career as a law clerk for an 11<sup>th</sup> Circuit Court of Appeals and later moved to a private law firm, where he was an Associate.

Lutz transitioned into law school after serving in the U.S. Navy for six years, where he was a Surface Warfare Officer.

Lutz earned his doctorate from the University of Florida, where he graduated magna cum laude. He obtained a Bachelor of Science in Computer Science from the U.S. naval Academy. He is also an active member of the International Association of Security and Investigative Regulators.



Ann Berry

Vice President at Goldman Sachs  
New York, New York | Venture Capital & Private Equity



Current Goldman Sachs, US Security Associates, United Way of New York City  
Education Harvard Business School  
Recommendations 2 people have recommended Ann

500+ connections

Find a different Ann Berry

First Name Last Name

Example: Ann Berry

-  **Peggy Ann Berry, PhD, RN**  
Consultant  
United States
-  **Ann Howard**  
Managing Partner at Centresource  
United States
-  **Mary Ann Berry**  
Regional Sales Director - CoStar Group, LoopNet.com and Apartments.com  
United States
-  **Mary Ann Berry**  
Vice President & Chief of Staff at Concho  
United States
-  **Jerri-Ann Berry**  
Director of Assessment at University of Florida College of Pharmacy  
United States

More professionals named Ann Berry

View Ann's full profile. It's free!

Your colleagues, classmates, and 400 million other professionals are on LinkedIn.

View Ann's Full Profile

Experience

Vice President (Principal), Private Equity

Goldman Sachs  
July 2008 – Present (8 years 2 months) | Greater New York City Area



Director

US Security Associates  
August 2011 – Present (5 years 1 month) | Greater Atlanta Area



Executive Committee - Young Leaders Council

United Way of New York City  
January 2013 – Present (3 years 8 months) | Greater New York City Area



Director

GCA Services Group  
March 2016 – Present (6 months)



Honors & Awards

Kennedy Memorial Scholarship

Kennedy Memorial Trust  
August 2006

Education

Harvard Business School

Master of Business Administration (MBA)

Public profile badge

Include this LinkedIn profile on other websites



People Also Viewed

-  **Nicole DiBona**  
Merchant Banking Division - Goldman Sachs
-  **Nicole Agnew**
-  **Gilbert H. Klemann**  
Managing Director at Goldman Sachs
-  **Kunal Shah**  
Partner at Goldman Sachs
-  **Omer Ismail**  
Managing Director, Goldman Sachs
-  **Tiffany Hagge**  
Merchant Banking - PIA at Goldman Sachs
-  **Leonard Seevers**  
Managing Director at Goldman Sachs



Baker Scholar

**Chris Crampton**[What is LinkedIn?](#) [Join Today](#) [Sign In](#)**Anthony Pulice****University of Cambridge**

BA Hons, Economics, Double First



## Recommendations

A preview of what LinkedIn members have to say about Ann:

“Ann is one of the most impressive and highly capable people I have ever worked with. She is a very strong manager with rock-solid analytical and communication”

[See more](#)

Sign up to see who recommended Ann



## View Ann's full profile to...

- See who you know in common
- Get introduced
- Contact Ann directly

[View Ann's Full Profile](#)Not the Ann you're looking for? [View more](#)LinkedIn member directory: [a](#) [b](#) [c](#) [d](#) [e](#) [f](#) [g](#) [h](#) [i](#) [j](#) [k](#) [l](#) [m](#) [n](#) [o](#) [p](#) [q](#) [r](#) [s](#) [t](#) [u](#) [v](#) [w](#) [x](#) [y](#) [z](#) [more](#) | [Browse members by country](#)© 2016 | [User Agreement](#) | [Privacy Policy](#) | [Community Guidelines](#) | [Cookie Policy](#) | [Copyright Policy](#) | [Unsubscribe](#)

5 minutes to know your industry!  
Access the eBook

## VB | Profiles

e.g. Bill Gates, Oracle, B

- [Market Profiles](#)

Login

Sign up

Login

Sign up

[Edit](#)

Person



## Ann Berry

Vice President, Private Equity at [Goldman Sachs](#)

Location: New York, NY

Add to My Lists

Claim

x

Share



## Ann Berry

Vice President, Private Equity at [Goldman Sachs](#)

Location: New York, NY

Add to My Lists

Share

Claim

x

Ann Berry has served as a director of Interline since September 2012. Ms. Berry is a Vice President in the Principal Investment Area of the Merchant Banking Division of Goldman, Sachs & Co., which she joined in 2008. Ms. Berry also serves as a director of U.S. Security Associates.

8

Companies in Career

N/A

Related Markets

4

Colleagues

N/A

Related Investments

**Alias**

N/A

**Industry**

Private Equity

**Tags**

[Financial Analysis](#), [Business Strategy](#), [Strategy](#), [Corporate Finance](#), [Principal Investing](#), [Growth Investing](#)

**Topics of Influence**

N/A

N/A

☐

•

[Careers](#)

•

[Achievements](#)

•

[Investments](#)

•



[4](#)

[Colleagues](#)

[Edit](#) [View all](#)

## **Ann Berry**Career (10)

Jan-2013

### **United Way of New York City**

Board Member

Aug-2011

### **US Security Associates**

Board Member

Jan-2009

### **Tervita**

Board Member

Jan-2009

### **HealthMarkets**

Board Member

Jul-2008

### **Goldman Sachs**

Vice President, Private Equity

Sep-2012 to Jul-2015

### **Interline Brands**

Board Member

[Edit](#)

## **Ann Berry**Education (2)

2008

### **Harvard Business School**



**Paul Parker**

Co-Chairman Mergers and Acquisitions  
Aug-2014



**Jason Kreuziger**

Vice President  
Jul-2014



**Stephen Scherr**

Chief Strategy Officer  
Jun-2014

[View all](#)

## Ann BerryRecommended Market Profiles (8)

**Telemedicine**

10,000 or More employees  
19 companies

**Social Media Marketing (ChiefMartec.com)**

10,000 or More employees  
112 companies

### [Big Data Universe List of Lists](#)

10,000 or More employees  
560 companies

### [Aggregated Marketing Technology](#)

10,000 or More employees  
2651 companies

### [Shared Economy Landscape \(Jeremiah Owyang\)](#)

10,000 or More employees  
274 companies

### [Inside Sales Landscape](#)

10,000 or More employees  
432 companies

[About](#) | [Blog](#) | [Feedback](#) | [Privacy](#) | [Faq](#) | [Request Removal](#)

Browse: [Topics](#) | [Contributors](#) | [Press Releases](#) | [People by Location](#)

© Copyright 2001 - 2016 Spoke intelligence

[ABCDEFGHIJKLMNOPQRSTUVWXYZ](#)

### **Company Site Map**

[ABCDEFGHIJKLMNOPQRSTUVWXYZ](#)

### **People Site Map**

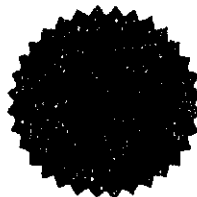


# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "U.S. SECURITY ASSOCIATES, INC.", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF DECEMBER, A.D. 1999, AT 4:35 O'CLOCK P.M.



2359069 8100

040245681

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3038602

DATE: 04-07-04

99 WED 13:22 FAX 312 861 2200 57 2 Kirkland & Ellis

002

**CERTIFICATE OF  
AMENDED AND RESTATED CERTIFICATE OF INCORPORATION  
OF  
U. S. SECURITY ASSOCIATES, INC.**

\* \* \* \* \*

Kenneth W. Oringer, being the Executive Vice President of U. S. Security Associates, Inc., a corporation duly organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "Corporation"), DOES HEREBY CERTIFY as follows:

**FIRST:** The Corporation filed its original Certificate of Incorporation with the Delaware Secretary of State on November 10, 1993 (the "Certificate of Incorporation").

**SECOND:** The Amended and Restated Certificate of Incorporation restates and integrates and further amends the Certificate of Incorporation of this Corporation:

**ARTICLE FOUR** of the Certificate of Incorporation has been amended whereby (i) each share of Class A Voting Common Stock, par value \$0.01 per share (the "Class A Stock"), of the Corporation shall be automatically converted into the number of shares of Common Stock equal to (a) 1,000 divided by (b) the number of shares of Class A Stock outstanding immediately prior to the filing of this Amended and Restated Certificate of Incorporation, (ii) each share of Class B Voting Common Stock, par value \$ 0.01 per share, of the Corporation is hereby canceled and of no further force and effect and (iii) each share of Class C Non-Voting Common Stock, par value \$ 0.01 per share, of the Corporation is hereby canceled and of no further force and effect.

**THIRD:** That the Board of Directors of the Corporation, pursuant to a unanimous written consent, adopted resolutions authorizing the Corporation to amend, integrate and restate the operations Certificate of Incorporation in its entirety to read as set forth in Exhibit A attached hereto and made a part hereof (the "Restated Certificate").

**FOURTH:** That the sole stockholder of the Corporation, pursuant to written consent, approved and adopted the Restated Certificate in accordance with Sections 228, 242 and 245 of the General Corporation Law of the State of Delaware.

\* \* \* \* \*

1:58:40 PM 03/15/1999

STATE OF DELAWARE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED 03:35 PM 12/15/1999  
991541497 - 2359069



12/15/99 WED 13:23 FAX 312 861 2200 57 2 Kirkland & Ellis

003

IN WITNESS WHEREOF, the undersigned, being the Executive Vice President hereinabove named, for the purpose of restating and integrating and further amending the Certificate of Incorporation pursuant to the General Corporation Law of the State of Delaware, under penalty of perjury does hereby declare and certify that this is the act and deed of the Corporation and the facts stated herein are true, and accordingly has hereunto signed this Certificate of Amended and First Restated Certificate of Incorporation this 15<sup>th</sup> day of December 1999.

**U. S. SECURITY ASSOCIATES, INC.**  
a Delaware corporation

By: /s/ Kenneth W. Oringer  
Kenneth W. Oringer  
Executive Vice President

12/15/99 WED 13:23 FAX 312 861 2200 57 2 Kirkland & Ellis

004

EXHIBIT A

RESTATED CERTIFICATE OF INCORPORATION

OF

U.S. SECURITY ASSOCIATES, INC.

---

ARTICLE ONE

The name of the corporation is U.S. Security Associates, Inc.

ARTICLE TWO

The address of the corporation's registered office in the State of Delaware is 1209 Orange Street, Wilmington, Delaware 19801, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

ARTICLE THREE

The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware.

ARTICLE FOUR

The total number of shares of stock which the corporation has authority to issue is 1,000 shares of Common Stock, with a par value of \$.01 per share.

ARTICLE FIVE

The corporation is to have perpetual existence.



12/15/99 WED 13:23 FAX 312 861 2200 57 2 Kirkland & Ellis

005

#### ARTICLE SIX

In furtherance and not in limitation of the powers conferred by statute, the board of directors of the corporation is expressly authorized to make, alter or repeal the by-laws of the corporation.

#### ARTICLE SEVEN

Meetings of stockholders may be held within or without the State of Delaware, as the by-laws of the corporation may provide. The books of the corporation may be kept outside the State of Delaware at such place or places as may be designated from time to time by the board of directors or in the by-laws of the corporation. Election of directors need not be by written ballot unless the by-laws of the corporation so provide.

#### ARTICLE EIGHT

To the fullest extent permitted by the General Corporation Law of the State of Delaware as the same exists or may hereafter be amended, a director of this corporation shall not be liable to the corporation or its stockholders for monetary damages for a breach of fiduciary duty as a director. Any repeal or modification of this ARTICLE EIGHT shall not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification.

#### ARTICLE NINE

The corporation expressly elects not to be governed by Section 203 of the General Corporation Law of the State of Delaware.

#### ARTICLE TEN

The corporation reserves the right to amend, alter, change or repeal any provision contained in this certificate of incorporation in the manner now or hereafter prescribed herein and by the laws of the State of Delaware, and all rights conferred upon stockholders herein are granted subject to this reservation.

\* \* \* \* \*

**2016 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F94000000907

**Entity Name:** U.S. SECURITY ASSOCIATES, INC.**Current Principal Place of Business:**200 MANSELL CT E.  
SUITE 500  
ROSWELL, GA 30076**Current Mailing Address:**200 MANSELL CT E.  
SUITE 500  
ROSWELL, GA 30076 US**FEI Number:** 22-3262806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	BERRY, ANN ✓
Address	200 MANSELL CT E. SUITE 500
City-State-Zip:	ROSWELL GA 30076
Title	VP FINANCE, CFO & TREASURER
Name	SMITH, KEVIN SCOTT ✓
Address	200 MANSELL CT E. SUITE 500
City-State-Zip:	ROSWELL GA 30076

Title	VP, GENERAL COUNSEL AND SECRETARY
Name	LUTZ, L. J. PAUL ✓
Address	200 MANSELL CT E. SUITE 500
City-State-Zip:	ROSWELL GA 30076
Title	PRESIDENT, CEO, DIRECTOR
Name	WYCKOFF, RICHARD L ✓
Address	200 MANSELL CT E. SUITE 500
City-State-Zip:	ROSWELL GA 30076

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** L.J. PAUL LUTZGENERAL COUNSEL,  
VICE PRESIDENT AND  
SECRETARY

05/19/2016

Electronic Signature of Signing Officer/Director Detail

Date

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name**Foreign Profit Corporation

U.S. SECURITY ASSOCIATES, INC.

Filing Information

Document Number	F94000000907
FEI/EIN Number	22-3262806
Date Filed	02/23/1994
State	DE
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	06/30/1998
Event Effective Date	NONE

Principal Address200 MANSELL CT E.  
SUITE 500  
ROSWELL, GA 30076

Changed: 03/10/1999

Mailing Address200 MANSELL CT E.  
SUITE 500  
ROSWELL, GA 30076

Changed: 04/11/2012

Registered Agent Name & AddressC T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324Officer/Director Detail**Name & Address**

Title Director

BERRY, ANN  
200 MANSELL CT E.  
SUITE 500  
ROSWELL, GA 30076



## Title VP, General Counsel and Secretary

LUTZ, L. J. Paul ✓  
 200 MANSELL CT E.  
 SUITE 500  
 ROSWELL, GA 30076

## Title VP Finance, CFO &amp; Treasurer

Scott, Karl J.  
 200 MANSELL CT E.  
 SUITE 500  
 ROSWELL, GA 30076

## Title President, CEO, Director

Wyckoff, Richard L ✓  
 200 MANSELL CT E.  
 SUITE 500  
 ROSWELL, GA 30076

Annual Reports

Report Year	Filed Date
2014	01/02/2014
2015	01/05/2015
2016	01/29/2016

Document Images

<a href="#">01/29/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/05/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/01/2014 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/02/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/17/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/11/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/23/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/16/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/02/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/05/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/18/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/06/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/18/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/24/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

[05/15/2000 -- ANNUAL REPORT](#)[View image in PDF format](#)[03/10/1999 -- ANNUAL REPORT](#)[View image in PDF format](#)[06/30/1998 -- Merger](#)[View image in PDF format](#)[02/13/1998 -- ANNUAL REPORT](#)[View image in PDF format](#)[05/12/1997 -- ANNUAL REPORT](#)[View image in PDF format](#)[04/16/1996 -- ANNUAL REPORT](#)[View image in PDF format](#)[04/26/1995 -- ANNUAL REPORT](#)[View image in PDF format](#)[Copyright ©](#) and [Privacy Policies](#)

State of Florida, Department of State





**Department of State**

I certify the attached is a true and correct copy of the Articles of Incorporation, as amended to date, of U.S. SECURITY ASSOCIATES, INC., a corporation organized under the laws of Delaware, authorized to transact business in the State of Florida, as shown by the records of this office.

The document number of this corporation is F94000000907.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty-seventh day of May, 2016



CR2EO22 (1-11)

*Ken Detzner*  
Ken Detzner  
Secretary of State



**APPLICATION BY FOREIGN CORPORATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. U. S. SECURITY ASSOCIATES, INC.  
(Name of corporation; must include the word "INCORPORATED," "CORP." or "ANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation, instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware  
(State or country under the law of which it is incorporated)

3. November 10, 1993  
(Date of incorporation)

4. Perpetual  
(Duration)

5. 22-1262806  
(Federal Employer Identification number, if applicable)

6. Upon Qualification  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 617.155, F.S.)

7. US Headquarters Plaza, 11th Fl., Morristown, New Jersey 07960  
(Current mailing address)

8. The acquisition, disposition and management of contract guard security company, and data system company  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and/or directors:

A. Directors:

Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: See attached list of directors  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_



**B. Officers:**

President: Charles R. Schneider

Address: 89 Headquarters Plaza, 14th Fl.  
Morristown, New Jersey 07960

Vice President: Kenneth W. Oringer

Address: 89 Headquarters Plaza, 14th Fl.  
Morristown, New Jersey 07960

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation Florida 33324

Zip Code

**11. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: \_\_\_\_\_

C T Corporation System

(Officer)

John J. Ligonhan, Agent, C.T.

(Typed Name and Title of Officer)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Kenneth W. Oringer  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Kenneth W. Oringer Secretary and Executive VP  
(Name and capacity of person signing application)

(FLA-62107)



State of Delaware  
Office of the Secretary of State

PAGE 1

I, WILLIAM T. QUILLEN, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY "U.S. SECURITY ASSOCIATES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF FEBRUARY, A.D. 1994.

AND I DO FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2359069 8300

944023397

7032646

02-18-94



Document Number Only

F94000000907

C T Corporation System.			
Requestor's Name			
660 East Jefferson Street			
Address			
Tallahassee, FL 32301			
City	State	Zip	Phone
CORPORATION(S) NAME			

300002576083--3  
-06/30/98--01047--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

*Chisholm Security & Services, Inc.*  
*Merged into:*  
*U.S. Security Associates, Inc.*

FILED  
98 JUN 30 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
98 JUN 30 PM 1:15  
OFFICE OF THE SECRETARY OF STATE

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment                     | <input checked="" type="checkbox"/> Merger  |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Dissolution/Withdrawal        | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report                 | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Reservation                   | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Photo Copies                  | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call if Problem               | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait                     | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |  |   |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

6/30/98

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED  
THANKS  
JOEY

Merger  
6-30-98  
CC

CR2E031 (1-89)

ARTICLES OF MERGER  
Merger Sheet

-----  
MERGING:

AIRBOURNE SECURITY & SERVICES, INC., a Florida corporation,  
P94000063582


into

**U.S. SECURITY ASSOCIATES, INC.**, a Delaware corporation F94000000907

File date: June 30, 1998

Corporate Specialist: Cheryl Coulliette

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



**ARTICLES OF MERGER  
OF  
AIRBORNE SECURITY & SERVICES, INC.  
WITH AND INTO  
U. S. SECURITY ASSOCIATES, INC.**

FILED  
98 JUN 30 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 607.1104 of the Florida Business Corporation Act, the undersigned corporations adopt the following Articles of Merger:

FIRST: U. S. SECURITY ASSOCIATES, INC. (the parent corporation) is a corporation organized under the laws of the State of Delaware owning 100 percent of the shares of AIRBORNE SECURITY & SERVICES, INC., a corporation organized under the laws of the State of Florida (the subsidiary corporation). The surviving corporation in this Merger is U. S. SECURITY ASSOCIATES, INC. (the parent corporation).

SECOND: The Plan of Merger attached hereto as Exhibit A was adopted by unanimous written consent of the Board of Directors of U. S. SECURITY ASSOCIATES, INC. (the parent corporation). Shareholder approval is not required in connection with this Merger.

THIRD: The pro rata issuance of shares of the subsidiary to the holders of the shares of the parent corporation upon surrender of any certificates therefor is provided for as follows:

Upon consummation of this Merger, all shares of capital stock of the subsidiary shall be cancelled and extinguished in all respects.

FOURTH: Shareholders of the subsidiary who, except for the applicability of this section, would be entitled to vote and who dissent from this Merger pursuant to Section 607.1320 F.S., may be entitled, if they comply with the provisions of this Act regarding the rights of dissenting shareholders, to be paid the fair value of their shares. As the parent corporation is the holder of all of the outstanding shares of the subsidiary and has approved this Merger, there are no dissenting shareholders of the subsidiary.

FIFTH: The parent corporation, as the holder of all of the outstanding shares of the subsidiary, has waived the requirement that a copy or summary of the Plan of Merger be mailed to it.

SIXTH: The effective date of the Merger shall be (i) the date of filing with the Secretary of State or (ii) at 11:59 p.m. on June 30, 1998, whichever occurs later.



SEVENTH: There are no amendments to the Articles of Incorporation of the parent corporation being made in connection with this Merger.

Signed as of the 29<sup>th</sup> day of June, 1998.

**U. S. SECURITY ASSOCIATES, INC.**  
(Surviving Corporation)

By: Kenneth W. Oringer  
Name: Kenneth W. Oringer  
Title: Executive Vice President

**AIRBORNE SECURITY & SERVICES, INC.**  
(Merged Corporation)

By: Kenneth W. Oringer  
Name: Kenneth W. Oringer  
Title: Executive Vice President

EXHIBIT A  
**PLAN OF MERGER  
OF  
AIRBORNE SECURITY & SERVICES, INC.  
WITH AND INTO  
U. S. SECURITY ASSOCIATES, INC.**

**WHEREAS**, the Board of Directors of U. S. Security Associates, Inc. ("U. S. Security"), a Delaware corporation, deems it to be advisable and in the best interest of U. S. Security, its shareholders and Airborne Security & Services, Inc., ("Subsidiary"), a Florida corporation which is a wholly-owned subsidiary of U. S. Security, for U. S. Security to take such steps as are necessary to cause Subsidiary to be merged with and into U. S. Security, with U. S. Security surviving the merger; and

**WHEREAS**, such merger shall be accomplished pursuant to the provisions of Section 607.1104 of the Florida Business Corporation Act and Section 253 of the Delaware General Corporation Law;

**NOW, THEREFORE**, pursuant to the provisions of Section 607.1104 of the Florida Business Corporation Act and Section 253 of the Delaware General Corporation Law, the undersigned domestic parent and subsidiary corporations set forth this Plan of Merger and state as follows:

1. The name of the parent corporation, which shall be the surviving corporation is, and shall continue to be, U. S. Security Associates, Inc., which is and shall remain a Delaware corporation.
2. The name of the subsidiary corporation is Airborne Security & Services, Inc., which is a Florida corporation.
3. Airborne Security & Services, Inc., the subsidiary corporation, shall be merged with and into U. S. Security Associates, Inc., its parent corporation, which shall be the surviving corporation.

The terms and conditions of the merger are:

- (a) The merger shall be approved by the Board of Directors of U. S. Security Associates, Inc., in accordance with Section 607.1104 of the Florida Business Corporation Act and Section 253 of the Delaware General Corporation Law.



- (b) The Articles of Incorporation and Bylaws of U. S. Security Associates, Inc. in effect immediately prior to the effective time of the merger, and the directors and officers of U. S. Security Associates, Inc. in office immediately prior to the effective time of the merger shall continue to be the Articles of Incorporation and Bylaws, unless and until amended in accordance with law or such Articles of Incorporation and Bylaws, and the directors and officers of U. S. Security Associates, Inc., as the surviving corporation, at and after the effective time of the merger.

4. As to Airborne Security & Services, Inc., the designation and number of outstanding shares (of each class) and the number of such shares owned by the surviving corporation are as follows:

Name of Subsidiary	Designation and Number of Outstanding Shares	Number of Shares Owned by Surviving Corporation
Airborne Security & Services, Inc.	100 Common Shares	100 Common Shares

Upon consummation of the merger, all shares of capital stock of Airborne Security and Services, Inc. owned by U. S. Security Associates, Inc. shall be cancelled and extinguished in all respects.

5. The Merger shall be effective at the later of (i) the date and time a Certificate of Ownership and Merger reflecting the merger shall become effective with the Secretary of State of the State of Delaware and the date and time the Articles of Merger reflecting the merger shall become effective with the Secretary of State of Florida or (ii) 11:59 p.m. on June 30, 1998.



DATED as of the 29<sup>th</sup> day of June, 1998.

U. S. SECURITY ASSOCIATES, INC.

By: Kenneth W. Oringer  
Kenneth W. Oringer  
Executive Vice President

AIRBORNE SECURITY &  
SERVICES, INC.

By: Kenneth W. Oringer  
Kenneth W. Oringer  
Executive Vice President

**ACTION BY UNANIMOUS WRITTEN CONSENT OF  
THE BOARD OF DIRECTORS OF  
U.S. SECURITY ASSOCIATES, INC.**


The undersigned, constituting all of the members of the Board of Directors of U.S. Security Associates, Inc., a Delaware corporation (the "Corporation"), by execution hereof, do hereby (i) unanimously consent to and adopt the following resolutions, which resolutions shall have the same force and effect as if adopted by unanimous affirmative vote at a special meeting of the Board of Directors of the Corporation duly called and held, (ii) waive all requirements of notice, and (iii) direct that this written Consent be filed with the minutes of the proceedings of the Corporation:

NOW, THEREFORE, BE IT RESOLVED, that the following persons be, and are hereby elected to serve as an officer of the Corporation in the capacities set forth opposite his name below, to hold such office until his successor is duly elected and qualified or until his earlier death, resignation or removal:

Charles R. Schneider	President and Chief Executive Officer
Kenneth W. Oringer	Executive Vice President
Paul M. Parrish	Vice President Finance, Chief Financial Officer and Treasurer
L. J. Paul Lutz	Vice President, General Counsel and Secretary
Timothy Pitoniak	Controller and Assistant Treasurer
Randy Andrews	Vice President, Chief Security Officer
Brian T. Dooling	Vice President, Marketing
John J. Harford	Vice President, Chief Development Officer
William A. Kingree	Vice President, Information Technology

(signatures on next page)

WITNESS the consent of all of the members of the Board of Directors of the Corporation on the date indicated, effective as of February 8, 2013.

  
\_\_\_\_\_  
Charles R. Schneider

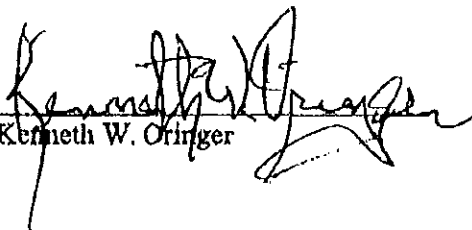
\_\_\_\_\_  
Kenneth W. Oringer

\_\_\_\_\_  
Ann Berry




WITNESS the consent of all of the members of the Board of Directors of the Corporation on the date indicated, effective as of February 8, 2013.

  
\_\_\_\_\_  
Charles R. Schneider

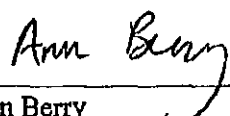
  
\_\_\_\_\_  
Kenneth W. Oringer

\_\_\_\_\_  
Ann Berry

WITNESS the consent of all of the members of the Board of Directors of the Corporation  
on the date indicated, effective as of February 8, 2013.

  
\_\_\_\_\_  
Charles R. Schneider

\_\_\_\_\_  
Kenneth W. Oringer

  
\_\_\_\_\_  
Ann Berry

**ACTION BY UNANIMOUS WRITTEN CONSENT OF  
THE BOARD OF DIRECTORS OF  
U.S. SECURITY ASSOCIATES, INC.**

The undersigned, constituting all of the members of the Board of Directors of U.S. Security Associates, Inc., a Delaware corporation (the "Corporation"), by execution hereof, do hereby (i) unanimously consent to and adopt the following resolutions, which resolutions shall have the same force and effect as if adopted by unanimous affirmative vote at a special meeting of the Board of Directors of the Corporation duly called and held, (ii) waive all requirements of notice, and (iii) direct that this written Consent be filed with the minutes of the proceedings of the Corporation:

NOW, THEREFORE, BE IT RESOLVED, that the following persons be, and are hereby elected to serve as an officer of the Corporation in the capacities set forth opposite his name below, to hold such office until his successor is duly elected and qualified or until his earlier death, resignation or removal:


Karl J. Scott

Vice President Finance, Chief Financial  
Officer, and Treasurer

(signatures on next page)



WITNESS the consent of all of the members of the Board of Directors of the Corporation on the date indicated, effective as of November 19, 2013.



Charles R. Schneider

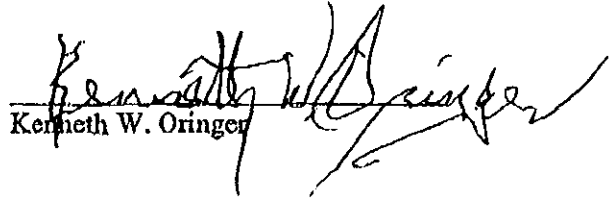
Kenneth W. Oringer

Ann Berry

WITNESS the consent of all of the members of the Board of Directors of the Corporation  
on the date indicated, effective as of November 19, 2013.



Charles R. Schneider



Kenneth W. Oringer

Ann Berry

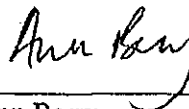


WITNESS the consent of all of the members of the Board of Directors of the Corporation  
on the date indicated, effective as of November 19, 2013.



Charles R. Schneider

Kenneth W. Oringer



Ann Berry

**ACTION BY UNANIMOUS WRITTEN CONSENT OF  
THE BOARD OF DIRECTORS OF  
U.S. SECURITY ASSOCIATES, INC.**

The undersigned, constituting all of the members of the Board of Directors of U.S. Security Associates, Inc., a Delaware corporation (the "Corporation"), by execution hereof, do hereby (i) unanimously consent to and adopt the following resolutions, which resolutions shall have the same force and effect as if adopted by unanimous affirmative vote at a special meeting of the Board of Directors of the Corporation duly called and held, (ii) waive all requirements of notice, and (iii) direct that this written Consent be filed with the minutes of the proceedings of the Corporation:

NOW, THEREFORE, BE IT RESOLVED, that the following persons be, and are hereby elected to serve as officers of the Corporation in the capacities set forth opposite his name below, to hold such office until their successors are duly elected and qualified or until their earlier death, resignation or removal:

Richard L. Wyckoff

President and Chief Executive Officer

Charles R. Schneider

Executive Chairman

(signatures on next page)

WITNESS the consent of all of the members of the Board of Directors of the Corporation on the date indicated, effective as of August 6, 2014.

A handwritten signature in black ink, appearing to read 'Charles R. Schneider', written over a horizontal line.

Charles R. Schneider

\_\_\_\_\_  
Kenneth W. Oringer

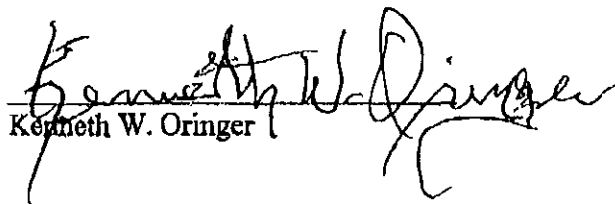
\_\_\_\_\_  
Ann Berry



WITNESS the consent of all of the members of the Board of Directors of the Corporation on the date indicated, effective as of August 6, 2014.



Charles R. Schneider



Kenneth W. Oringer

Ann Berry

WITNESS the consent of all of the members of the Board of Directors of the Corporation  
on the date indicated, effective as of August 6, 2014.



Charles R. Schneider

Kenneth W. Oringer



Ann Berry

**ACTION BY UNANIMOUS WRITTEN CONSENT OF  
THE BOARD OF DIRECTORS OF  
U.S. SECURITY ASSOCIATES, INC.**

The undersigned, constituting all of the members of the Board of Directors of U.S. Security Associates, Inc., a Delaware corporation (the "Corporation"), by execution hereof, do hereby (i) unanimously consent to and adopt the following resolutions, which resolutions shall have the same force and effect as if adopted by unanimous affirmative vote at a special meeting of the Board of Directors of the Corporation duly called and held, (ii) waive all requirements of notice, and (iii) direct that this written Consent be filed with the minutes of the proceedings of the Corporation:

NOW, THEREFORE, BE IT RESOLVED, that the following persons be, and are hereby elected to serve as an officer of the Corporation in the capacities set forth opposite his name below, to hold such office until his successor is duly elected and qualified or until his earlier death, resignation or removal:

Richard L. Wyckoff	President and Chief Executive Officer
Charles R. Schneider	Executive Chairman
Karl J. Scott	Vice President Finance, Chief Financial Officer and Treasurer
L. J. Paul Lutz	Vice President, General Counsel and Secretary
Laverda Godfrey	Controller and Assistant Treasurer
Randy Andrews	Vice President, Chief Security Officer
Brian T. Dooling	Vice President, Marketing
John J. Harford	Vice President, Chief Development Officer
William A. Kingree	Vice President, Information Technology
Jill A. Weitz	Vice President, Human Resources and Assistant Secretary
Michael Hymanson	Assistant Secretary

(Signatures on next page)



WITNESS the consent of all of the members of the Board of Directors of the Corporation  
on the date indicated, effective as of February 18, 2015.

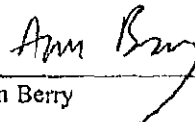
A handwritten signature in black ink, appearing to read 'Richard L. Wyckoff', written over a horizontal line.

Richard L. Wyckoff

\_\_\_\_\_  
Ann Berry

WITNESS the consent of all of the members of the Board of Directors of the Corporation  
on the date indicated, effective as of February 18, 2015.

\_\_\_\_\_  
Richard L. Wyckoff

  
\_\_\_\_\_  
Ann Berry

**ACTION BY UNANIMOUS WRITTEN CONSENT OF  
THE BOARD OF DIRECTORS OF  
U.S. SECURITY ASSOCIATES, INC.**

The undersigned, constituting all of the members of the Board of Directors of U.S. Security Associates, Inc., a Delaware corporation (the "Corporation"), by execution hereof, do hereby (i) unanimously consent to and adopt the following resolutions, which resolutions shall have the same force and effect as if adopted by unanimous affirmative vote at a special meeting of the Board of Directors of the Corporation duly called and held, (ii) waive all requirements of notice, and (iii) direct that this written Consent be filed with the minutes of the proceedings of the Corporation:

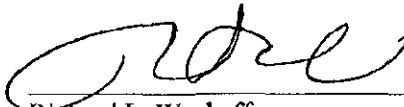
NOW, THEREFORE, BE IT RESOLVED, that the following persons be, and are hereby elected to serve as an officer of the Corporation in the capacities set forth opposite his name below, to hold such office until his successor is duly elected and qualified or until his earlier death, resignation or removal:

Richard L. Wyckoff	President and Chief Executive Officer
Kevin S. Smith	Vice President Finance, Chief Financial Officer and Treasurer
L. J. Paul Lutz	Vice President, General Counsel and Secretary
• David Kahn	Chief Human Resources Officer and Assistant Secretary
✓ Laverda Godfrey	Controller and Assistant Treasurer
• Shirley Schumacher	Senior Vice President, Field Sales
✓ Randy Andrews	Vice President, Chief Security Officer
• John J. Harford	Vice President, Chief Development Officer
✓ Michael Lissaur	Assistant Secretary

(Signatures on next page)



WITNESS the consent of all of the members of the Board of Directors of the Corporation  
on the date indicated, effective as of February 18, 2016.

  
Richard L. Wyckoff

---

Ann Berry

WITNESS the consent of all of the members of the Board of Directors of the Corporation  
on the date indicated, effective as of February 18, 2016.

\_\_\_\_\_  
Richard L. Wyckoff

*Ann Berry*  
\_\_\_\_\_  
Ann Berry



## Registered Name

### Information Search

Generated by TnT Names Search Version 3.11

### Instructions

#### Agent General Information

<b>Agent ID</b>	585753
<b>Lastname</b>	U.S. SECURITY ASSOCIATES, INC.
<b>Address 1</b>	200 MANSELL COURT
<b>City</b>	ROSWELL
<b>State</b>	GA
<b>ZIP</b>	30076-
<b>Phone</b>	770-625-1500

#### Agent/Owner References

File ID	Type	Status	Name	Code	Begin	End
344875	Trade Name	Inactive	ADVANCE LOSS PREVENTION SERVICES	OWNER	5/16/2005	6/28/2015
609342	Trade Name	Active	ADVANCE SECURITY GS	OWNER	9/15/2014	

©Copyright 2000 by Arizona Secretary of State - ALL RIGHTS RESERVED

Please email your comments or questions regarding this system to [trades@azsos.gov](mailto:trades@azsos.gov). We appreciate any feedback.

### Disclaimer



North Dakota

nd.gov Official Portal for  
North Dakota State GovernmentNorth Dakota  
ESTABLISHED 1889SECRETARY OF STATE  
NORTH DAKOTA[Home](#) | [Business Records Search](#)**Business Records Search**

This database reflects **current information** and includes records inactivated within the past twelve months

**Search Results**[New Search](#)

Result Page: &lt; 1 &gt; - [Entities 1 - 2 of 2 ]

System ID	Entity Name	Type - Status	Available Report Form to File (pdf) (See * Below)
12339200	ADVANCE SECURITY	Trade Name - Active	
37986000	ADVANCE SECURITY GS	Trade Name - Active	

Result Page: &lt; 1 &gt; - [Entities 1 - 2 of 2 ]

[New Search](#)**\* Report Forms**

To generate a Report form to be filed with the Secretary of State, select the appropriate link for the report you intend to file under the Available Report Form to File column. This report does not contain details of a report previously filed with the Secretary of State. The report years reflected are an indication of the various report forms available in this site and is not an indication that an entity needs to file reports for all years. Missing years indicate that the forms for the missing years have not yet been deployed to the website, or have already been removed, and can be obtained by contacting the Secretary of State.

Please provide [feedback](#) by completing a short survey.

[Contact Us](#)[Disclaimer](#)[Privacy Policy](#)

We use Secure Sockets Layer (SSL) encryption technology to ensure your information is secure and protected.  
 Will open a new window (pop-up).

W3C WAI AA, CSS, XHTML Compliant | Copyright 2006. All Rights Reserved. The State of North Dakota.

**Business Record Details »**

Minnesota Business Name

**Advance Security**

<b>Business Type</b> Assumed Name	<b>MN Statute</b> 333
<b>File Number</b> 254988	<b>Home Jurisdiction</b> Minnesota
<b>Filing Date</b> 07/27/2001	<b>Status</b> Active / In Good Standing
<b>Renewal Due Date</b> 07/27/2021	<b>Principal Place of Business Address</b> 5537 Howard Lake Rd NW Akeley, MN 56433 USA
<b>Nameholder</b> US Security Associates Inc	<b>Nameholder Address</b> 200 Mansell Ct E, Roswell, GA 30076


## Filing History


## Filing History

Select the item(s) you would like to order:

Filing Date	Filing	Effective Date
07/27/2001	Original Filing - Assumed Name	
07/27/2001	Assumed Name Business Name	
01/28/2011	Assumed Name Renewal	



**LARA**  
Department of Licensing and Regulatory Affairs

**MICHIGAN.GOV**  
Michigan's  
Official  
Web Site

[Michigan.gov Home](#) | [Business Entity Search Home](#) | [Corps Home](#) | [Contact Corporations](#) | [LARA Home](#)

**CORPORATE ENTITY DETAILS**

Assumed Names:	Id Num	Creation Date	Renew Date	Expiration Date
ADVANCE SECURITY GS	606484	10-27-2014		12-31-2019
D&R SECURITY, INC./CSI	606484	5-3-2007		12-31-2012
D & R SECURITY, INC.	606484	5-3-2007		12-31-2012
CSI/D & R SECURITY, INC.	606484	5-3-2007		12-31-2012
ADVANCE SECURITY	606484	2-20-1996	10-10-2005	12-31-2010
ADVANCE SECURITY, INC.	606484	6-20-1994		2-20-1996

[Return to Record](#)

[Michigan.gov Home](#) | [Business Entity Search Home](#) | [Contact Corporations](#) | [Corps Home](#) | [LARA Home](#)  
[State Web Sites](#) | [Accessibility Policy](#) | [Link Policy](#) | [Security Policy](#)

Copyright © 2001- 2016 State of Michigan



## Port Everglades Franchise Application: Section E

Between February of 2012 and July 2016, U. S. Security Associates, Inc. acquired a number of security guard companies from various states across the United States.

We purchased Andrews International with services in addition to US, in Canada, Mexico and a few South American countries.

Staff Pro Inc. is a staffing company headquartered in California that provides staffing services throughout the United States.

We acquired McRoberts Protective Agency, Inc. on March 14, 2016. McRoberts provides general guard services as well as provides services at various ports across the United States. We are relying on McRobert's previous business history for this application.

EXECUTION VERSION

## BILL OF SALE AND ASSIGNMENT AND ASSUMPTION AGREEMENT

**THIS BILL OF SALE AND ASSIGNMENT AND ASSUMPTION AGREEMENT** (this "Bill of Sale") is made as of March 14, 2016 by and among U.S. Security Associates, Inc., a Delaware corporation ("Buyer"), and McRoberts Protective Agency, Inc., a New York corporation ("Seller"), pursuant to that certain Asset Purchase Agreement, dated as of the date hereof (the "Purchase Agreement"), by and among Buyer, Seller, Meredith McRoberts and McRoberts Corporation. Capitalized terms used and not otherwise defined herein shall have the meanings given to such terms in the Purchase Agreement.

### WITNESSETH:

WHEREAS, the Purchase Agreement provides for, among other things, the sale, assignment, transfer, conveyance and delivery to Buyer of the Purchased Assets and for the assumption by Buyer of the Assumed Liabilities, for the consideration and on the terms and conditions set forth in the Purchase Agreement; and

WHEREAS, Buyer and Seller desire to carry out the intent and purpose of the Purchase Agreement by the execution and delivery of this instrument evidencing the vesting in Buyer of all of Seller's right, title and interest in, to and under the Purchased Assets and Buyer's assumption of the Assumed Liabilities;

NOW, THEREFORE, in consideration of the transactions contemplated by the Purchase Agreement, the mutual covenants contained herein and therein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Buyer and Seller agree as follows:

1. In accordance with and subject to the terms of the Purchase Agreement, Seller hereby sells, assigns, grants, transfers, conveys, sets over, bargains, demises, releases and delivers to Buyer all of Seller's right, title, benefit, privileges and interest in, to and under the Purchased Assets, free and clear of all Liens.
2. Buyer shall not acquire, and Seller shall retain, all of the Retained Assets.
3. In accordance with and subject to the terms of the Purchase Agreement, and as partial consideration for Buyer's receipt of the Purchased Assets, Buyer hereby assumes, as of the Effective Time, the Assumed Liabilities in accordance with the terms of the Purchase Agreement.
4. Buyer shall not assume and shall have no responsibility, obligation or liability for, and Seller shall retain and remain directly and solely responsible for, the Retained Liabilities.
5. Seller hereby covenants that it shall do, execute and deliver any and all such further acts and instruments that Buyer may reasonably request in order to more fully effectuate Seller's sale and assignment of the Purchased Assets to Buyer and the vesting of title to the Purchased Assets in Buyer as set forth herein and in the Purchase Agreement. Buyer hereby covenants that it shall do, execute and deliver any and all such further acts and instruments that Seller may reasonably request in order to more fully effectuate Buyer's assumption of the Assumed Liabilities as set forth herein and in the Purchase Agreement.
6. This Bill of Sale is made subject to the terms of the Purchase Agreement, which terms are incorporated herein by this reference, and Seller acknowledges and agrees that the representations, warranties, covenants, agreements and indemnities contained in the Purchase Agreement shall remain in full force and effect to the full extent provided therein. In the event of a conflict between the terms and conditions of this Bill of Sale and the terms and conditions of the Purchase Agreement, the terms and conditions of the Purchase Agreement shall prevail. If any provision of this Bill of Sale, or the application of such provision to any person or circumstance, shall be held invalid, illegal or unenforceable in any respect by a court of competent jurisdiction, such invalidity, illegality or unenforceability shall not affect any other provision hereof.



7. This Bill of Sale may be executed in two or more counterparts and may be delivered by facsimile, .pdf or other electronic submission, each of which shall be deemed an original, but all of which, taken together, shall constitute one and the same instrument.

8. This Bill of Sale shall be governed by and construed in accordance with the laws of the State of Delaware without giving effect to rules governing the conflict of laws.

9. This Bill of Sale shall be binding upon and inure to the benefit of Buyer and Seller and their respective successors and permitted assigns under the Purchase Agreement. This Bill of Sale may not otherwise be assigned by any party hereto without the prior written consent of the other party hereto. Further, nothing set forth herein shall be deemed to constitute any person or entity as a third party beneficiary of this Bill of Sale.

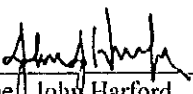
10. This Bill of Sale may not be amended or modified except by an instrument in writing signed by Buyer and Seller.

[SIGNATURES APPEAR ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the undersigned have executed this Bill of Sale and Assignment and Assumption Agreement effective as of the date first above written.

**BUYER:**

**U.S. SECURITY ASSOCIATES, INC.**

By:   
Name: John Harford  
Title: Chief Development Officer

**SELLER:**

**MCROBERTS PROTECTIVE AGENCY, INC.**

By: \_\_\_\_\_  
Name: Meredith McRoberts  
Title: Chief Executive Officer

IN WITNESS WHEREOF, the undersigned have executed this Bill of Sale and Assignment and Assumption Agreement effective as of the date first above written.

**BUYER:**

**U.S. SECURITY ASSOCIATES, INC.**

By: \_\_\_\_\_  
Name: John Harford  
Title: Chief Development Officer

**SELLER:**

**MCROBERTS PROTECTIVE AGENCY, INC.**

By: Meredith McRoberts  
Name: Meredith McRoberts  
Title: Chief Executive Officer



# About U.S. Security Associates

## Fast Facts

One of the largest  
security companies in  
the industry

50+ years operating  
experience

5,300+ clients

52,000+ employees

160+ offices

Experience in 100+  
countries

U. S. Security Associates (USA) was founded in 1993 by Charles R. Schneider, a former naval officer and graduate of Penn State and Harvard Business School. Schneider was President and Chief Operations Officer of one of the world's largest protective services organizations for 15 years before launching his own company. USA entered the market with the acquisition of Advance Security Engineering, a company with a rich history dating back to 1955 and strong client base that served as USA's original platform for growth.

Richard L. Wyckoff joined U.S. Security Associates in 2014 as President & CEO. Mr. Wyckoff is a graduate of Boston University and Harvard Business School with extensive management experience in Fortune 500 companies. Mr. Wyckoff previously held Division and Group President roles at Aramark Corporation. More recently, Mr. Wyckoff was Chief Commercial Officer at C&S Wholesale Grocers.

From mid-century roots when landline telephones, walkie-talkies and binoculars were the most sophisticated technology available, U.S. Security Associates now employs leading-edge security management technology for everything from employee selection and development to payroll and field accountability.

Our vision is for U.S. Security Associates to be the best in the business, not necessarily the biggest. But growth has been the natural byproduct of the company's focus on customer relationships, value and quality. Through a combination of organic growth and geographic and resource expansion, the company's financial strength and market share increase substantially year after year.

With approximately \$1.4 billion in 2015 revenue, U.S. Security Associates is now one of the largest security companies in the industry. The company and its affiliates operate through 160 domestic offices, international offices in Canada, Puerto Rico, Central America, and South America, with multiple 24/7 command centers in the U.S. and Mexico. We provide security solutions for thousands of local, regional and national clients in the United States and around the world, and our client retention rate is over 94%. U.S. Security Associates is currently providing career paths for 52,000+ security professionals, with a combination of compensation, benefits, incentives and advancement opportunities that has kept employee turnover at a mere fraction of the security industry average.

We can meet your security and risk management needs around the world through our internal resources, our affiliates, and a global network of strategic partners. Beyond uniformed protection, we offer a full range of security and risk mitigation services, including consulting and investigations, emergency response, executive protection and specialized training. Our consulting, investigations and international team includes many of the industry's most sought-after subject matter experts, who have been called upon to perform sensitive work in more than 100 countries.

U.S. Security Associates' achievements during the last decade reflect our commitment to raising the bar in every process that impacts the quality of our service, from employee selection to training to management and beyond.

U.S. Security Associates raises  
the bar in the industry for  
human resources, training,  
and customer service.

U.S. Security Associates has been recognized three times as one of the world's best training and development companies by the Association for Talent Development (formerly the American Society for Training and Development). Every year since 2007, we have been named a Top 100 Training Company by *Training* magazine. We have also been ranked

among *Chief Learning Officer* magazine's Gold LearningElite.

We have been selected as a World Class Customer Service honoree by Smart Business Network. We have won the Best in Rewards and Recognition Bronze Award and the Best Talent Acquisition Process Bronze Award in the Brandon Hall Group Excellence Awards Program. We also consistently rank among the *G.I. Jobs*® Military Friendly® Employers and recently joined the *G.I. Jobs*® list of Top 50 Military Friendly® Spouse Employers. According to *U.S. Veterans Magazine*, we are among the Best of the Best Top Veteran Friendly Companies. We have also been listed as one of the CivilianJobs.com Most Valuable Employers.

U.S. Security Associates' exponential growth, our market strength and our customers themselves might suggest that we have already arrived at our goal of being the best in the business. Yet the philosophy that has fueled our success to date is that we are never "good enough." At the heart of our company culture is a relentless drive to be better tomorrow than we are today.

## Our Mission

- Keeping people, property, and information SAFE, with best practices that optimize operational efficiency and cost effectiveness, while successfully protecting our client's brands and reputation.
- Delivering on every commitment made to our clients, fellow employees and the communities where we work in order to systematically reduce risk and provide a SECURE environment.

- Maintaining a FRIENDLY approach to all we do, with mutual respect for every person, so that all of our security and safety personnel are approachable, competent, and helpful.

## Organization and Management

U.S. Security Associates' uniformed protection services are concentrated 100% in North America. Rather than dilute resources to expand our global footprint, we dedicate resources to expand the value we provide locally in North America, and support client operations throughout Central America, and South America through our affiliates. Our strategic focus on North America optimizes our capacity to support our rapidly developing base of clients and operations with effective infrastructure, superior processes and comprehensive solutions. As we grow, we are determined to continue delivering each client the best of small company customer service and big business added value, including:

- Single source comprehensive security and risk management services
- Diverse internal expertise
- Competitive hiring strength
- USA Security Academy and custom training capability
- Leading-edge technology network and apps
- In-house technology development
- Emergency response resources
- National footprint and presence in Canada and Mexico
- National accounts program
- Worldwide network of security and law enforcement contacts
- Financial stability



**Designated World Class  
Customer Service  
Honoree by Smart  
Business Network.**

By focusing our uniformed protection resources in North America, we are able to sustain a customer service experience typically associated with small, local companies. However, we have the resources and capability to serve global locations through our affiliates and through strategic alliances with the world's premier security providers, meeting the expanding needs of our customers. With an organizational

management structure and innovative systems that support relationship-building, responsiveness and attention to detail at the local level, we maintain over 90% customer satisfaction and retention rates.

U.S. Security Associates has been recognized as a World Class Customer Service Honoree by Smart Business Network, a national company that publishes business management journals and hosts programs and events for business professionals. Smart Business Network's expert panel selected U.S. Security Associates as a World Class Customer Service honoree based on their evaluation of our case studies, client testimonials, and methods for: creating a culture where customer service flourishes; selecting and training employees to excel in customer service; and supporting customer service through our company systems.

# U.S. SECURITY ASSOCIATES

Safe. Secure. Friendly.®



## FAST FACTS



### U.S. Security Associates

U.S. Security Associates (USA) is one of North America's largest security companies, with locally-responsive offices providing premier national security services and global consulting and investigations to customers in a range of industries. Recognized for world class customer service, leading-edge technology, and an enterprise approach to risk management, USA offers optimized security solutions to meet specific customer needs. USA is committed to building quality security and risk management programs that are Safe. Secure. Friendly.® USA's investment in a culture of excellence is reflected not only by BEST Awards from the Association for Talent Development, consistent ranking on the Training magazine Top 125, and technology-driven quality management system, but also by the award-winning customer service delivered by the company's leadership team and security officers on a daily basis.

### USA VALUES

Integrity  
Safety  
Quality  
Pride



### Full-Service Expertise

We are focused on providing the best security services to customers in a variety of industries, meeting their diverse needs with specialized uniformed security, consulting and investigations, executive protection, and more.

### Consulting, Investigations & International (CI&I)

Our dedicated CI&I Division is comprised of industry-renowned and experienced professionals with expertise and global reach to provide comprehensive analysis, data reporting, and resolution for our clients.

### Professional Personnel

Stringent recruitment tactics, extensive benefits, and professional development methods lead to high-caliber security personnel and retention well above the industry norm.

### Fortune 500 Clients

Numerous large, well-known brands trust us with protecting their companies and employees.

### Local Support, National Presence, International Reach

With a large employee base across 160+ branches, operations in Canada and Mexico, and alliance partners worldwide, we support several thousand clients nationally and internationally.

### Responsive Local Management

Our seasoned management team puts the interests of the client first and foremost, reinforced by a relationship management program that completes the communication loop.

### Quality Assurance

We sustain and continuously improve quality through standardized service delivery processes that are based on defined quality policies and integrated with compliance reviews, internal and external audits, and proprietary technology systems that are elevating quality assurance standards in the security industry to new levels.

### Award-Winning Training

USA is recognized as one of the world's best training and development companies by ATD (Association for Talent Development) and among the nation's Top 125 training companies by Training magazine.

### Pioneering Technology

We support our customers with processes that promote innovative uses of technology to ensure resource optimization, efficiency, and service delivery.

### Background Screening

Backed by daily compliance audits and a \$100,000 guarantee, we are confident in our process to provide our clients with employees whose backgrounds have been verified.

### Emergency Response Capabilities

Our Disaster and Emergency Response Team (DERT) provides clients with quick mobilization of additional security personnel to respond to exposure from weather-related emergencies, fire, labor disputes or other disruptions, large or small.



**Timothy B. Morris Sr.**

1280 NW 173<sup>rd</sup> Terrace, Miami, FL 33169  
[tim.morri2@gmail.com](mailto:tim.morri2@gmail.com) Cell: 786. 298.7159

**Summary of Qualifications**

- Over 24 years of Law Enforcement and Security Management Experience
- Demonstrated skills in operations, client management and retention, recruiting, training and retaining quality personnel
- Superb skills in conflict resolution, organizational, time and task management & interpersonal skills
- Technically savvy and a quick study in new technology
- Proficiency in Microsoft and Macintosh Applications and Winteam Client software

**Professional Work Experience**

***Branch Manager, U.S. Security Associates, Miami FL (April 2016 - Present)***

- Oversee approximately 15,000 HPW of contract Security Guard Services
- Manage an office staff of approximately 20 administrative and managerial personnel
- Accountable for all financials and Profit and Loss
- Approve all branch payroll and invoices
- Support business development activities
- Develop and maintained strategic relationships with customers
- Participate in the service implementation ensuring clients' needs are consistently met in a timely, efficient manner
- Review Scheduling Activity to ensure the appropriate Direct Labor percentages are being followed to keep OT to a minimum and identify irregularities in schedules or hours

***Regional Director), McRoberts Protective Agency Inc. Miami, FL (2015 – 2016)***

- Managed multiple branch office locations
- Provided leadership to branches ensuring customers service expectations are consistently met or exceeded while ensuring internal quality, safety and security
- Developed and drove initiatives improving operating margins, customer satisfaction, productivity and efficiency
- Provided leadership, direction and coaching to team of Branch Managers, Account Managers and Supervisors in all operational areas
- Supported talent development for all employees building a bench of future operational leaders
- Supported business development activities, developing and maintaining strategic customer relationships
- Held accountability for managing operating expenses, collections and Profit and Loss
- Management and oversight of all field activities, contracts, programs and job implementations
- Provided detailed analysis of reporting systems including trends, queries and monthly reporting
- Supervised recruiting and hiring of management staff, supervisors and security officers
- Managed all Human Resources activities including training, performance management and employee relations

***South Florida Branch Manager, McRoberts Protective Agency Inc., Miami, FL (2008 - 2015)***

- Monitored and oversaw all responsibilities and duties of all branch staff
- Implemented company quality policies to include all quality management procedures
- Maintained past positive and post positive compliance
- Met with prospective clients assisting in the sales process to determine the level of service required.
- Participated in the client contract review process



- Implemented and monitored all management, supervisor, and security officer training program
- Implemented the customer management processes, including the Responsive Management process meeting with clients on a regular basis to resolve issues and ensure client retention and satisfaction
- Ensured invoice and payroll accuracy for the branch
- Monitored margin trends and made adjustments where required
- Participated in the client service implementation process ensuring all clients' needs were consistently met timely and efficiently
- Monitored statistical performance data/margin trends to ensure that criteria for client retention, profitability, and sales are met

***Operations Manager, McRoberts Protective Agency Inc., Miami, FL (2006 - 2008)***

- Oversaw all aspects of the security function on-site were performed in a diligent manner (interviewing/screening, staffing, scheduling, on-site training, employee performance reviews, record keeping, client coordination)
- Ensured that all training and screening elements for security personnel have been met
- Ensured quality of service and contract compliance
- Performed operations functions including payroll, review and maintenance of incident reports, uniform compliance, coordination and maintenance of vehicles and equipment, preparation of standard operating procedures
- Maintained a positive working relationship with all clients
- Maintained an inventory of uniforms and equipment resolving any issues
- Implemented progressive disciplinary actions for violations of company or client policy in strict accordance with company policy

***Account Manager/Scheduler, McRoberts Protective Agency Inc., Miami, FL (2004 - 2006)***

- Maintained site coverage at all times; tracked requests for time off including vacation and personal leave requests to ensure site coverage; responded to emergency situations, call-offs, no-call no-shows, and absences to ensure client sites were covered. Functioned as call in center.
- Ensured accurate timekeeping and payroll data was posted; verified billing and payroll reports and resolved discrepancies; interfaced with payroll and accounting
- Maintained current knowledge of site requirements, security officer training, availability and time worked, and client exclusion list.
- Ensured that an adequate on call security force was available to cover vacancies created by absences and call-offs. Proactively communicated with HR recruiters to identify staffing requirements.
- Briefed and provided documentation to all supervisors on changes to posted schedules and new security officer schedules
- Verified each Monday morning that on-call response logs were received
- Reviewed and approved logs in absence of the branch manager
- Held accountability for staffing all jobs exhibiting a professional, positive, willing attitude when staffing jobs at the last moment and not turning down any jobs
- Reviewed the Scheduling Activity reports to ensure the appropriate Direct Labor percentages were followed keeping OT to a minimum and identifying any irregularities in schedules or hours

***Loss Prevention Supervisor, McRoberts Protective Agency Inc., Miami, FL (2003 - 2004)***

- Directed and assisted with employee theft investigations, documentation and video research
- Worked with the Operations Supervisor and Management team when there's high shrink in a store
- Monitored camera systems and CCTV Equipment

- Interviewed associates when theft situations arose
- Completed scheduled video and store Loss Prevention audits on high risk stores
- Maintained shrink checklists for each location
- Checked Detox systems to ensure systems were functioning properly
- Patrolled store to check for external and internal theft
- Monitored and audited voids/refunds log book
- Worked with local authorities to assist with investigations, convictions and processing restitution
- Participated in the creation of a new shrink prevention programs and awareness
- Taught and trained loss prevention strategies and techniques to store level associates and managers

***Police Officer, Biscayne Park Police Department, Biscayne Park, FL (1996 - 2002)***

- Responded to emergency calls efficiently and resolved issues
- Reduced crime opportunities by performing crime prevention activities
- Facilitated movement of people and traffic control
- Attended Crime Watch Meetings and gave valuable input on Safety
- Conducted traffic stops, responded to domestic disturbances, provided first aid to injured persons involved in a traffic accident or in a domestic dispute until paramedics arrive
- Conducted Investigation, wrote police and accident reports

***Police Officer, Miami Beach Police Department, Miami Beach, FL (1992-1996)***

- Responded to emergency calls efficiently and resolved issues
- Reduced crime opportunities by performing crime prevention activities
- Facilitated movement of people and traffic control
- Attended Crime Watch Meetings and gave valuable input on Safety
- Conducted traffic stops, responded to domestic disturbances, and, at times, provide first aid to someone involved in a traffic accident or injured in a domestic dispute until paramedics arrive
- Conducted Investigation, wrote police and accident reports

***Public Service Aide, Miami Beach Police Department, Miami Beach, FL (1991 - 1992)***

- Conducted fingerprints of all city employees
- Responsible for all property inventory and control
- Responsible for record keeping and records management
- Rode along with Police Officers and assisted with non-threatening situations
- Worked in various areas of the police department including Records, Dispatch, Patrol, Services

**Education**

- Bachelors of Arts in Organizational Leadership from St. Thomas University

**Certifications / Licensure / Professional Memberships**

- Member of ASIS and FALI (Florida Association of Private Investigators)
- Pursuing CPP Certification – Anticipated completion in 2016
- Police Certification - Florida Department of Law Enforcement
- State of Florida Class "M" License - Florida Department of Agriculture
- State of Florida class "C" Private Investigators License - Florida Department of Agriculture
- State of Florida Concealed weapon/firearm license
- State of Florida Security Manager License





**U.S. SECURITY ASSOCIATES, INC.®**

ISO 9001:2000  
NATIONWIDE

### **CERTIFICATE OF AUTHORITY**

I, L. J. Paul Lutz, certify that I am Vice President, General Counsel and Secretary of U. S. Security Associates, Inc., a Delaware corporation.

I further certify that pursuant to the by-laws of the corporation which were adopted by the Board of Directors by resolution dated, December 15, 1999, the corporation's executive officers are authorized to sign proposals and execute contracts for the materials and services to companies, educational institutions, government agencies in various states for the account of and in the name U. S. Security Associates, Inc.

I further certify that the executive officers are authorized to delegate the foregoing authority and that with respect to the Port Everglades Franchise application, authority has been delegated to Tim B. Morris Sr., Southern Regional Manager.

SEAL



L. J. Paul Lutz  
Vice President, General Counsel and Secretary



**Section H**

List all seaports, including Port Everglades if applicable, where the Applicant is currently performing seaport security services.

Use one form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_

| Seaport Port Everglades Number of Years Operating at this Seaport 26 Years

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company) and Contact Information	Number of Years Applicant has Supplied Services to this Client
Cunard	26 Years
Contact: Out of the business	
Carnival Corporation	20 Years
Contact: Dominick Froio VP Security Services Doral FL	
Royal Caribbean Cruise Lines	26 Years
Contact: Juan Trescastro Former VP Guest Port Services Miami, FL	
Chiquita Fresh North America	5+
Contact: Christina Shelter	
Continental Florida Materials	5+
Contact: Dennis Wilhover	
Florida International Terminals	5+
Contacts: Klaus Stadthagen	
Fillette Green Shipping	5+
Contact: Christian Pundsack	

## Section H

List all seaports, including Port Everglades if applicable, where the Applicant is currently performing seaport security services.

Use one form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_

Seaport Jacksonville Port Authority; Number of Years Operating at this Seaport 18

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company) and Contact Information	Number of Years Applicant has Supplied Services to this Client
Jacksonville Port Authority Louis Naranjo -- Director of Procurement 2831 Talleyrand Ave. Jacksonville, FL 32206 904-357-3065	18

## Section H

List all seaports, including Port Everglades if applicable, where the Applicant is currently performing seaport security services.

Use one form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_

Seaport: Portland Ocean Terminal Number of Years Operating at this Seaport 4 years

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company) and Contact Information	Number of Years Applicant has Supplied Services to this Client
City of Portland Ocean Terminal 40 Commercial St. Portland, ME 04101 Tony Doucette, 207.232.6590	4 years



## Section H

List all seaports, including Port Everglades if applicable, where the Applicant is currently performing seaport security services.

Use one form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_

Seaport: Port of Portsmouth, NH Number of Years Operating at this Seaport 12+ years

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company) and Contact Information	Number of Years Applicant has Supplied Services to this Client
National Gypsum 9 Michael Succi Drive, Portsmouth, NH 03801 Jeff Lassar -- 603.436.4840 x108	12+ years
Peabody and Lane 372 Shattuck Rd, Portsmouth, NH 03801 Jeff Macgill -- 978.532.3712	12+ years
Moran Shipping Sprague River Rd. Portsmouth, NH 03801 Sean Moran, 207.632.5756	12+ years
Granite State Minerals -- F.E. Gignoux 227 Market St. Portsmouth, NH 03801 Juston Costello, 207.774.4516	12+ years

## Litigation Statement

U.S. Security Associates, Inc. is one of the largest contract security guard companies in the United States. From time to time, the Company is involved in tort, employment, or general business litigation, as is any company its size. Most such litigation is covered by general liability insurance. The Company is not currently involved in any litigation that threatens the Company's financial position. The Company is, from time-to-time, audited by state security guard industry regulators. Otherwise, with the exception of employment discrimination charges filed by employees or former employees and OFCCP audits arising out of the Company's status as a government contractor or subcontractor, the Company is not the subject of either state or Federal governmental investigation into its business practices. The rate of litigation and investigations arising out of the Company's general business operations and employment practices is low.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
07/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services South, Inc. Atlanta GA Office 3565 Piedmont Rd NE, Bldg 1, #700 Atlanta GA 30305 USA		<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 <b>E-MAIL ADDRESS:</b>															
<b>INSURED</b> U. S. Security Associates, Inc. 200 Mansell Court East, 5th Floor Roswell GA 30076 USA		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER B: Liberty Mutual Fire Ins Co</td> <td>23035</td> </tr> <tr> <td>INSURER C: Liberty Insurance Corporation</td> <td>42404</td> </tr> <tr> <td>INSURER D: Lloyd's Syndicate No. 1969</td> <td>AA1120106</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Lexington Insurance Company	19437	INSURER B: Liberty Mutual Fire Ins Co	23035	INSURER C: Liberty Insurance Corporation	42404	INSURER D: Lloyd's Syndicate No. 1969	AA1120106	INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: Lexington Insurance Company	19437																
INSURER B: Liberty Mutual Fire Ins Co	23035																
INSURER C: Liberty Insurance Corporation	42404																
INSURER D: Lloyd's Syndicate No. 1969	AA1120106																
INSURER E:																	
INSURER F:																	

## COVERAGES

CERTIFICATE NUMBER: 570063188077

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			047082749 SIR applies per policy terms & conditions	08/01/2016	08/01/2017	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/OP AGG Included Professional Liability Included
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-641-443931-056	08/01/2016	08/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$25,000			WE1600654	08/01/2016	08/01/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WA764D443931016 AOS WC7641443931046 MN & WI	08/01/2016	08/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	Excess Auto Lia			048409879	08/01/2016	08/01/2017	Each Occurrence \$4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage applies to former McRoberts operations. Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability and Umbrella Liability policy.

## CERTIFICATE HOLDER

## CANCELLATION

Broward County Department of Port Everglades 1850 Eller Drive Fort Lauderdale FL 33316 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

Holder Identifier :

Certificate No : 570063188077







# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
07/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services South, Inc. Atlanta GA Office 3565 Piedmont Rd NE, Bldg 1, #700 Atlanta GA 30305 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:		
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> U. S. Security Associates, Inc. 200 Mansell Court East, 5th Floor Roswell GA 30076 USA	INSURER A:	Lexington Insurance Company	19437
	INSURER B:	Liberty Mutual Fire Ins Co	23035
	INSURER C:	Liberty Insurance Corporation	42404
	INSURER D:	Lloyd's Syndicate No. 1969	AA1120106
	INSURER E:		
	INSURER F:		

Holder Identifier :

## COVERAGES

CERTIFICATE NUMBER: 570063188079

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			047082749 SIR applies per policy terms & conditions	08/01/2016	08/01/2017	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG Included Professional Liability Included
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-641-443931-056	08/01/2016	08/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$25,000			WE1600654	08/01/2016	08/01/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WA764D443931016 AOS WC7641443931046 MN & WI	08/01/2016	08/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	Excess Auto Lia			048409879	08/01/2016	08/01/2017	Each occurrence \$4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Coverage applies to former McRoberts operations.

Certificate No : 570063188079

## CERTIFICATE HOLDER

## CANCELLATION

Broward County Department of Port Everglades 1850 Eller Drive Fort Lauderdale FL 33316 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 





## U.S. SECURITY ASSOCIATES, INC.®

ISO 9001:2008  
NATIONWIDE

Richard Wyckoff, President and CEO  
Kevin S. Smith, Vice President and CFO  
Paul Lutz, Vice President and General Counsel  
Laverda Godfrey, Corporate Controller

Incorporated in Delaware 11/10/1993

U.S. Security Associates, Inc. provides security guard services nationally to financial institutions, manufacturing/industrial, healthcare facilities, government facilities, office building/complexes, and others.

### Credit Information:

Wells Fargo Bank  
Credit Reference/Inquiry Department  
P.O. Box 40028  
Roanoke, VA 24022  
Fax: (704) 427-1729

Duns #82-561-6097  
Federal ID #22-3262806

Account #2080000690124

### Trade References:

Office Depot  
6600 North Military Trail  
Boca Raton, FL 33496  
Attn: Trade References  
Telephone: (678) 225-8000  
Business Acct # 1023040

Sterling Backcheck  
1 State Street Plaza, 24<sup>th</sup> Floor  
New York, NY 10004  
Attn: Robert Powers, VP of Finance  
Telephone: 212-812-1095  
Business Acct# E13980

Enterprise Holdings / Rent-A-Car  
5909D Peachtree-Dunwoody Road  
Atlanta, GA 30328  
Attn: Scott Cline  
E-Mail: [scott.p.cline@efleets.com](mailto:scott.p.cline@efleets.com)  
Telephone: (970)-481-9239  
Business Acct # 140467

  
Laverda Godfrey  
Corporate Controller  
June 6, 2016



Safe. Secure. Friendly.®

# Security Equipment Inventory

Port Facility: PORT EVERGLADES

Date: 06/27/2016

## Screening & Detection Equipment

Item	Make	Model	Serial #
X Ray	HEIMANN ELECTRONICS	6040	130252
	RAPISCAN	515	60622N17
	RAPISCAN	515	60609N30
	RAPISCAN	515	70744N01
	RAPISCAN	526	70544N05

Item	Make	Model	Serial #
Walkthrough Metal Detector			

Item	Make	Model	Serial #
Handheld Metal Detector	GARRETT	1165190	53245699
	GARRETT	1165180	NA
	GARRETT	1165190	51191623
	GARRETT	1165180	50130168
	GARRETT	1165190	52493830
	GARRETT	1165190	52494030

## General Equipment

Item	Quantity	Location
X- ray Bowl ( Small)		
X- ray Bowl ( Medium)	24	TERMINAL 25
X-ray Bowl Trolleys		
Stanchions		
Operational Tables		
OTP	1	TERMINAL 25

## Communications

Item	Make	Model	Serial #
UHF Radio			
Cell Phones			
VHF Marine Radio			

Operations Manager

KEPSON SAINT-LOT





Secure. Friendly.

# Security Equipment Inventory

Port Facility: PORT EVEGLADES

Date: 06/27/2016

## Screening & Detection Equipment

Item	Make	Model	Serial #
X Ray	RAPISCAN	515	60605N15
	HEIMANN ELECTRONICS	7555	131043
Walkthrough Metal Detector	CEIA	CLASSIC NAVY	21306014122
	CEIA	CLASSIC NAVY	21306014123
	CEIA	PMD2-ELLIPTIC	20106037178
	CEIA	MD-CLASSIC	20306027054
	RAPISCAN	METOR 200	OM613597
Handheld Metal Detector	GARRETT	1165180	50130142
	GARRETT	1165180	38091346
	GARRETT	1165180	N/A
	GARRETT	1165180	35078229
	GARRETT	1165190	NA
	GARRETT	1165180	53245867
	GARRETT	1165180	35078033
	GARRETT	1165190	52493702
	GARRETT	1165190	52493702
	GARRETT	1165180	38091045

## General Equipment

Item	Quantity	Location
X-ray Bowl ( Small)		
X-ray Bowl ( Medium)		
X-ray Bowl Trolleys		
Stanchions		
Operational Tables		
OTP	2	T-18

## Communications

Item	Make	Model	Serial #
UHF Radio			
Cell Phones			
VHF Marine Radio			

Operations Manager

KEPSON SAINT-LOT



Safe. Secure. Friendly.®

# Security Equipment Inventory

Port Facility: PORT EVERGLADES

Date: 06/27/2016

## Screening & Detection Equipment

Item	Make	Model	Serial #
X Ray	HEIMANN ELECTRONICS	6040	131065
	HEIMANN ELECTRONICS	6040	131069
	HEIMANN ELECTRONICS	6040	131070
	HEIMANN ELECTRONICS	6040	130253
	HEIMANN ELECTRONICS	6040	130921
	HEIMANN ELECTRONICS	6040	130254
	HEIMANN ELECTRONICS	7555	130924
	HEIMANN ELECTRONICS	7555	131165
	RAPISCAN	526	60633N47
Walkthrough Metal Detector	CEIA	HIPE/PNZ	21106003138
	CEIA	HIPE/PZ	21106044176
	CEIA	HIPE/PZ	21206027033
	CEIA	HIPE/PNZ	21106003142
	CEIA	HIPE/PZ	21006021086
	CEIA	HIPE/PTZ	20706047053
	CEIA	HIPE/PZ	21206027032
Handheld Metal Detector	GARRETT	1165190	52493767
	GARRETT	1165180	38091374
	GARRETT	1165190	53134561
	GARRETT	1165190	53245719
	GARRETT	1165190	53134600
General Equipment			
X- ray Bowl ( Small)	Quantity	Location	
X- ray Bowl ( Medium)			
X-ray Bowl Trolleys	24	TERMINAL 29	
Stanchions			
Operational Tables			
OTP			
Communications	1	TERMINAL 29	
UHF Radio	Make	Model	Serial #
Cell Phones			
VHF Marine Radio			

Operations Manager

KESPSON SAINT-LOT





Safe. Secure. Friendly.

# Security Equipment Inventory

Port Facility: PORT EVERGLADES

Date: 06/27/2016

## Screening & Detection Equipment

Item	Make	Model	Serial #
X Ray	HEIMANN ELECTRONICS	6040	131161
	HEIMANN ELECTRONICS	6040	131162
	HEIMANN ELECTRONICS	6040	131163
	HEIMANN ELECTRONICS	7555	131042
	HEIMANN ELECTRONICS	7555	131068
	RAPISCAN	526	60634N23
	L3	LS 237	LS 237003
	HEIMANN ELECTRONICS	6040	130920
	HEIMANN ELECTRONICS	7555	131166
	RAPISCAN	526	70544N07
Item	Make	Model	Serial #
Walkthrough Metal Detector	CEIA	HIPE/PZ	21206030029
	CEIA	HIPE/PZ	21206027043
	CEIA	HIPE/PZ	21206027035
	CEIA	HIPE/PZ	21206027031
	CEIA	HIPE/PZ	21206022068
Item	Make	Model	Serial #
Handheld Metal Detector	GARRETT	1165190	52493783
	GARRETT	11165170	21133168
	GARRETT	1165180	34011712
	GARRETT	1165180	50130255
	GARRETT	1165190	52493784
General Equipment			
Item			



*National Accounts*

## Port Everglades Franchise Application: Section N

Screening Equipment – All large X-Ray screening equipment is serviced locally by Smith Detection. Smaller archways are also serviced locally. Our service agreement arrangements with both companies allow for 24 hour service response times.

Calibration of Equipment: Calibration logs are secured next to each machine for daily use and are part of our internal audit program to ensure accuracy.

***Safe. Secure. Friendly.®***



**National Accounts-  
Cruise Services**

**Description and Duration of Training Courses**

**Cruise Operation-** Duration Approx. 1 hr

Course covers:

- Primary duties as a Maritime Security Officer (MSO)
- Definitions of Relevant Terms
- Identify Entry Control Areas (Positive Access Control)
- Patrols, Observations, and Communications
- Inspection, Identification, and Reporting
- Person, Building and Vehicles Searches
- Apprehension of Suspects/Self Defense
- General Knowledge of Haz-Mat
- Introduction to Weapons of Mass Destruction (WMD's)
- Slips, Trips and Falls – Safety in the Workplace

**Introduction to MTSA-** Duration 3 hrs

Course Covers:

- History of Maritime Threats
- Definitions of Relevant Terms
- Understanding MARSEC Levels
- Current Security Threats and Patterns
- Dangerous Substances and Devices
- Suspicious Behavior
- Circumventing Security Measures
- Crowd Control Techniques
- Security Related Communications
- Security Equipment and Systems
- Testing, Calibration and Maintenance
- Inspection, Control and Monitoring Techniques
- Search/Screening Methods
- TWIC

**Pre-Board Screener Training-** Duration 20hrs

Course Covers:

- Evolution of Passenger Screening
- The Current Security Threat
- Passenger and Client Relations
- Identifying Weapons/Explosives/Prohibited Items
- Improvised Explosive Device's (IED's)
- Introduction to the X-ray System
- Check-Point Overview





***National Accounts-  
Cruise Services***

- Procedures for the Walk Through Metal Detector (WTMD)
- Procedures For Hand Held Metal Detector (HHMD)
- Procedures for Physical Pat Down Searches
- Physical Property Searches (Bag Searches)
- Special Screening Situations
- Screener Awareness
- Screening of Persons with Disabilities
- Practical Exercises
- CBT X-ray Imaging

**FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

**ADAM H. PUTNAM  
COMMISSIONER**

**DIVISION OF LICENSING**

**09/25/13**  
DATE ISSUED

**08/24/16**  
DATE OF EXPIRATION

**A 9400076**  
LICENSE NUMBER

**U.S. SECURITY ASSOCIATES, INC.**

2901 W. BUSCH BLVD.

SUITE 503

TAMPA, FL 33618

SCHNEIDER, CHARLES R., PRESIDENT  
ORINGER, KENNETH WOODROW, VICE PRESIDENT  
LUTZ, LELAND, OTHER  
PARRISH, PAUL M., OTHER

THE *PRIVATE INVESTIGATIVE AGENCY* NAMED ABOVE IS LICENSED AND REGULATED UNDER THE PROVISIONS OF CHAPTER 493, FLORIDA STATUTES.



**ADAM H. PUTNAM  
COMMISSIONER**



Karen Saboor &lt;ksaboor@ussecurityassociates.com&gt;

---

**Confirmation**

**fl-ag-online@freshfromflorida.com** <fl-ag-online@freshfromflorida.com>  
To: ksaboor@ussecurityassociates.com

Wed, Jul 6, 2016 at 3:52 PM

Please Print this Confirmation Page or Save as an HTML file.

## **FDACS Revenue Online Collection Center Confirmation Page**

**Confirmation Number: 542850**

Date of Transaction: 07-06-2016  
Total Amount of Purchase: \$450.00  
Card Type: credit  
Card Company: Visa  
Credit Card Last 4 Digits: 1567

---

**Renewal Notice for Security Agency License - Class B**

---

License Number:	B 9400033
Applicant Name:	U.S. Security Associates, Inc.
Submittal Method:	by Mail
Uploaded Documentation:	

---

**This charge will appear on your statement as a payment to the Florida Department of Agriculture and Consumer Services.**

**Thank you for using the FDACS Revenue Online Collection Center**





Adam H. Putnam  
Commissioner

Florida Department of Agriculture and Consumer Services

[Home](#) [Pay Online](#) [About](#) [Divisions & Offices](#)

[Forms & Publications](#) [News & Events](#) [Contact](#)

You are here: [Home](#) > [Revenue Online Collection](#)

Agricultural Environmental Services
Animal Industry
Aquaculture
Consumer Services
Florida Forest Service
Food Safety
Fruit & Vegetables
Licensing
<u>Administrative Fine</u>
<u>Class A - Renewal Private Investigative Agency License</u>
<u>Class AA - Renewal Private Investigative Agency Branch License</u>
<u>Class AB - Renewal Private Investigative and Security Agency Branch License</u>
<u>Class B - Renewal Security</u>
Marketing
Plant Industry

Please Print this Confirmation Page or Save as an

HTML file.

# FDACS Revenue Online Collection Center Confirmation Page

---

## Confirmation Number: 542850



**Adam H. Putnam**  
Commissioner

Florida Department of Agriculture and Consumer Services

[Home](#) [Pay Online](#) [About](#) [Divisions & Offices](#)

[Forms & Publications](#) [News & Events](#) [Contact](#)

You are here: [Home](#) > Individual Name Search

## Public Access System

MORRIS, TIMOTHY B

License  
Number

M 1200026

Expires

11/20/2016

Status

RENEWAL  
NOTICE SENT

Companion License

[C 2300612](#)

[DI2900183](#)

[G 2906118](#)

New Search



**FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

**ADAM H. PUTNAM  
COMMISSIONER**

**DIVISION OF LICENSING**

**09/25/13**  
DATE ISSUED

**08/24/16**  
DATE OF EXPIRATION

**B 9400033**  
LICENSE NUMBER

**U.S. SECURITY ASSOCIATES, INC.**

2901 W. BUSCH BLVD.

SUITE 503

TAMPA, FL 33618

SCHNEIDER, CHARLES R., PRESIDENT  
ORINGER, KENNETH WOODROW, VICE PRESIDENT  
LUTZ, LELAND, OTHER  
PARRISH, PAUL M., OTHER

THE *SECURITY AGENCY* NAMED ABOVE IS LICENSED AND REGULATED UNDER THE PROVISIONS OF  
CHAPTER 493, FLORIDA STATUTES.



**ADAM H. PUTNAM  
COMMISSIONER**



State  
Of  
Alabama

Alabama Security Regulatory Board

Whereas

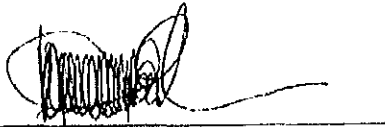
U S Security Associates, Inc

Has successfully met the requirements of The  
Alabama Security Regulatory Board and is  
hereby certified as a Contract Security Company  
as established by the board

Qualifying Agent: William G Gensler

00038

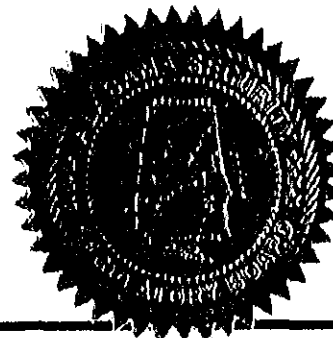
License Number



Keith C. Warren  
Executive Director

9/30/2016

Expiration Date



000664



MAR-26-13 TUE 09:39 AM PERMITS & LICENSING

FAX NO. 907 269 5609

P. 01

# ALASKA DEPARTMENT OF PUBLIC SAFETY

5700 EAST TUDOR ROAD, ANCHORAGE, ALASKA 99507

## ALASKA SECURITY GUARD AGENCY CERTIFICATE OF LICENSE

This is to certify that

***U.S. SECURITY ASSOCIATES***

*Agency License Number : 189*

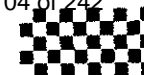
*Qualified Agent: Jon Allan Eucht*

has met the requirements for licensure and is authorized to perform the duties and accept the responsibilities of a Security Contractor, employing personnel in the State of Alaska.



Joseph A Masters  
Commissioner  
Department of Public Safety

*Effective: March 20, 2013*



MAR-28-13 TUE 09:39 AM PERMITS & LICENSING

FAX NO. 907 269 5609

P. 01

# ALASKA DEPARTMENT OF PUBLIC SAFETY

5700 EAST TUDOR ROAD, ANCHORAGE, ALASKA 99507

## ALASKA SECURITY GUARD AGENCY CERTIFICATE OF LICENSE

This is to certify that

***U.S. SECURITY ASSOCIATES***

*Agency License Number : 189*

*Qualified Agent: Jon Allan Lucht*

has met the requirements for licensure and is authorized to perform the duties and accept the responsibilities of a Security Contractor, employing personnel in the State of Alaska.



Joseph A Masters  
Commissioner  
Department of Public Safety

*Effective: March 20, 2013*

State of Arizona  
**Private Security Guard Agency License**

Advance Security  
2226 W. Northern Avenue, Suite C-212  
Phoenix, AZ 85021

*Pursuant to the provisions of Title 32, Chapter 26, A. R. S.,*

**Michael John Tenore** / Qualifying Party

*is licensed to conduct a Private Security Guard Agency in the State of Arizona*

*in witness Whereof, The Director of the Arizona Department of Public Safety*

*has caused this certificate to be issued.*



License No. **1003402**

Expires **05/14/2017**

NON TRANSFERABLE

  
Signature of Licensee  
  
Director





Bureau of Security and Investigative Services  
P.O. BOX 989002  
West Sacramento, CA 95798-9002  
(916) 322-4000

# PRIVATE PATROL OPERATOR

LICENSE NO. PPO 10116  
RECEIPT NO. 50990167

VALID UNTIL APRIL 30, 2017

U.S. SECURITY ASSOCIATES, INC  
17822 E 17TH ST STE 100  
TUSTIN CA 92780-2151

In accordance with the provisions of  
Division 3, Chapter 11.5 of the Business  
and Professions Code, the company  
named hereon is issued a Private Patrol  
Operator License Renewal.

0/16  
0/16

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

WPIPPPO 02/29/09 15



# STATE OF CONNECTICUT

## DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION DIVISION OF STATE POLICE

LICENSE NUMBER AA-840

THIS CERTIFIES THAT

CHARLES SCHNEIDER, DBA - U.S. SECURITY ASSOCIATES, INC of ROSWELL, GA

is hereby licensed as a

SECURITY SERVICE INC

in accordance with the Connecticut General Statutes

This license is valid effective February 15, 2015 through February 15, 2017.

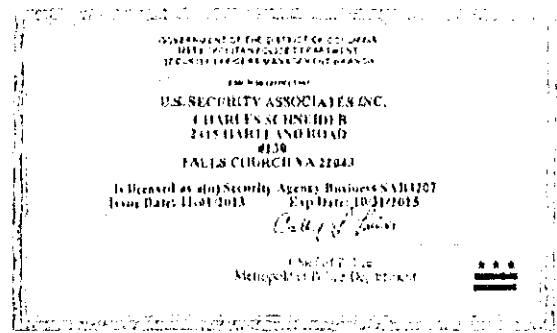
Dated at Middletown, Connecticut this 23<sup>rd</sup> day of February 2015.

A handwritten signature in black ink, appearing to read "Dora B. Schiro".

Dora B. Schiro, Commissioner  
Department of Emergency Services and Public Protection



Here is your wall license and pocket identification card. You must display the wall license below to show that your status is current.



In order to be sure that your renewal notice is sent to you correctly, please notify Pearson Vue on behalf of the Metropolitan Police Dept. if your name or address changes by writing to:

Pearson Vue  
Dept. DC-MPD  
Metro-Plex I, Suite 250  
8401 Corporate Drive  
Landover, MD 20785

A fee of \$30.00, check or money order made payable to Pearson Vue, must be included with your request for a duplicate license card showing your new name or address.

PLEASE CAREFULLY DETACH AT DETACHATION

★★★ GOVERNMENT  
OF THE  
DISTRICT OF COLUMBIA

METROPOLITAN POLICE DEPARTMENT  
SECURITY OFFICERS MANAGEMENT BRANCH

*certifies that*

U.S. SECURITY ASSOCIATES INC.  
CHARLES SCHNEIDER  
2815 HARTLAND ROAD  
#130  
FALLS CHURCH VA 22043

*has met all requirements prescribed by law and regulations and is hereby licensed as:*

Security Agency Business  
License Number: SAB3207

ISSUE DATE: 11/01/2013      EXPIRATION DATE: 10/31/2015

*Chief of Police*  
Chief of Police  
Metropolitan Police Department

**State of Delaware**  
**Board of Examiners of**  
**Private Investigators and Private Security Agencies**

A Certificate of Class B License is hereby granted to

***U.S. SECURITY ASSOCIATES, INC.***

***CHARLES R. SCHNEIDER - License Holder***

***BRIAN PIOTROWICZ - Delaware Manager***

To practice, conduct, pursue, or carry on, within the State of Delaware, the business of  
**Private Security Agency**



As defined by the Laws of Delaware in accordance with and by authority of  
Title 24, Chapter 13, Delaware Code.


License Number 00-57-B

Expiration Date July 31, 2016

Col. Nathaniel McInt  
Superintendent - Delaware State Police



	<b>STATE OF GEORGIA</b> <b>Brian P. Kemp, Secretary of State</b> Board of Private Detective & Security Agencies Company - Security	
	License No. PSC000221	Status: Active
<b>U.S. Security Associates, Inc</b> <b>2951 Flowers Road South</b> <b>Suite 227</b> <b>Atlanta GA 30341</b>		
Expires: 6/30/2019 Issued: 10/21/1981		Charles R. Schneider, Pres.
		Real-time license verification is available at <a href="http://sos.georgia.gov/PLB">sos.georgia.gov/PLB</a>

	<b>STATE OF GEORGIA</b> <b>Brian P. Kemp, Secretary of State</b> Board of Private Detective & Security Agencies Company - Security	
	License No. PSC000221 - Active	
<b>U.S. Security Associates, Inc</b> <b>2951 Flowers Road South</b> <b>Suite 227</b> <b>Atlanta GA 30341</b>		
Issued: 10/21/1981 Expires: 6/30/2019		Charles R. Schneider, Pres.
Real-time license verification is available at <a href="http://sos.georgia.gov/PLB">sos.georgia.gov/PLB</a>		

U S SECURITY ASSOCIATES INC  
JOHN ADAMS - DP  
200 MANSELL CT 5TH FLR  
ROSWELL GA 30076

GDA - 1035

LICENSE NUMBER	EXPIRATION DATE
GDA - 1035	06/30/2016

STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
GUARD AGENCY

U S SECURITY ASSOCIATES INC  
98-030 HEKAHA ST #21  
AIEA HI 96701

(SIGNATURE  
OF LICENSEE) \_\_\_\_\_

Number  
PS 4007  
Agency 806

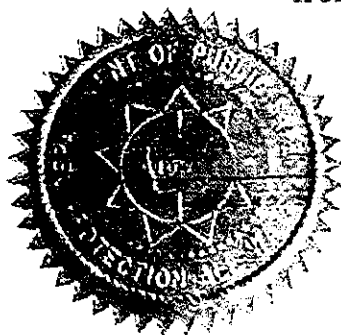


Not Transferable  
Issued: 05/10/2014

This is to certify that **U. S. SECURITY ASSOCIATES, INC.**  
of **CEDAR RAPIDS, IA** is duly licensed to transact business in the State of Iowa as a

## Private Security Agency

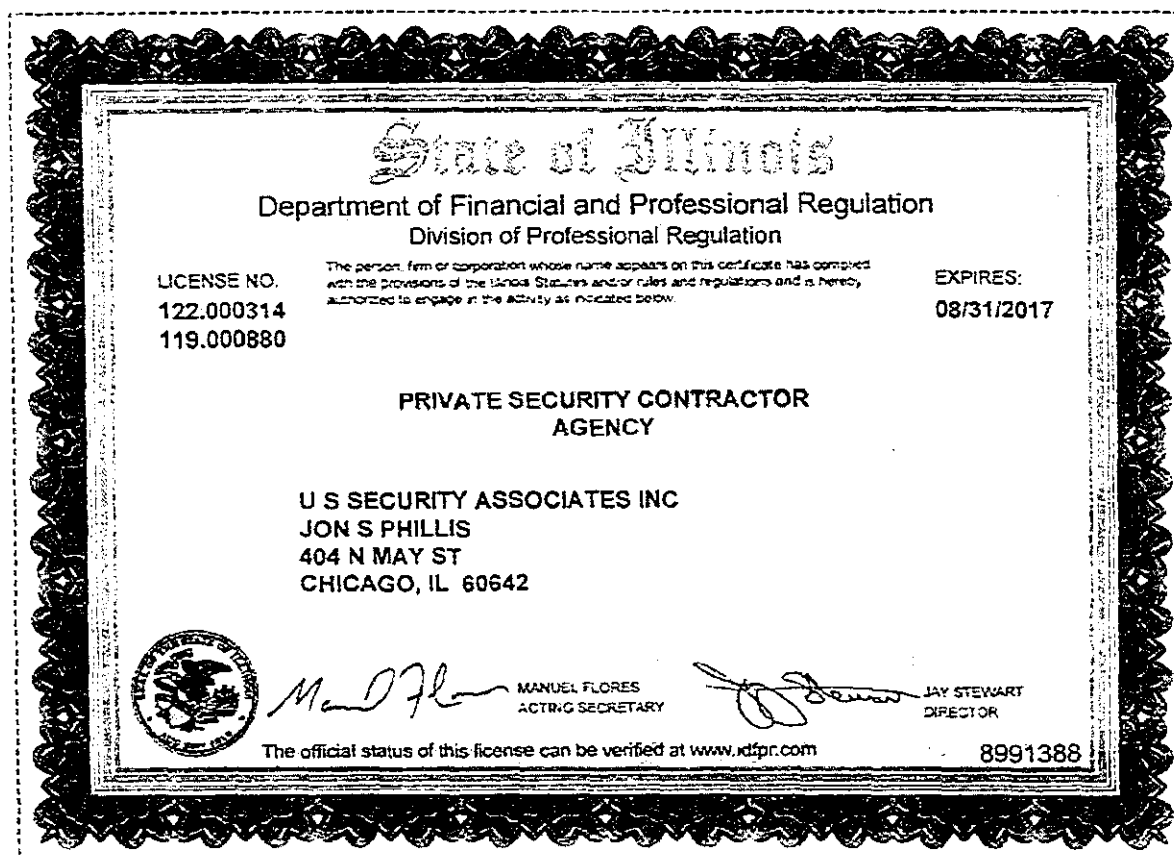
from the date of issuance to **May 10, 2016** unless sooner terminated.



A handwritten signature in black ink, appearing to read "J. E. Miller".

Commissioner, Department of Public Safety





Welcome to Indiana Licensing

Page 1 of 1



▶ Initial Application

▶ Renew Licenses

▶ Address Changes  
Without Renewal

▶ Order License Card

▶ Logout

**MyLicense Online Licensing**

**Name:** U.S. Security Associates, Inc.  
**Address:** U.S. Security Associates, Inc.  
200 Mansell Court, Fifth Floor  
Roswell, GA 300764852

**Your Licenses**

<b>License Number:</b> SG20700026	<b>License Type:</b> Security Guard Agency	<b>Profession:</b> Private Investig/Sec Guard Board
<b>License Status:</b> Active	<b>Expires:</b> 10/1/2019	<b>Issued:</b> 8/23/2007





**LOUISIANA STATE BOARD OF  
PRIVATE SECURITY EXAMINERS**

This is to certify that  
**U.S. SECURITY ASSOCIATES, INC.**

Has Been Awarded Company License # 309

Expires

**MARCH 1, 2016**

*Louisiana*  
CHAIRMAN



*Wayne R. Reyes*  
EXECUTIVE SECRETARY



**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF STATE POLICE  
WATCH GUARD PATROL AGENCY LICENSE**

THIS IS TO CERTIFY THAT

**Charles R Schneider**

HAS BEEN DULY LICENSED TO CONDUCT THE BUSINESS OF WATCH GUARD PATROL AGENCY  
UNDER THE TITLE OF

**U.S. Security Associates, Inc.**

LOCATED AT

**5 Middlesex Ave #303, Somerville, MA 02145**

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 22-30, CHAPTER 147, OF THE GENERAL LAWS.

**FROM 08/01/2015 UNTIL 07/31/2016**

**LICENSE NUMBER LW0149A**

  
**COLONEL/SUPERINTENDENT**

THIS LICENSE DOES NOT CONFER UPON THE LICENSEE THE POWER AND AUTHORITY OF A CONSTABLE OR POLICE OFFICER





Charles D. Baker  
GOVERNOR

Karyn E. Polito  
LIEUTENANT GOVERNOR

Daniel Bennett  
SECRETARY

Colonel Richard D. McKeon  
SUPERINTENDENT

# *The Commonwealth of Massachusetts*

## *Department of State Police*

*Certification Unit*

*485 Maple Street*

*Danvers, MA 01923*

*Telephone: 978-538-6127, Fax: 978-538-6021*

To: Licensed Private Investigators/Watch Guard Patrol Agencies

From: Detective Lieutenant George M. Smith, Commanding Certification Unit

Subject: License Renewal Notice

Date: July 24, 2015

When your license is up for renewal please follow the instructions below to our web site and download each page. Mail your completed application to the above address at least 30 (thirty) days prior to your expiration date.

[www.mass.gov/msp](http://www.mass.gov/msp)

Type Certification Unit in search box

Scroll down to Private Investigator and/or Watch Guard Agencies Renewals

Include the following below:

Completed Renewal Application

Money order in the amount of \$150.00

Continuation or Verification Certificate of your Surety Bond-( dates must coincide with your renewal date )

Your original license (blue)

Release of Information signed and notarized

Any changes in your home or business address please notify this office

You may also request an online licensing account to submit renewal applications online. To request an account:

1. Go to the following URL: [mspcert.chs.state.ma.us](http://mspcert.chs.state.ma.us)
2. On the Welcome page, select the "Request a Private Investigator or Watch Guard Account" link.
3. Enter and submit your account request information. You will receive an email when the Certification Unit has made a decision on your account request.

Private Investigators seeking photo identification may contact Jessie Perrin (508)820-2209 for an appointment.

If it is not your intention to renew your license, written notification along with your original license must be forwarded to this office.

If you have any questions, please call the above number.

*Excellence In Service Through Quality Policing*

License No.  
106-2298

License Expires:  
July 31, 2018

# State of Maryland

## SECURITY GUARD LICENSE

**THIS IS TO CERTIFY, That US Security Associates, Inc.**

having complied with the provisions of the Business Occupations and Professions Article, Title 19, Sections 19-101 thru 19-701, is hereby granted a LICENSE to conduct a SECURITY GUARD BUSINESS, subject to all of the provisions of said Article, until the date of expiration shown hereon; the Applicant(s) for said License being:

Charles Richard Schneider

Principle Office Location: 6666 Security Boulevard, Suite 4, Baltimore MD 21207

This license shall be conspicuously displayed at all times in the Office, or place of business, only at:

**6666 Security Boulevard, Suite 4, Baltimore MD 21207**

and shall return to the Department of Maryland State Police within five days after it shall have expired or shall have been revoked or suspended.



In Testimony Whereof, I have hereunto affixed my official signature, at Pikesville, Baltimore County, Maryland, this Fourteenth day of July A.D., two thousand and fifteen.

A handwritten signature in cursive script, appearing to read "J. Pallosse".

Superintendent, Maryland State Police

License # 00/009

**The State of Maine**  
**Department of Public Safety**

This is to certify

That U.S. SECURITY ASSOCIATES, INC. of ROSWELL, GEORGIA

has been duly licensed to conduct the business of a

**Contract Security Company**

Under the title of U.S. SECURITY ASSOCIATES, INC.

ROSWELL, GEORGIA

in accordance with the provisions of 32 M.R.S.A., Sections 9401-9417

from OCTOBER 17, 2014 to OCTOBER 17, 2015

*John E. Monio*

Commissioner of Public Safety

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING  
AND REGULATORY AFFAIRS  
P.O. BOX 30018  
LANSING, MI 48909-7518

M380813 001 R -1661

Please tell us about your licensing  
experience by completing our  
anonymous customer survey at:  
[www.michigan.gov/larasurvey](http://www.michigan.gov/larasurvey)

STATE OF MICHIGAN-DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPS, SECURITIES & COMM LIC BUR  
SECURITY GUARD AGENCY BRANCH  
LICENSE

JOHN P SHIMKO  
US SECURITY ASSOCIATES INC  
123 WEALTHY STREET SE  
GRAND RAPIDS MI 49503

PERMANENT I.D. NO. 3802205464 EXPIRATION DATE 09/30/2017 AUDIT NO 2989672

US SECURITY ASSOCIATES INC  
123 WEALTHY STREET SE  
GRAND RAPIDS MI 49503

Inquiries Regarding this License  
Please provide your license number on all correspondence,  
and when contacting the Department.

[www.michigan.gov/commerciallicensing](http://www.michigan.gov/commerciallicensing)

Corporation, Securities & Commercial Licensing Bureau  
Department of Licensing and Regulatory Affairs  
P.O. Box 30018  
Lansing, MI 48909

(517) 241-9288

Complaint Information  
The issuance of this license or permit should not be  
construed as a waiver or dismissal of any complaints or  
violations pending against the licensee, its agents,  
employees or qualifying officer.

RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU

L910590

SECURITY GUARD AGENCY BRANCH LICENSE

JOHN P SHIMKO  
US SECURITY ASSOCIATES INC  
123 WEALTHY STREET SE  
GRAND RAPIDS MI 49503

PERMANENT I.D. NO.  
3802205464

EXPIRATION DATE  
09/30/2017

AUDIT NO  
2989672

THIS DOCUMENT IS DULY ISSUED  
UNDER THE LAWS OF THE STATE  
OF MICHIGAN



License #1153

State of Minnesota

## PROTECTIVE AGENT LICENSE

BE IT KNOWN THAT:

US Security Associates, Inc.

dba Advance Security

William Gordon, Qualified Representative and Minnesota Manager

200 Mansell Ct E, 5<sup>th</sup> Floor

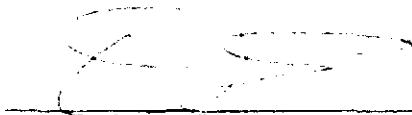
Roswell, GA 30076

LOCAL: 6311 Wayzata Blvd. Suite 350 St Louis Park, MN 55416

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS OF PROTECTIVE AGENT FOR FEE IN THE  
STATE OF MINNESOTA FOR A PERIOD OF TWO YEARS FROM December 2014



IN TESTIMONY WHEREOF, I, Drew Evans, CHAIRMAN OF THE PRIVATE  
DETECTIVE AND PROTECTIVE AGENT SERVICES BOARD, HAVE CAUSED THOSE  
PRESENT TO BE ISSUED AND THE GREAT SEAL OF THE STATE OF MINNESOTA  
AFFIXED HEREUNTO, THIS 30th DAY OF December 2014

  
CHAIRMAN

LICENSE EXPIRES December 2016

<b>State of Montana</b> <b>Business Standards Division</b> <b>Board of Private Security</b>		<b>This certificate verifies licensure as:</b> <b>CONTRACT SECURITY COMPANY</b>
<b>License #:</b>	<b>PSP-EPI-LIC-153</b>	
<b>Status:</b>	<b>Active</b>	
<b>Expiration Date:</b>	<b>3/1/2016</b>	
 <b>U S SECURITY ASSOCIATES INC</b> <b>200 MANSELL CRT 5TH FLR</b> <b>ROSWELL, GA 30076</b>		
 <div>RENEW OR VERIFY YOUR LICENSE AT <a href="https://ebiz.mt.gov/pol/">https://ebiz.mt.gov/pol/</a></div>		

**To use license as a Wall License, cut off excess paper and affix the above to wall for display.**

**Remember to renew online if possible. Benefits of renewing online include:**

- The ability to change an address (for most professions)
- The ability to print license(s) the same day as the renewal
- The ability to print additional licenses for no additional charge up to 45 days following the end of the renewal cycle

**To verify licenses or renew online: <https://ebiz.mt.gov/pol>**

# State of North Carolina

The Private Protective Services Board  
certifies that

**Archie Clyde Bryant**

has complied with Chapter 74C of the General Statutes of North Carolina and is hereby  
licensed to provide the services of

**Security Guard & Patrol**

License Number 806-GP

with

**U. S. Security Associates, Inc.**

**BPN 002257P11**

In Witness whereof, I have hereunto signed my name

Tuesday, October 08, 2013



10/31/2015

Expiration Date

R. 5/2002

*Richard B. Allen*

Chairperson, Private Protective Services Board

2013-1417

*North Dakota*  
*Private Investigation & Security Board*



This Certifies that  
**ADVANCE SECURITY**  
OF  
Fargo, ND  
Is hereby authorized to operate as a  
**SECURITY AGENCY**

At  
1712 Main Avenue Suite 102, Fargo, ND 58103

License #: 409  
Date of Issue: August 27, 2015  
Date of Expiration: September 30, 2016

*W. S. Sullivan*





UNIQUE ID NUMBER 11000114179	<i>State of New York</i> <b>Department of State</b> DIVISION OF LICENSING SERVICES	FOR OFFICE USE ONLY Control No. 674951
Pursuant to the provisions of ARTICLE 7 OF THE GENERAL BUSINESS LAW AND AMENDMENTS THERETO		EFFECTIVE DATE MO. DAY YR. 08 12 14
U.S. SECURITY ASSOCIATES INC. 1400 BROADWAY ST STE 2312 NEW YORK NY 10018		EXPIRATION DATE MO. DAY YR. 08 11 16
HAS BEEN ISSUED A BRANCH OFFICE LICENSE TO TRANSACT BUSINESS AS A PRIVATE INVESTIGATOR		
FOR THE TERM OF TWO YEARS FROM DATE HEREOF, TO BE REPRESENTED AS PRINCIPAL, BY THE QUALIFIED MEMBER(S) NAMED ON THE ATTACHED		
In Witness Whereof, the Department of State has caused its official seal to be hereunto affixed. CESAR A. PERALES SECRETARY OF STATE		

DOS-009 (Rev. 4/03)

**The State of New Hampshire**  
*Department of Safety*  
*Division of State Police*  
Concord, NH 03305



**LICENSE AS A SECURITY GUARD AGENCY**

LICENSE NO. SA-782

*This certifies that* US SECURITY ASSOCIATES, INC.

*of the City or Town of* ROSWELL

*in the State of* GEORGIA

*is hereby licensed as a Security Guard Agency doing business at*  
8E INDUSTRIAL WAY, UNIT 9, SALEM NH 03079  
200 MANSELL COURT, 5TH FL, ROSWELL GA 30076

*in accordance with the Statutes of the State of New Hampshire.*

**THIS LICENSE WILL EXPIRE TWO YEARS FROM DATE OF ISSUE.**

*Dated at Concord, this* 30TH *day of* MAY, *year of* 2015

*Signature of Licensee*

*Colonel Robert L. Quinn*

*Director of State Police*

COLONEL ROBERT L. QUINN

DSSP146 (Rev. 09/12)



The State of New Jersey  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF STATE POLICE

License Number: **1012**  
Date of Expiration: **07/19/2017**  
Date of License: **07/19/2007**

## Security Company License

This Is to Certify, pursuant to the provisions of Title 45,  
Chapter 19A of the Revised Statutes, and supplements and amendments  
thereto,

Corp Name: **U.S. Security Associates, Inc.**

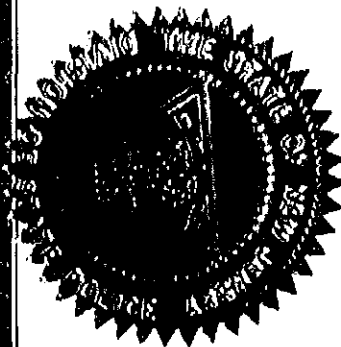
Trading As: **Bowles Corporate Services**

on **July 19, 2015**

has been duly renewed as a Security Company located at:

**1719 Brunswick Pike, Lawrenceville, NJ 08648**

For the term of two years from the issued date of this license.



In Witness Whereof, the New Jersey Division  
of State Police has caused this certificate to be  
signed and the official seal affixed

A handwritten signature in black ink, appearing to read "Joseph R. P. [illegible]".

Superintendent  
New Jersey State Police

U.S. Security Associates, Inc.  
1224 Pennsylvania St. NE, Suite D  
Albuquerque, NM 87110

THIS IS TO CERTIFY THAT

U.S. Security Associates, Inc.

1655

Trade PPO

12/30/2002

12/31/2015

*State of New Mexico*

# Private Investigations Advisory Board

PO Box 25101 Santa Fe, NM 87505 (505) 476-4622

This is to certify that

**U.S. Security Associates, Inc. #1655**

Having complied with the provisions of the New Mexico Private Investigations  
Advisory Board is hereby granted a license to practice as a

**Trade PPO**

Issue Date: 12/30/2002

Date Expires: 12/31/2015

THIS LICENSE MUST BE CONSPICUOUSLY POSTED IN PLACE OF BUSINESS



# Ohio Department of Public Safety Private Investigator Security Guard Services

**U. S. SECURITY ASSOCIATES, INC.**

6100 ROCKSIDE WOODS BLVD, SUITE 311  
INDEPENDENCE OH 44131

License Number: 65199464929

Is hereby granted a "Class A License" to operate as a Private Investigator & Security Guard provider in accordance with the provisions of Chapter 4749 of the Ohio Revised Code.

Valid from 3/1/2015 through 3/1/2016



John Born, Director  
Ohio Department of Public Safety



Geoff Dutton, Executive Director  
Private Investigator Security Guard Services



*The issuance of this license does not waive any violations pending against the licensee, its qualifying agent, or employees.*

# Ohio Department of Public Safety Private Investigator Security Guard Services

**U. S. SECURITY ASSOCIATES, INC.**

6100 ROCKSIDE WOODS BLVD, SUITE 311  
INDEPENDENCE OH 44131

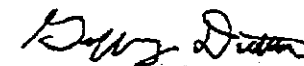
License Number: 65199464929

Is hereby granted a "Class A License" to operate as a Private Investigator & Security Guard provider in accordance with the provisions of Chapter 4749 of the Ohio Revised Code.

Valid from 3/1/2015 through 3/1/2016



John Bom, Director  
Ohio Department of Public Safety



Geoff Dutton, Executive Director  
Private Investigator Security Guard Services



The issuance of this license does not waive any violations pending against the licensee, its qualifying agent, or employees.

**STATE OF OKLAHOMA**  
**Council on Law Enforcement Education and Training**

Issues this license thereby certifying that

**U.S. SECURITY ASSOCIATES, INC.-TULSA**

is duly licensed in accordance with the requirements of Title 59, Section 1759.1 et. seq of  
the Oklahoma Statutes to conduct business in the State of Oklahoma as a

**Security Guard Agency**

**License Number: 12SGA 0017**

**Issue: Dec 31, 2012**

**Expire: Dec 31, 2017**

*Norman M. Nickle*

Chairman

*Steven H. Emerson*

Executive Director

By: NM

PRIVATE SECURITY PROVIDER      STATE OF OREGON  
PSID: 03071      DEPARTMENT OF PUBLIC SAFETY  
STANDARDS AND TRAINING

**Jeffery W. Alberda**

**Unarmed Professional** expires **1-24-2016**

**Executive Manager** expires **12-20-2015**

**Unarmed Instructor** expires **12-20-2015**

PURSUANT TO ORS 181.870 - 181.991



COMMONWEALTH OF PENNSYLVANIA  
IN THE COURT OF COMMON PLEAS IN AND FOR THE COUNTY OF ALLEGHENY



**PRIVATE DETECTIVE LICENSE CERTIFICATE**

In accordance with 22 P.S. § 11 et seq. and decree of the Court of Common Pleas of Allegheny County, Pennsylvania, the license fee having been paid and a bond having been duly filed and approved by this Court,

*A Certificate of License is hereby granted to*

**U.S.Security Associates, Inc.**

**TO CONDUCT A PRIVATE DETECTIVE BUSINESS**

1. Location of Principal Office or Place of Business: 711 Bingham Street, Suite 201, Pittsburgh, PA 15203
2. Location of the Bureau, Agency, Subagency, Office or Branch Office for which the license is issued: 711 Bingham Street, Suite 201, Pittsburgh, PA 15203
3. Residence of Applicant(s):

Charles R. Schneider  
President

Michael J. Geisler  
VP-Treasurer

L.J.Paul Lutz  
VP-Secretary

Lonnie Sutton  
Manager

The license hereby granted and issued is for a 5-year period beginning on 10/18/2011 and expiring on 10/18/2016 and shall be revocable by the Court of Common Pleas for cause shown.

WITNESS my hand and seal of said Court, this 18th day of October, 2011 A.D.

Kate Barkman

A handwritten signature in cursive script that reads "Kate Barkman".

LICENSE NUMBER 417-A



005700



**ESTADO LIBRE ASOCIADO DE PUERTO RICO**  
**COMMONWEALTH OF PUERTO RICO**

**AGENCIA DE DETECTIVE PRIVADO**

**EXPIDO ESTA LICENCIA**

**I HEREBY ISSUE THIS LICENSE TO:**

EN VIRTUD DE LA AUTORIDAD QUE ME CONFIERE LA LEY 108 DEL 29 DE JUNIO DE 1965 SEGUN ENMENDADA  
BY VIRTUE OF THE AUTHORITY VESTED UPON ME BY LAW 108 OF JUNE 29 1965 AS AMENDED

**ROBERTO CRUZ IRIZARRY**  
**U.S. SECURITY ASSOCIATES, INC.**

DE GUAYNABO P.R. PARA OPERAR UNA  
OF GUAYNABO TO OPERATE A

**Private detectives Agency**

SEGUN SE DEFINE ESTE TERMINO EN EL ARTICULO 2-A Y B DE LA LEY 108 ANTES CITADA  
AS DEFINE BY SECTION 2-A B OF LAW 108 MENTIONED ABOVE

Dada en San Juan, Puerto Rico Hoy Día 11 de Agosto de 2015  
Issued at San Juan, Puerto Rico on

Fecha de Vencimiento : 04 de Agosto de 2016

Licencia Detective : 1144

Licencia Número : 1032

Licencia Historica :

*AP*  
Coronel Antonio Lopez Figueroa  
Super. Aux. Inv. Criminales

*José L. Caldero López*  
José L. Caldero López  
Superintendente







ESTADO LIBRE ASOCIADO DE PUERTO RICO  
COMMONWEALTH OF PUERTO RICO

**AGENCIA DE SEGURIDAD**

EXPIDO ESTA LICENCIA

I HEREBY ISSUE THIS LICENSE TO:

EN VIRTUD DE LA AUTORIDAD QUE ME CONFIERE LA LEY 108 DEL 29 DE JUNIO DE 1965 SEGUN ENMIENDADA  
BY VIRTUE OF THE AUTHORITY VESTED UPON ME BY LAW 108 OF JUNE 29 1965 AS AMENDED

**ROBERTO CRUZ IRIZARRY**  
**U.S. SECURITY ASSOCIATES, INC.**

DE GUAYNABO P.R. PARA OPERAR UNA  
OF GUAYNABO TO OPERATE A

SAFETY AGENCY FOR THE PROTECTION OF PERSONS OR PERSONAL PROPERTY

SEGUN SE DEFINE ESTE TERMINO EN EL ARTICULO 2-A Y B DE LA LEY 108 ANTES CITADA  
AS DEFINE BY SECTION 2-A B OF LAW 108 MENTIONED ABOVE

Dada en San Juan, Puerto Rico Hoy Día 11 de Agosto de 2015


Issued at San Juan, Puerto Rico on


Fecha de Vencimiento : 04 de Agosto de 2016

Licencia Número : 1032

Licencia Detective : 1144

Licencia Histórica :

  
Coronel Antonio Lopez Figueroa  
Super. Aux. Inv. Criminales

  
José L. Caldero López  
Superintendente



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF ATTORNEY GENERAL**



**PRIVATE SECURITY GUARD  
BUSINESS LICENSE**

License No. 56

---

This License  
Expires On  
04/30/2016

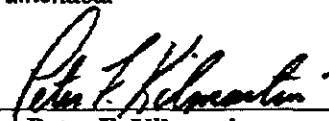
---

*Whereas, U.S. SECURITY ASSOCIATES, INC*

*Has complied with all of the provisions of the law of this State relating to PRIVATE SECURITY GUARD  
BUSINESS, THEREFORE, I, the undersigned, do hereby certify that*

**U.S. SECURITY ASSOCIATES, INC Of 200 MANSELL COURT STE 500  
ROSWELL, GA 30076**

*is hereby authorized to transact business as PRIVATE SECURITY GUARD, Pursuant To the Provisions  
of Title 5, Chapter 5.1 of the General Laws of Rhode Island, 1956, as amended.*

  
**Peter F. Kilmartin**  
*Attorney General*

**This License must be prominently displayed in the office of the Licensee.**



# The State of South Carolina



## Law Enforcement Division

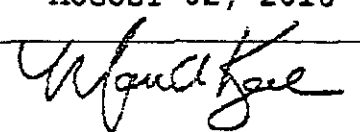
U.S. SECURITY ASSOCIATES, INC.

CHARLES R. SCHNEIDER

ROSWELL, GEORGIA

Is Hereby Duly Licensed And Authorized In Accordance With  
The Laws of The State of South Carolina To Engage In

THE BUSINESS OF CONTRACT SECURITY

This License To Expire AUGUST 02, 2016  


07658

CHIEF, SOUTH CAROLINA LAW ENFORCEMENT DIVISION

1972

CERTIFICATION NUMBER

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED IN PLACE OF BUSINESS

*State of Arkansas*

Number

CMPY.0000753

License

Date of Expiration

07/31/2016

***This is to certify that***

**U.S. Security Associates**

***is duly licensed to transact business in the State of Arkansas as a***

**Class B License: Security Service Contractor**

***This license is renewable as provided in A.C.A.***

***17-40-101 Et. Seq.***

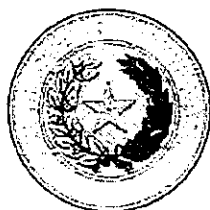
**Arkansas Board of  
Private Investigators and  
Private Security Agencies**



*Sgt. Michael Moyer*

**Sergeant Michael Moyer  
Administrator**

NON TRANSFERABLE



# Texas Department of Public Safety

## *Certificate of Licensure*



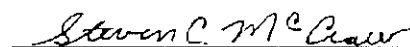
The Private Security Board certifies that:

**U.S. SECURITY ASSOCIATES, INC.**

**C07519**

*Is Duly Licensed as*

Investigations / Security Contractor  
Guard Company

  
Director, Texas Department of Public Safety

**EXPIRES: 5/31/2016**

This certificate affirms the above stated company is licensed pursuant to Texas Occupations Code 1702. The license will expire on the date stated above.  
Texas Department of Public Safety, Regulatory Services Division, 5806 Guadalupe Street, Austin, Texas 78752  
[www.dps.texas.gov](http://www.dps.texas.gov)

**Department of Commerce and Insurance**  
**Julie Mix McPeak, Commissioner**

**VERIFY.TN.GOV - License Search and Verification**

- You can use this website to verify the license status of people in dozens of professions, including home improvement contractors, real estate agents, security guards and cosmetologists. For more information about how to use Verify.TN.Gov, **please read our FAQ's Page by Clicking Here.**
- VERIFY.TN.GOV only provides verification for licenses that are required by Commerce and Insurance. If you need to find other license verification services for other state agencies (e.g. health, medical, etc.), please do a search for those services by clicking here.
- Insurance Division Information is located here: [Insurance Division Online Data and Tools](#)
- After you submit the search form, your results will appear below the form in this window (the form will remain for your reuse)...if you cannot see the results below, please scroll further down the search form.

**License Details**

<b>License Status</b>	ACTIVE - FULLY LICENSED
<b>License #</b>	33
<b>License ID</b>	33
<b>Expiration Date</b>	Jul 31 2017
<b>Original Date</b>	Jul 31 1989
<b>Profession Code</b>	3703
<b>Profession Name</b>	Security Company/Business
<b>First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	U.S. SECURITY ASSOCIATES, INC.
<b>City</b>	KNOXVILLE
<b>State</b>	TN
<b>Zip Code</b>	37934
<b>Rank</b>	Contract Security Company
<b>License Activity Description</b>	\

- Department of Commerce and Insurance
- 500 James Robertson Pkwy
- Nashville, TN 37243-0565
- (615) 741-2241
- Ask.TDCI@TN.Gov



**STATE OF UTAH  
DEPARTMENT OF COMMERCE  
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING  
ACTIVE LICENSE**

**EFFECTIVE DATE:** 02/06/2015  
**EXPIRATION DATE:** 01/31/2017  
**ISSUED TO:** U S Security Associates, Inc.  
200 Mansell Court East Ste 500  
Roswell GA 30076



**REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)**

5191975-6301	Contract Security	DBAs: None Associated
Company		

# Commonwealth of Virginia



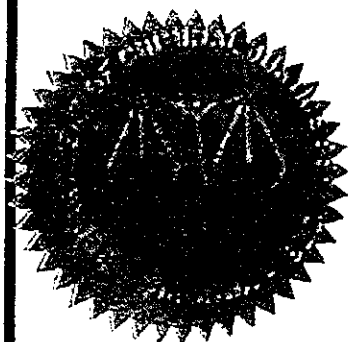
Department of Criminal Justice Services  
certifies that

U.S. Security Associates, Inc.  
T/A: U.S. Security Associates, Inc.

has complied with Chapter 27,  
Title 9, Code of Virginia  
Providing for Licensing as a

**Private Security Service Business**

BU01 Security Officer Services



11-5541

License ID #

05/31/2016

Expiration Date

*Teresa Gooch*

Director, Division of Regulatory Affairs

Visit our website [www.vtprofessionals.org](http://www.vtprofessionals.org). "Select a Profession" from the drop-down menu on the left for profession specific information.

**Name Change** – Submit the Change of Information form available on your profession specific website with a copy of the name change document. [Acceptable documentation: marriage certificate, divorce decree, court order]

**Address Changes** – MUST be reported to the Office of Professional Regulation office within 30 days:

- Submit the Change of Information form available on our website
- You can also change your address at our website using your User ID and Password at no charge.
- Renewal notices are sent to the address the office has on file and are not forwarded to a new address

**Email Address** – Future correspondence from this Office will come to you by email. Please be sure to keep your information current using your User ID and Password by adding us to your "safe senders" list.



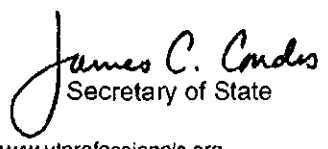
**License Renewal** – Each profession renews on a set two year renewal schedule. Please take note of your license expiration date. You will receive an email renewal notification from us approximately 6 weeks prior to your license expiration date, sent to your email address we have on file.



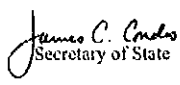
**Verification of Licensure** – All verification of licensure can be done through our website or by submitting a verification form to the Office and enclosing a \$20.00 fee

**If you are convicted of a crime in Vermont or another State**, you must report it within 30 days

- Address changes or convictions not reported to the Office within 30 days can be considered unprofessional conduct and may result in disciplinary action

**Replacement License** – Go online to [www.vtprofessionals.org](http://www.vtprofessionals.org), login with your User ID and Password and select Print License in the left hand menu box, and print your own copy at no charge.

	<b>State of Vermont</b> Board of Private Investigative & Security Services Security Services Agency	
Qualifying Agent: Richard E. Dillon		
U.S. Security Associates, Inc. 145 Pine Haven Shores Rd Ste 2219 Shelburne, VT 05482-7815		Credential #: 044.0002135-SS Status: <b>CONDITIONED</b> Effective: 06/01/2015 Expires: 05/31/2017
		 Secretary of State
For the most accurate and up to date record of licensure, please visit <a href="http://www.vtprofessionals.org">www.vtprofessionals.org</a>		

	<b>State of Vermont</b> Board of Private Investigative & Security Services Security Services Agency	
Qualifying Agent: Richard E. Dillon		
U.S. Security Associates, Inc. 145 Pine Haven Shores Rd Ste 2219 Shelburne, VT 05482-7815		 Secretary of State
044.0002135-SS Credential #	NDITION Status	05/31/2017 Expires
For the most up to date record, visit <a href="http://www.vtprofessionals.org">www.vtprofessionals.org</a>		

## Search

BUSINESS & PROFESSIONAL LICENSES

### License Details

#### License Information:

**Name:** US SECURITY ASSOC INC  
**License Type:** Security Guard Company  
**License Number:** 530  
**License Status:** Active  
**First Issued Date:** Nov 9 2001  
**License Issued:** Oct 21 2014  
**Expiration Date:** Nov 9 2015

#### Address:

FEDERAL WAY WA 98003

[View Related Records](#)

Information Current as of 11/11/2014 3:06AM Pacific Time

[New Search](#)

Use of lists of individuals provided on this site for commercial purposes is prohibited under Chapter 42.56 of the Revised Code of Washington.

[Home](#) | [Privacy & Use](#) | [Other Licenses](#) | [Contact Us](#) | Copyright © 2014 DOL



EXPIRES: 08/31/2017

NO. 15583 - 62

The State of Wisconsin  
Department of Safety and Professional Services

*Hereby certifies that*  
US SECURITY ASSOCIATES INC

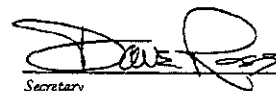
*was granted a license as a*  
PRIVATE DETECTIVE AGENCY

*in the State of Wisconsin in accordance with Wisconsin Law*  
*on the 16th day of June in the year 1995.*

*The authority granted herein must be renewed each biennium by the granting authority.*

*In witness thereof, the State of Wisconsin*  
*Department of Safety and Professional Services*  
*has caused this certificate to be issued under*  
*its official seal.*



  
Secretary

*This certificate was printed on the 4th day of August in the year 2015*

# State of West Virginia



## CERTIFICATE OF SECURITY GUARD FIRM

**I, Natalie E. Tennant, Secretary of State of the  
State of West Virginia, hereby certify that**

**Charles Richard Schneider**

**of**

**U.S. Security Associates, Inc.  
200 Mansell Court East  
Suite 500  
Roswell GA 30076**

*is hereby licensed to conduct the business and engage in the business of Security Guard Firm in the State of West Virginia, under the provisions of and in compliance with Chapter 30, Article 18 of the West Virginia Code. This certificate shall be in effect and valid from 4/22/2015 to 3/31/2016 unless suspended or revoked prior thereto, in accordance with the provisions of the West Virginia Code.*

*This license cannot be transferred.*



*Given under my hand and the Great  
Seal of the State of West Virginia  
on Thursday, April 23, 2015*

*Natalie E. Tennant*

Natalie E. Tennant  
West Virginia Secretary Of State

876

Secretary of State  
Bldg. 1, Suite 157-K  
1900 Kanawha Blvd. East  
Charleston, WV 25305-0770

Document Code: CWR

Phone: 304-558-6000  
866-767-8683  
Visit us online or validate this document:  
[www.wvsos.com](http://www.wvsos.com)



# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017**

**DBA:**  
**Business Name:** US SECURITY ASSOCIATES INC

**Receipt #:** 329-278086  
**Business Type:** ALL OTHERS (SECURITY AGENCY  
BRANCH OFFICE)

**Owner Name:** US SECURITY ASSOCIATES INC  
**Business Location:** 6434 NW 5 WAY  
FT LAUDERDALE  
**Business Phone:** 7706424322

**Business Opened:** 07/08/2016  
**State/County/Cert/Reg:** BB2700001  
**Exemption Code:**

Rooms                      Seats                      Employees                      Machines                      Professionals  
20

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
150.00	0.00	0.00	0.00	0.00	0.00	150.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

DENISE SMITH  
200 MANSELL COURT EAST  
ROSWELL, GA 30076

**Receipt #** WWW-15-00138538  
**Paid** 07/12/2016 150.00

**2016 - 2017**

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017**

**DBA:**  
**Business Name:** US SECURITY ASSOCIATES INC

**Receipt #:** 329-278086  
**Business Type:** ALL OTHERS (SECURITY AGENCY  
BRANCH OFFICE)

**Owner Name:** US SECURITY ASSOCIATES INC  
**Business Location:** 6434 NW 5 WAY  
FT LAUDERDALE  
**Business Phone:** 7706424322

**Business Opened:** 07/08/2016  
**State/County/Cert/Reg:** BB2700001  
**Exemption Code:**

Rooms                      Seats                      Employees                      Machines                      Professionals  
20

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
150.00	0.00	0.00	0.00	0.00	0.00	150.00

**Receipt #** WWW-15-00138538  
**Paid** 07/12/2016 150.00





## U.S. Security Associates Policy & Procedure

Policy No: 600-07  
Subject: Alcohol, Drug and Substance Abuse  
Revised: June 2016  
Supersedes: 600-07 dated September 2012  
Approved: CHRO

1. **PURPOSE.** To establish a company policy regarding alcohol, drug and substance abuse.
2. **SCOPE.** Applies to U.S. Security Associates, Inc., its business units, operating units and wholly owned subsidiaries.
3. **RESPONSIBILITY.** The Chief Human Resources Officer (CHRO) is responsible for this procedure.
4. **POLICY.**
  - 4.1. Any employee found to be unlawfully in possession of, selling, using or under the influence of drugs or illegal substances or in possession of, selling, using or under the influence of alcohol on U.S. Security Associates, Inc.'s (USSA) or client property or during work hours will be disciplined, up to and including discharge. Illegal substances will be confiscated and turned over to the appropriate law enforcement agency.
  - 4.2. Any employee found to be unlawfully involved with drugs or controlled substances on their own time will be subject to disciplinary action up to and including discharge.
  - 4.3. USSA will take action against employees arrested for off the job drug activity up to and including discharge.
  - 4.4. Employees undergoing prescribed medical treatment with a drug or controlled substance which may alter their physical or mental abilities must report this fact to USSA or have their physician report this fact to USSA immediately. It may be necessary to change an employee's job assignment while the employee is undergoing such treatment.
  - 4.5. USSA will not discriminate against any applicant or employee who has a card, medical certification, or equivalent that the employee has been prescribed medical marijuana. USSA will not refuse to hire, or discharge, any individual with a card, medical certification, or equivalent indicating that the individual has been prescribed medical marijuana solely because the individual tests positive for marijuana or marijuana components or metabolites. However, such persons are still prohibited from using, or being impaired by marijuana during work time on the premises of their place of employment.
  - 4.6. Except as set forth in Section 4.5 above, employees who are deemed by USSA management to be unfit for work, who are reasonably suspected of alcohol or drug use, or who are found by drug screen urinalysis test, blood alcohol test, alcohol breath test, saliva test or other testing means as may be available to have alcohol or drugs in their system, shall not be permitted to remain on the job or on USSA or client property.
  - 4.7. If reliable information comes to USSA's attention that an employee may be a drug user or alcohol/substance abuser, he/she shall be directed to submit immediately to a drug screen urinalysis test, blood alcohol test, alcohol breath test, saliva test or other testing means as may be available. Pending the results of these tests, USSA may, in the interim, reassign the employee to other work or suspend the employee without pay, depending on the circumstances.
  - 4.8. If the results of the testing are negative and thus is determined that the employee is "clean", or in compliance with Section 4.5 above, he/she shall be restored to regular job duties and made whole for any loss in pay, unless the behavior itself which prompted the test warrants discipline.
  - 4.9. From time to time, employees will be directed to submit to unannounced random drug screen urinalysis test, blood alcohol test, alcohol breath test, saliva test or other testing means as may be available. Employees directed to submit

Substance abuse



to the above referenced testing who refuse to cooperate will be considered insubordinate and will be disciplined up to and including discharge.

4.10. If an employee received a First Offense D.U.I., irrespective of a withheld judgment, and if he/she is not discharged, the employee shall enroll in an alcohol or drug abuse counseling program and be placed by USSA on six (6) months' probation. If, during the probation period, a Second Offense D.U.I. is received by the employee, he/she may be subject to discharge.

4.11. If an employee receives a D.U.I. while operating a company or client vehicle, irrespective of a withheld judgment, he/she shall immediately be subject to discharge.

5. **PROCEDURE.** A copy of this policy should be framed and placed in a location within the operating unit office for all applicants and employees to read.

**FORMS ASSOCIATED WITH THIS POLICY:**  
**NONE**



*"America's Team"*

**U.S. SECURITY ASSOCIATES®**

# Manager's Safety Playbook

*February 2014*

## Table of Contents

<b>Safety Policy</b>	<b>3</b>
<b>Roles</b>	<b>4</b>
Business Unit Management	4
Branch Manager	4
Worker Comp Claims Administrator	5
Site Supervisor and Employee	5
Safety Committee Member	5
<b>Workers Compensation and Return to Work Program</b>	<b>6</b>
Workers' Compensation Claim Reporting	6
Medical Treatment for Work-Related Injuries	6
Workers Incident Report Form	8
Return-to-Work Program	10
Policies on Employee Benefits	12
WC Claims Administrator Action Steps	133
Sample Job Offer Letter	14
"Get Well" Contact Letter	15
Workers' Compensation File Checklist	17
<b>Safety Committees</b>	<b>18</b>
Safety Committee Responsibilities	18
Recommended Safety Committee Members	18
Standards & Procedures	19
Safety Committee Minutes and Action Plan	20
Establishment of Yearly Goals	21
Annual Safety Program Evaluation	21
<b>New Employee Safety Orientation</b>	<b>22</b>
Company Safety Policy Statement	23
Safety Orientation Checklist	24
<b>Facility Safety Survey</b>	<b>25</b>
Facility Safety Survey	26
<b>Accident Investigations</b>	<b>27</b>
Employee Accident Investigation	28
Root Cause Analysis Worksheet	30
Accident - Incident Corrective Action Ideas	31

## Safety Policy

To all US Security Associates,

US Security Associates is committed to providing its employees with a safe working environment and promotes safety in the workplace at all levels. Our commitment is based on a concern for the welfare of our employees and a determination to minimize the impact of rising medical and labor compensation costs resulting from occupational illness and injuries. USA strongly believes that, with management and employee involvement, accidents and injuries can be minimized, if not completely eliminated.

To achieve our objective of maintaining a safe work environment, US Security Associates has initiated a comprehensive safety program which compels all employees to participate and work toward the common goal of zero accidents or injuries. Our safety program is ongoing and is built upon the foundation of management involvement, employee awareness and employee participation. It is an active program which is comprised of employee awareness training, supervisory skills training, safety observation documentation, accident/injury event analysis, employee safety evaluations, and a safety incentive award program.

All employees are responsible for reducing the possibility of accidents and are expected to conduct themselves responsibly, respect established rules & procedures and perform their assigned tasks in a manner that minimizes the potential for personal injury or property damage. Managers and supervisors are expected to provide the leadership necessary to accomplish this goal.

The contents of the Safety Playbook address the following components:

- Safety Responsibilities of Managers, Site Supervisor, WC Claims Administrators and Employees.
- Safety Training Plan.
- Safety Committee Activities.
- Safety Conditions Survey Report
- Employee Accident Investigation
- Workers Compensation and Return to Work Program.

Other specific USA manuals (Security Officer's Guide, H.R. Manual) also contain guidelines relating to the safe operation of our facilities. Your attention to these manuals is expected.



## Roles

- Business Unit Management
- Branch Manager
- Worker Comp Claims Administrator
- Site Supervisor and Employee
- Safety Committee

## Business Unit Management

Ensuring that the following tasks are completed is the responsibility of Business Unit Management:

- Designate those who will assume the roles of Worker Comp Administrator and Safety Committee members.
- Focus the committee on developing, implementing and evaluating the plans of action that address key accident and injury drivers.
- Develop and implement the Accident Investigation method most appropriate for their Area – to be done by Branch Manager, site supervisor, or Operations Manager or other designated Area staff member.
- Review Workers Compensation costs monthly and share these costs with appropriated staff members for their review and analysis.
- Participate in the safety committee to assure activities are addressing safety issues and cost of risk drivers.
- Review incident reports and be sure corrective actions are identified and taken to prevent reoccurrence.
- Be sure that employee safety is discussed and documented at all meetings.
- Counsel managers and employees verbally and in writing for failing to enforce/follow safety program requirements/rules in their posts.
- Focus resources on implementing plans of correction to address those types of injuries which result in lost time days and workers compensation costs.
- Ensure the Return to Work program is fully implemented.
- Promote safety awareness tools.

## Branch Manager

Ensuring that the following tasks are completed is the role of the District or Branch Manager:

- Provide leadership towards a common goal of zero accidents and injuries.
- Be sure each new employee completes new employee safety training orientation, both general and post specific, within the first week of reporting to work.
- Discuss employee safety at all sites meeting(s).
- Perform initial "Safety Condition" assessments. Assist in developing corrective action to prevent recurring accidents. (Supervisor or Operations Manager)
- Investigate all incident/accident reports for cause as well as developing, implementing and evaluating the effectiveness of corrective actions. (Supervisor or Operations Manager)
- Counsel employees verbally and in writing for failure to follow safety rules.
- Accommodate employees returning to work with restrictions.

-

## Worker Comp Claims Administrator

Ensuring that the following tasks are done is the responsibility of the Workers Comp Administrator:

- Administer all employee injury or illness claims and adhering to state reporting requirements. States can impose fines for late reporting.
- Review all accident reports. Evaluate the effectiveness of corrective action identified and assist the Branch Manager implementing lessons learned into the safety training program.
- Document contact with any employee that is away from work on workers compensation
- Assist with the coordination of the Return to Work Program.
- Monitor Temporary Transitional Duty activity (restricted to less than 90 days). Prior to an employee reaching this time frame contact Corporate Claims Management.
- Communicate/coordinate with Claim Adjuster, Employee and Branch Staff.

## Site Supervisor and Employee

- Share your ideas and suggestions for improved safety with your supervisor.
- Understand your post orders.
- Understand the limits of your duties.
- Report any unsafe acts or unsafe conditions to your supervisor immediately.
- Report all accidents to your supervisor immediately.
- Understand and follow site specific safety requirements and emergency procedures.
- Understand site specific hazards.
- Use and maintain your personal protective equipment.
- Use proper mechanics when lifting, pushing and pulling.
- Wear proper footwear.
- Do not engage in horseplay or distract others from their duty.
- The use of alcohol, drugs or other intoxicants while on the USA property or performing activities for USA clients is grounds for dismissal.

## Safety Committee Member

Ensuring that the following tasks are met is the responsibility of each Safety Committee Member:

- Attend at least 90% of all Monthly Safety Committee meetings.
- Participate in meetings by communicating site specific safety activities and issues.
- Serve on cross-functional committees appointed to resolve safety issues.
- Discuss/pass-on Safety Committee activities to employees on all shifts.
- Facilitate understanding of the Safety Program and safety rules by all employees.
- Lead by example and coach employees in safe work practices.



## Workers Compensation and Return to Work Program

Workers' compensation insurance provides medical and indemnity (wage continuation) benefits to workers who sustain an injury or illness in the course and scope of employment. Subject to applicable legal requirements of each state, workers' compensation insurance provides indemnity benefits subsequent to a state-mandated waiting period. An employee sustaining any work related injury or illness must follow our internal protocol, inform his/her Supervisor immediately and complete an incident report. It is mandatory to have all claims reported within 24 hours of receiving notice of the injury to our insurance carrier. All claims will be further investigated by the insurance carrier for compensability purposes. US Security's goal is to ensure the availability of proper medical treatment to injured employees in order to facilitate a return to their full-duty jobs as quickly as possible. As such, the direction of medical care to network providers and the use of the Return-to-Work Program by all locations is strongly encouraged.

### Workers' Compensation Claim Reporting

The timely reporting of workers' compensation claims is especially crucial as an employee could be denied access to all the benefits due him/her without proper reporting of the claim. Also, failure to comply with these procedures could subject the Corporation to fines and penalties levied by the respective state Workers' Compensation Commission/Board. In addition, studies correlate late reporting with higher claim costs and inefficiencies in providing benefits. As such, the following procedures must be followed when reporting workers' compensation claims:

1. Regardless of severity, the injured employee must report any work injury IMMEDIATELY to the dedicated Coventry Nurse line at: 1-866-956-7445 and notify his/her direct Supervisor. The employee will speak to a nurse to discuss their illness and injury and will be guided to appropriate care. Whenever possible, the injured employee must also complete the Worker Injury/Illness Report form 920-01 (see p.8-9). Failure to properly follow the reporting instructions may lead to disciplinary actions.
2. Upon notification of an injury, the Supervisor or Operations Manager must investigate the claim and gather all pertinent information, including witness statements and photos, if necessary. This must be done IMMEDIATELY following the incident. Please refer to the *Accident Investigation Section p.27* and complete the employer section on the Worker Injury/Illness Report form 920-01.
3. The Supervisor must then provide a copy of the Accident/Injury Report to the Branch Manager. The Branch Manager is responsible for reporting accurate location and customer codes to the third party administrator. The Area/Area Manager should maintain the original Claim Reporting Form.
4. Coventry will generate a medical report for the local branch notifying that an incident call has been made

### Medical Treatment for Work-Related Injuries

- Employees requiring EMERGENCY medical attention should be sent to the nearest hospital for treatment immediately.
- For non-emergency medical treatment, the injured worker should be directed to seek treatment from a doctor or medical facility within USA's Managed Care Network, if applicable by state law. Refer to the guidelines listed below concerning managed care networks.
- Medical treatment, other than the initial visit, should never be authorized by anyone at the facility. All authorizations for follow-up medical treatment are provided by the insurance carrier.



## 1. USING MANAGED CARE NETWORKS:

The laws in some states provide regulations for the use of Managed Care Networks for medical treatment. Depending on the state, use of Managed Care Networks will be under one of the following classifications:

- a. Mandatory - all injured employees must treat within the insurance carrier's network of providers at all times.
- b. Employer Directed – US Security may direct medical care to its network within limited periods of time.
- c. Employee Directed - injured employees may select their own doctors for care.

Employees should consult their WC Claims Administrator to determine if they must seek medical treatment within those networks. If the state classification is either Mandatory or Employer Directed, a list of medical providers within the network will be sent to the Branch Manager from Corporate Human Resources. This list should be posted in a conspicuous location frequented by all employees. If the list of providers cannot be located, please contact Corporate Human Resources immediately.

**Depending on State's jurisdiction, if an employee refuses to treat with doctors in the network, the employee may be responsible for payment of the medical bills.**

## 2. MEDICAL PROGRESS & FOLLOW-UP

While on leave because of a work-related injury, the injured employee must:

- ♦ Provide a progress report to the WC Claims Administrator each time he/she sees the physician for consultation or treatment; AND
- ♦ Report to the WC Claims Administrator any change in his/her condition that might affect work status or entitlement to workers' compensation payments; and
- ♦ Contact his/her Supervisor periodically to report on his/her condition.

Failure to provide the required medical status reports to the WC Claims Administrator may jeopardize the continuation of benefits.

The responsibilities of the WC Claims Administrator include:

- ♦ Maintain contact with the injured employee to monitor his/her medical status; and
- ♦ Report all information to the insurance carrier; and
- ♦ Direct employees to network medical providers and establish working relationships to facilitate the flow of information.

## 3. COORDINATION WITH ATTENDING PHYSICIAN

The WC Claims Administrator is responsible for providing the physician with the following:

- ♦ A copy of the employee's full-duty job description;
- ♦ A copy of job descriptions for potential transitional-duty assignments; and
- ♦ Written information explaining US Security's Return-To-Work Program

Copies of sample letters are attached to this policy or can be obtained from Corporate Human Resources.

## 4. MEDICAL INFORMATION

All employees' medical information is held in strict confidence in accordance with the Americans With Disabilities Act. Medical inquiries are limited to those permitted under state statute and applicable by federal law.





## U.S. SECURITY ASSOCIATES Workers Injury/Illness Report

### Part I - Administrative Details

1. Branch office number & name:		2. Client number & name:	
3. Incident day & date:		4. Time of Incident (Use 24 hour time.):	
5. Type of Incident: ___ Work Related Injury or Illness ___ Non-Work Related Injury or Illness			
6. Location of incident: Site street address: City: _____ State: _____ ZIP: _____			
7. Officer making report:	8. Reporting officer's telephone/extension:	9. Reporting officer's post:	
10. Date Incident reported:	11. Incident reported to:	12. Supervisor Name and Telephone:	

### Part II - First Report of Injury

13. Name of injured employee (First, MI, Last):		14. Social Security Number:																				
15. Injured employee's home address: Street address: City: _____ State: _____ ZIP: _____																						
16. Date of birth:	17. Marital Status:	18. Sex:																				
19. Date of injury:		20. Time of Injury. (Use 24 hour time.):																				
21. Indicate each part of body injured: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Leg/Thigh</td> <td><input type="checkbox"/> Eye</td> <td><input type="checkbox"/> Back</td> </tr> <tr> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Knee</td> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Abdomen</td> </tr> <tr> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Foot/Toe</td> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Ankle</td> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>			<input type="checkbox"/> Hand	<input type="checkbox"/> Forearm	<input type="checkbox"/> Leg/Thigh	<input type="checkbox"/> Eye	<input type="checkbox"/> Back	<input type="checkbox"/> Finger	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Knee	<input type="checkbox"/> Head	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Wrist	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Foot/Toe	<input type="checkbox"/> Neck	<input type="checkbox"/> Hip	<input type="checkbox"/> Elbow	<input type="checkbox"/> Chest	<input type="checkbox"/> Ankle	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Hand	<input type="checkbox"/> Forearm	<input type="checkbox"/> Leg/Thigh	<input type="checkbox"/> Eye	<input type="checkbox"/> Back																		
<input type="checkbox"/> Finger	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Knee	<input type="checkbox"/> Head	<input type="checkbox"/> Abdomen																		
<input type="checkbox"/> Wrist	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Foot/Toe	<input type="checkbox"/> Neck	<input type="checkbox"/> Hip																		
<input type="checkbox"/> Elbow	<input type="checkbox"/> Chest	<input type="checkbox"/> Ankle	<input type="checkbox"/> Other: _____																			

22. Injured employee's description of incident. Describe exact location where the accident occurred. (Continue in Item 34 below):

23. Treatment of injury:

Did employee call immediately Conventry Nurse Line? ☐ Yes ☐ No      If Yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_

If not, What was the reason for not calling?

Was medical treatment received?      ☐ Yes ☐ No      If Yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_

Did employee leave shift for treatment?      ☐ Yes ☐ No      If Yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_

Injured Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Return-to-Work Program

These guidelines cover employees who are on leave due to a work-related injury or illness. Because employees are US Security's most valuable resource, US Security attempts to help employees return to work as soon as possible after their physician certifies their ability to do so.

### 1. RETURN-TO-WORK OPTIONS:

Arrangements to facilitate an employee's early return to work are made in consultation with the employee's attending physician and/or other qualified medical professionals. The following options are explored:

- a. **Return to Full-Duty Position.** An employee is offered the opportunity to return to his/her prior position if the attending physician certifies the employee can perform the essential functions of the job with or without reasonable accommodations. The Branch Manager is responsible for working with the WC Claims Administrator, employee's Supervisor and attending physician (and third party consultants, as necessary) to provide any reasonable accommodations.
- b. **Return to Transitional-Duty Position.** Any employee not able to return to his/her prior full-duty position is offered (subject to the restrictions set out in Section 4: Limitations Applied to Transitional-Duty Assignments) a temporary transitional-duty assignment approved by the employee's attending physician. The Branch Manager is responsible for working with the WC Claims Administrator, employee's Supervisor, claim adjuster, and the employee's attending physician to develop and implement the transitional-duty assignment. The assignment can consist of the employee's regular job, with reduced working hours or reduced activities, or an alternative transitional-duty position. Every effort will be made to place employees in temporary, transitional-duty positions, even if one must be created.

### 2. CERTIFIED JOB OFFER LETTERS

All attempts to return an injured worker to a transitional-duty position must be done with a written job offer letter from the Branch Manager **sent via CERTIFIED MAIL, RETURN RECEIPT REQUESTED**. It is the responsibility of the Branch Manager to ensure that the letter is mailed immediately after the employee's restrictions and transitional duties have been established. A copy of the job offer letter must be faxed to the claim adjuster and must be maintained in the employee medical file.

Sample letters are attached to this policy or can be obtained from Corporate Human Resources.

### 3. INTER-OFFICE BILLING FOR CREATED TRANSITIONAL-DUTY POSITIONS

If a transitional-duty position is created on a temporary basis to accommodate an injured worker's restrictions, the wages can be billed to the Corporate Human Resources Department using the Inter-Office Billing Program. The wages for these employees will be paid by Corporate Human Resources if the following conditions are met:

- a. The position is entirely created - meaning that it is not in the current budget.
- b. The Branch Manager has notified Corporate Human Resources of the created position and the ability to place the employee in the position.
- c. Documentation of the employee's hours and pay rate while in the created position must be submitted to Corporate Human Resources. (A time sheet is sufficient.)
- d. A copy of the processed time sheets must be sent every 2 weeks to Corporate Human Resources for approval and transfer of work hours.
- e. Hours worked do not exceed 40 hours/week.

#### 4. LIMITATIONS APPLIED TO TRANSITIONAL-DUTY ASSIGNMENTS

The following restrictions apply to transitional-duty assignments:

- a. No guarantee of work. As previously stated, all locations will endeavor to return employees to gainful employment as soon as possible by exploring possible transitional-duty assignments. However, since circumstances may alter this ability, facilities must not guarantee the availability of transitional-duty work to all employees.
- b. Pay rates and workers' compensation benefits. Employees on transitional duty are not guaranteed the rate of pay they received for the position they held at the time they sustained their injury or illness. The pay rate for a transitional-duty assignment is based on the knowledge, skills, and abilities required for the job as well as general market conditions. While on transitional duty, if an employee earns less than his/her pre-injury wage, he/she will be eligible for workers' compensation benefits based on the laws of the various states. Employees in transitional-duty positions are not permitted to supplement their workers' compensation benefits by using their accrued vacation, personal, or medical/sick leave.
- c. Transitional-duty jobs are temporary. Employees are encouraged to work transitional-duty jobs until they reach maximum medical improvement. However, if the treating physician indicates that the employees have permanent restrictions that will prevent them from performing their full-duty job, the location has no obligation to keep the employees in the transitional-duty jobs. (See Permanent Disabilities below).

#### 5. EMPLOYEE REFUSAL OF WORK

In the event an employee refuses to return to his/her regular, full-duty position in response to a written, bona fide offer of employment by the Branch Manager sent via certified mail, the employee may be subject to termination and, consequently, his/her position may be filled permanently.

If an employee refuses to return to a transitional-duty position offered via the certified written job offer, the employee may jeopardize his/her entitlement to receive workers' compensation benefits. Refer the following section on Termination of Injured Employees.

#### 6. TERMINATION OF INJURED EMPLOYEES

It is the Corporation's policy to not discriminate against employees on workers' compensation with respect to termination or any other company policies. Therefore, **THE CORPORATE HUMAN RESOURCES AND LEGAL DEPARTMENTS SHOULD BE CONSULTED BEFORE THE TERMINATION OF ANY EMPLOYEE ON WORKERS' COMPENSATION.**



## Policies on Employee Benefits

### 1. PERMANENT DISABILITIES

After an injured employee has reached maximum medical improvement, an employee may have a permanent disability that impairs his/her ability to return to his/her prior position. The Branch Manager, in consultation with the employee's attending physician, Corporate Human Resources, and the claim adjuster should attempt to find a position at the facility commensurate with the employee's knowledge, skills, and abilities. However, there is no obligation by the Branch Manager to create a permanent modified duty job. If a permanent modified job cannot be located at the facility, the Branch Manager should contact the third party administrator and Corporate Human Resources immediately. These employees may be eligible for vocational rehabilitation or other benefits according to state workers' compensation laws.

### 2. HEALTH BENEFITS

The employee's health benefits will be maintained during the time off period under the same conditions as if the employee continued to work. USA will continue to pay the Company's portion of the cost normally paid for the employee's (and dependent, if enrolled) medical coverage. However, the employee will be required to continue premium payment while on leave and must arrange for payment using the FMLA Health Insurance Questionnaire.

### 3. COORDINATION WITH FMLA

If an employee meets the eligibility requirements of a covered employee under the FMLA, then the employee's leave due to a work-related injury or illness is to be designated as FMLA leave and applied towards the employee's 12-week leave entitlement. To the extent permitted by FMLA, US Security also applies the period of time that an employee does not work due to a reduced schedule or intermittent leave towards the employee's FMLA entitlement. Please refer to PnP 680-05 for information regarding compliance with the FMLA or contact the Benefits Department at Corporate.

## WC Claims Administrator Action Steps

### 1. Within 24 Hours of the Accident

- Notify the Branch Manager, Operations Manager, Area Supervisor and the insurance adjuster, as appropriate, about the injury/illness.
- Contact/Call the injured employee to see how he or she is feeling as outlined in the Return to Work Program.
- Ask for information on physician visits and work status.
- Follow up to ensure the employee has completed the required forms.
- Be sure that management has transitional duty planned as necessary.
- Create a folder for the injured employee and complete the WC File Checklist.

### 2. Ongoing

- Notify medical providers treating employees for work related incidents that the facility has a transitional duty program that can accommodate any restriction and to not prescribe days away from work.
- Be sure that employees are aware that the facility has a transitional duty program that can accommodate any restriction and to always report to work.
- Notify the workers compensation insurance company as soon as an injury requiring medical treatment is reported even if all the necessary reporting information is not immediately available. **Do not delay calling in an alleged claim until all the information is gathered.**
- Track trends in work related injury causes, locations, and types and report the information to the Safety Committee.
- Verify and forward invoices for workers compensation services to the insurance carrier adjuster.
- Retain all forms, correspondence, and any other claim documentation in a medical file for the injured employee. Medical reports and medical bill receipts must be maintained separately from the personnel file, all records must be kept in a locked cabinet.
- Document the date, time, and a brief summary of telephone contacts regarding the claim.
- Forward copies of correspondence, medical bills, doctor's notes, and appropriate wage forms to the insurance adjuster.
- Maintain contact with the appropriate claims adjuster monthly to review all open claims.
- Be sure that managers know that employees with restrictions must be accommodated but for no more than 90 days unless approved by the Corporate Claims Manager and the Business Unit Manager.
- Send the "Get Well" card, a letter (see the sample in the "Return to Work" section that follows) to employees who lose seven days or more of work. Contact the appropriate Supervisor Staff weekly to share information and update the employee's status.
- Review restricted duty assignments weekly to determine if the scope of work can be increased.
- If not familiar with workers compensation claim filing and handling contact Corporate Claims Management.

### 3. How to Handle a Questionable Claim

The determination to accept or deny a claim will be made by the insurance adjuster and not the WC Claim Administrator, Branch Manager or other area employees. All information relevant to the validity of a claim or contradictory additional information concerning the claimant should be reported to the insurance adjuster immediately. Any delay may prejudice potential defenses. The insurance adjuster must authorize all service beyond the initial treatment and the original prescription.



U.S. Security Associates

## Sample Job Offer Letter

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

DATE

EMPLOYEE

ADDRESS

ADDRESS

Dear Employee's Name

I am pleased to hear of your ongoing recovery from your work-related injury. U.S. Security Associates, Inc looks forward to your successful return to work.

I would like to offer you this transitional temporary employment position that meets the medical restrictions outlined by your physician in the enclosed medical report. The Job Title position is a Part Time or Full Time position. You will be working Choose weekday from weekday, from Starting Time a.m. to Ending Time p.m. You will be compensated at \$dollar amount /hr. You will only be assigned tasks consistent with your physical abilities, skills and knowledge. If any training is required to do this assignment, it will be provided. A copy of the job description further outlining the duties of the position is enclosed.

Your first day of work in your transitional temporary position will be Weekday, Date and Time. You will report to Supervisor's name at the Branch/Site Name's office located at Address.

If you accept this offer, please indicate by signing and dating your name below and returning this offer to me immediately at the address below. If Local Branch Name does not receive this back within three (3) days from the date on this letter, we will assume that you have rejected this offer.

Keep in mind, that if you reject this offer, your temporary total or temporary partial disability benefits could be suspended or denied by our insurance carrier, Liberty Mutual.

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

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

Please contact me if you have questions about this job offer. I look forward to hearing from you.

Sincerely,

Your Name and Title  
U.S. Security Associates  
Phone Number  
Email

cc: «Liberty Mutual Claims Representative»

US Form 990-02 (1/13)

PrP 990-01 (2/14)



"America's Team"

Employee:  
Claim number:

Job title: Wage: \$ /hour

Work hours: a.m. to p.m. Work days: Mon, Tues, Wed, Thurs, Fri, Sat, Sun

Location of job: Duration of job: Temporary

The job meets current medical restrictions: ☒ Yes ☐ No

---

**1. Job duties include:**

*Examples of Office Work: Answer phones, Take messages, Greet customers, Key data, File correspondence, Arrange files, Order supplies, Fold and stuff mailings, Open and sort incoming mail, Put away incoming office supply orders, Shred documents, Radio Dispatch security officers, Plan and schedule company meetings, Take inventory...*

**2. Physical requirements of the job:**

*Must match medical restrictions*

**3. Other job requirements (education, etc):**

**4. Other comments:**

---

Employee signature: \_\_\_\_\_

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

Employer representative: \_\_\_\_\_

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



*"Get Well" Contact Letter*

*(Date)*

*Mr./Ms. Employee  
Address*

*Re: Work Injury of \_\_\_\_\_ (date)*

*Dear \_\_\_\_\_:*

*I was informed by our Claims Coordinator of your employee injury/illness, and wanted to take a brief moment to drop you a note. We are concerned anytime an employee is injured on the job, and want to be certain that your claim is handled properly.*

*Our Workers' Compensation carrier is \_\_\_\_\_, and they can be reached at \_\_\_\_\_. The facility has already reported your claim, and if you have not yet heard from an adjuster regarding your claim, one should be contacting you within the next few days. If you are not contacted, please let me know.*

*I want to be sure you are informed about your rights and responsibilities regarding your injuries. Please feel free to contact either the Claims Coordinator or me if you have any questions or concerns about your benefits. I want you to receive the best care possible so that we can all benefit by your returning to work as quickly as medically possible.*

*You are an important part of our Team. I look forward to seeing you back at the facility as soon as possible.*

*Sincerely,*

\_\_\_\_\_  
*Area Manager*

Workers' Compensation File Checklist  
(To be completed by the local WC Administrator)

Employee Name: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Initial here:

<input type="checkbox"/>	Report Claim to Coventry / Liberty Mutual
<input type="checkbox"/>	Send injured worker for medical treatment
<input type="checkbox"/>	Complete first report of injury / illness
<input type="checkbox"/>	Complete investigation including root cause analysis, witness statements and supervisor comments
<input type="checkbox"/>	Communicate with Claim Adjuster and provide requested forms (incident report, wages statement)
<input type="checkbox"/>	Obtain medical and return-to-work status documentation after initial treatment
<input type="checkbox"/>	Advise Claim Adjuster of medical and return-to-work information
<input type="checkbox"/>	Communicate with employee on lost time

Contact Information:

Claim Adjuster Name: \_\_\_\_\_ Claim #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Medical Follow-Up with Employee      Comments

Date	<b>Two-weeks</b>	_____
Date	<b>30 Days</b>	_____
Date	<b>60 Days</b>	_____
Date	<b>90 Days</b>	_____
Monthly calls until employee returns to work		

Return-to-Work Status:

☐ **Light Duty Release**  
Find post within employee's restrictions. Site Name \_\_\_\_\_  
Create light duty job within restriction. Type of Position: \_\_\_\_\_  
Light duty job offer letter sent by certified mail/return receipt requested. Date: \_\_\_\_\_  
\_\_\_\_\_ Date Employee returned to light duty

☐ **Full Duty Release**  
\_\_\_\_\_ Date Employee returned to full duty post

\_\_\_\_\_  
Manager Signature

(Place a copy of this checklist in employee's WC file)

## Safety Committees

Safety Committees are designed to assist the Area Manager and the Safety Coordinator in conducting necessary activities for the Safety Committee. This Section contains tools for administering and evaluating an effective Safety Program. The table below outlines the components in this Section and the purpose of the materials.

Component	Purpose
Safety Committee Responsibilities	Summary outline of tasks and responsibilities to be conducted throughout the year.
Safety Committee Members	Recommendations for membership on the Safety Committee.
Agenda for Committee Meetings	Recommended agenda to facilitate the meetings throughout the year and provide a format for documentation.
Yearly Goals	A guide to assist in the development of goals for the Safety Program.
Post Safety Assessment Reports	Evaluate the thoroughness of reports and safety needs identified in the assessment.
Annual Safety Program Evaluation	A yearly review of the Program's effectiveness and compliance with OSHA requirements.

### Safety Committee Responsibilities

#### Reduce injuries and the risk of injury

- Develop and monitor plan(s) of action to reduce employee injuries through:
  - Analyzing trends in employee injuries.
  - Reviewing accident investigations and reinvestigate if necessary.
  - Verifying that investigation and inspection corrective actions have been implemented.
  - Brief management team on status of safety program activities.
  - Assist in the coordination of employee training.
- Hold regular monthly meetings.
- Review and evaluate Safety Condition Assessment Reports, Safety Needs Analysis/Personal Protective Equipment Checklist for completeness.
- Post Minutes of Safety Committee meetings.
- Review In-Services Training and New Employee Training.
- Assist supervisors with safety leadership.
- Evaluate field safety suggestions and assist with their implementation.

### Recommended Safety Committee Members

The following is a recommended list of Safety Committee Members:

- Safety Coordinator
- WC Claims Administrator
- Those employees in the office on transitional duty
- Branch Manager
- Operations Manager
- Trainer
- Security Officer (optional)



## Standards & Procedures

1. Safety Committee membership will consist of at least four area/operation managers within a business unit and equal number of representative employees (optional).
2. Appoint a Chairman to arrange meeting, time, and conduct sessions.
3. Appoint a Secretary to record roll call and minutes
4. Names of the members of the Safety Committee should be regularly distributed to or posted for viewing for employees of the subject location(s) so all employees know who is charged with coordinating safety.
5. Committee membership can be transient with membership duration lasting for at least a 12-month period with staggered replacement to provide for continuity during transition.
6. Meetings will be held at least quarterly with records of meetings uploaded to the RM Portal.
7. Committee activities should focus on the following suggested functions:
  - Complete facility hazard inspections
  - Identify recurring safety related problems and develop solutions. Prioritize identified deficiencies to correct most hazardous items first.
  - Discuss existing safety management practices, their effectiveness and be prepared to offer suggestions on methods to improve or new safety management practices and their relative merit
  - Arouse and maintain interest of other employees in the safety initiative. Encourage feedback from employees on safety problems, ideas and solutions and evaluate safety suggestions
  - Identify hazardous work areas and unsafe work practices/conditions and suggest appropriate solutions
  - Develop, revise and enforce safety rules
  - Follow-up on recommendations and corrective action plans for reported violations and accidents
  - Assure appropriate safety equipment is on hand and used as instructed
  - Involve members in accident investigations (actively investigating and reviewing results of investigations completed by others)
8. Suggested "10 Point Order of Business"
  - Order called on time.
  - Roll call. (Evaluate members' absence)
  - Minutes from previous meeting. (Approved if no changes)
  - Discuss old and unfinished business. (Status of reports, recommendations on safety suggestions, corrective actions taken)
  - Review accidents and near misses since last meeting. (Pay close attention to the practicality and suitability of the corrective action offered in the reports completed).
  - Review inspection reports.
  - Safety matters. (Discuss new safety procedures and their relative merit, discuss unsafe conditions/practices and possible solutions, evaluate safety suggestions, etc.).
  - Discuss past, ongoing and future training efforts and ways to improve the process or make training more interesting.
  - General discussion (an open forum - questions from members and general discussion).
  - Set date for next month's safety meeting and adjournment.

## Forms & Documents

- Safety Committee Minutes (Sample Template) & Action Plan



## Safety Committee Minutes and Action Plan

Location: \_\_\_\_\_

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

Members and Guests Present: \_\_\_\_\_


Status of Outstanding Items: \_\_\_\_\_

Responsibility: \_\_\_\_\_


Significant Employee Injuries and Investigations Review:

Date	Injury	Cause

What Corrective Action is Required: \_\_\_\_\_

Responsibility: \_\_\_\_\_


Training Conducted/Needed: \_\_\_\_\_

--

Other Items: \_\_\_\_\_

--

Do You Need Special Assistance?

☐ Yes

☐ No (If yes, what is needed?)

Safety Coordinator: \_\_\_\_\_

Location Manager: \_\_\_\_\_

## Establishment of Yearly Goals

The Safety Committee has the responsibility of establishing measurable goals for the Safety Program each year. The goals should be established at the beginning of the calendar year and monitored throughout the year. To establish goals, use the following format. The first three goals below apply to every USA Facility. The last two or more may be determined by each facility.

Goals (examples)	Previous Year's Data	Current Year's Goals
1. Reduce the total number of Days Away from Work due to work related injuries/illnesses by 50% (or WC cost by 50%).		
2. Reduce most prevalent type claim by 50% (Falls – Exertion – Motor Vehicles – Contact/Struck By – Conflict – Other).		
3. Assess % of all worksites from an Employee safety standpoint.		
4. (List Area Determined Goal).		

### Injury Data Analysis

- ♦ Most frequently occurring injury during the past year – \_\_\_\_\_
  - Root Cause(s) - \_\_\_\_\_
  - Prevention Plan(s) - \_\_\_\_\_
- ♦ Second most frequently occurring Injury during the past year - \_\_\_\_\_
  - Root Cause(s) - \_\_\_\_\_
  - Prevention Plan(s) - \_\_\_\_\_
- ♦ Most frequently occurring injury during the past 3 years - \_\_\_\_\_
  - Root Cause(s) - \_\_\_\_\_
  - Prevention Plan(s) - \_\_\_\_\_

## Annual Safety Program Evaluation

Each year in January, the Safety Committee should discuss the following questions and review their previous year's accomplishments. The purpose is to evaluate the effectiveness of the previous year's Safety Program, summarize any action steps taken to reduce risk and assist in planning for the next year's safety activities.

## New Employee Safety Orientation

New employee safety training and continuous employee safety education will become the cornerstone of our safety and health program. Trained employees are better informed and consequently will be better able to avoid injuries. Therefore, the following is considered policy:

- Prior to placement on a jobsite, the manager will confirm that employees are physically capable for the assigned job functions, and that they are fully trained in their assigned tasks.
- New employees will be advised that adherence to safe work practices and procedures is mandatory, and failure to adhere can be grounds for termination and they will sign the Company Safety Policy Statement. It will be the site manager's responsibility to monitor employee's work activities, and remove employees that fail to abide by these work practices.
- A work site specific, safety orientation will be conducted by the area/operation manager or a site designee for all new employees using the attached Safety Orientation Checklist. This is intended to inform the employee of specific hazards at the site where he/she will be employed. The Safety Orientation Checklist must be completed in full and signed by the area/operation manager and the new employee.
- Upon completion, the Safety Orientation Checklist and the Company Safety Policy Statement should be placed in the employee's file.
- A brief orientation follow-up will be conducted by the area/operation manager or site designee within two weeks of a new employee's initial hire. This follow-up can be as short or as long as is necessary to provide assurance the new employee has a good understanding of the information covered in the initial orientation. Once completed, the Safety Orientation Checklist will be pulled from the employee's file, signed and dated indicating that the follow-up safety discussions were completed.
- Communication between employees and supervisors is critical, and employees must notify their supervisor if they are taking any medication that could impair their ability to complete his/her assignment or to work safely. Notice should also be provided if the employee feels that fatigue is a factor in their completion of their work in a safe manner.

sec. guard Job  
Tra

Frequency



## U.S. SECURITY ASSOCIATES

### Company Safety Policy Statement

The safety and well-being of our employees is of primary importance at U.S. Security Associates. It is the intention of management to provide safe and healthy working conditions, and to require the use of safe work practices at all times.

Federal and State Occupational Safety and Health Acts (OSHA) require that all employers provide safe and healthy working conditions for all their employees. It is the responsibility of all company representatives to ensure, to the best of their abilities, that our employees are assigned to work sites that are free of unsafe conditions and/or hazards.

It is your responsibility, as a USA employee, to learn the correct and safe way to do your job. You must:

1. Make sure you understand your job and follow all USA and client safety rules and procedures.
2. Never attempt to work under the influence of drugs, alcohol or any other controlled substances.
3. Use all personal protective equipment provided for your job.
4. Participate in all safety or job related training provided.
5. Inform your supervisor of any unsafe conditions you observe.
6. In the event of a work related injury or illness that does not require emergency attention, report it immediately to your site supervisor, contact the dedicated nurse line at 1-866-956-7445 and complete an incident report. If an injury or illness requires emergency attention, the first priority is to arrange for immediate medical treatment for the employee. Failure to properly follow the reporting instructions may lead to disciplinary actions.

Our goal is to prevent accidents and provide you with a safe and productive work place. Please do your part to help us achieve this objective.

### Employee Statement

I have read and understand the above Safety Policy and I have received a copy of this for my own records. I am also aware that my employer may direct me to take an alcohol and/or drug test if I am, in any way, involved in an on the job accident.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Safety Orientation Checklist

Employee Name	Job Title										
Branch/Operation Manager	Employment Date										
<p>Items Covered (initial those covered):</p> <p><input type="checkbox"/> Company safety and health policy</p> <p><input type="checkbox"/> Importance of employee in program</p> <p><input type="checkbox"/> How to report accidents and incidents</p> <p><input type="checkbox"/> How to report unsafe/substandard items</p> <p><input type="checkbox"/> How to get emergency care</p> <p><input type="checkbox"/> Use of fire extinguishers</p> <p><input type="checkbox"/> What to do in emergencies</p> <p><input type="checkbox"/> Entrances and exits</p> <p><input type="checkbox"/> Proper dress</p> <p><input type="checkbox"/> Safety and health committee</p> <p><input type="checkbox"/> Safety rules and procedures</p> <p><input type="checkbox"/> Smoking rules</p> <p><input type="checkbox"/> Required personal protective equipment</p> <p><input type="checkbox"/> Fitting of special personal protective equipment</p> <p><input type="checkbox"/> Housekeeping</p> <p><input type="checkbox"/> Task procedures</p> <p><input type="checkbox"/> Specific job and duties</p> <p><input type="checkbox"/> Security Officer's Guide provided and reviewed</p> <p style="margin-top: 10px;">*Specialized procedures including:</p> <p><input type="checkbox"/> *Hot work (welding, burning, cutting)</p> <p><input type="checkbox"/> *Confined space entry</p> <p><input type="checkbox"/> *Lockout</p> <p><input type="checkbox"/> *Hazard Communication</p> <p><input type="checkbox"/> *Respirator Protection</p> <p><input type="checkbox"/> *Hearing Protection</p> <p><input type="checkbox"/> *Forklift Training</p> <p><input type="checkbox"/> *Bloodborne Pathogens</p> <p><input type="checkbox"/> * Other</p>	<p>Other Items:</p>  <p>Comments Discussed:</p>  <p><i>The items on this employee orientation checklist have been discussed with me. I have had the opportunity to ask questions about anything in doubt and all concerns have been answered to my satisfaction. I know where to go for further information if necessary. I agree to follow the instructions I have been given as a condition of my employment.</i></p>  <table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Employee's Signature</td> <td style="border-bottom: 1px solid black; width: 40%;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Branch / Operation Manager</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Onsite Supervisor</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table> <p style="margin-top: 10px;">Follow-up required within 2 weeks</p> <table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Branch / Operation Manager</td> <td style="border-bottom: 1px solid black; width: 40%;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Onsite Supervisor</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>	Employee's Signature	Date	Branch / Operation Manager	Date	Onsite Supervisor	Date	Branch / Operation Manager	Date	Onsite Supervisor	Date
Employee's Signature	Date										
Branch / Operation Manager	Date										
Onsite Supervisor	Date										
Branch / Operation Manager	Date										
Onsite Supervisor	Date										

## Facility Safety Survey

A Safety Survey is an absolute requirement if we are to identify and remove and/or avoid accident sources in our work environment. Therefore, the following is to be considered policy:

- Planned Safety Surveys will be completed at all work sites by the area/operation manager or designee. In addition, all employees are to be made aware that they are also a part of this process, and should keep watch for hazards. Training of employees in the hazard identification process will be the responsibility of the branch manager or operations manager, to include the use of Personal Protective Equipment (see PPE). If any are identified, these should be brought to the immediate attention of the site manager.
- Safety Surveys will be completed at least once each quarter, at each work-site, and include all areas of the site expected to be visited by U.S. Security employees. Any change in operations will also trigger a survey requirement.
- Safety Survey results will be posted on U.S. Security Associates' RM Portal and the USA employee bulletin board. These results must be posted within five working days following the survey and must remain on the bulletin board until replaced by the next month's report.
- The area/operation manager will prioritize the deficiencies identified to provide reasonable assurance that the most critical items are managed first. The attached Facility Safety Survey Priority form may be used for this purpose.
- Area/operation managers will assign responsibility for managing deficiencies identified.
- Deficiencies not corrected by the next quarterly survey will be carried over as open items on the next survey report.

## Facility Safety Survey

<b>Location:</b>	
<b>Inspected by:</b>	<b>Date:</b>
<b>1. Outdoor</b>	
a) Outdoor walkways in good condition, curb edges distinct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Parking lot surface free of trip hazards such as potholes, uneven or broken surfaces, and obstacles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Adequate lighting? No burned-out, damaged or missing bulbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Arrangements adequate for prompt and adequate snow/ice management?	
<b>2. Floors and Walkways</b>	
a) Customer and employee walking surfaces (including restrooms) free of obstacles, slip, trip and fall hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Slip hazards in potentially wet and/or slippery areas adequately controlled (i.e. free of grease/liquid or covered adequately with non-slip materials or mats)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Drains working properly to prevent back-up of water/liquids?	
e) Footwear with non-slip soles available where necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>3. Entrances and Exits</b>	
a) Glass side panels and glass wall sections marked (such as with sticker/or lettering) for visibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Exit doors equipped with panic hardware, and open easily without obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Exit signs properly illuminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Exits properly identified and unobstructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) Pathways to exits unobstructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>4. Safety Program</b>	
a) Personnel receiving on the job training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Personnel knowledgeable of site specific safety requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Supervisors adequately trained in safety procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Required safety report forms present and utilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>5. First Aid and Emergency procedures</b>	
a) First aid supplies are well stocked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) First aid trained person is available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Emergency phone numbers posted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Telephone/radio communications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) Personnel knowledgeable of emergency procedures and evacuation routes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f) Fire extinguishing equipment available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>6. Other Areas</b>	
a) No temporary wiring or unsafe use of electrical cords (i.e. overloaded outlets or permanent use of extension cords)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Fall hazards controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Electrical circuits equipped with ground-fault circuit interrupters (wet areas such as kitchen, bathrooms & utility areas)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Machinery belts, pulleys, fans and rotating shafts guarded and inaccessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) Fixed machinery secured from tipping or falling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f) Is combustible trash accumulated in proper non-combustible containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
g) Are flammable liquids safely handled and stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
h) Hearing protection provided and worn in noisy environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
i) Other Personal Protective Equipment (PPE) is provided / worn as required (e.g. head, eye, and hearing respiratory protection)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Specify required PPE:	
<b>Concerns and Action Plan (use additional page if necessary):</b>	

Observations and recommendations are the result of practices and conditions observed and do not purport to refer to or guarantee compliance with local, state or federal regulations which may be applicable to such practice and conditions. This report should not be considered a definitive listing of all existing hazards nor an absolute solution to all indicated hazards. U S Security Associates is conducting this survey to note any obvious hazards to our employees as part of our safety focused culture.

## Accident Investigations

This section deals with two aspects of an employee injury. One is the accident investigation process designed to determine measures to be taken to prevent recurrence of a similar injury. The other is the appropriate treatment of the injury, including medical attention, Worker's Compensation and Return-to-Work.

It is up to the Branch Manager to decide the most effective accident investigation process of the Area out of three options. These are:

1. Have the accident investigations performed by the site or area supervisor(s). Supervisors may know more about the employee and work conditions providing insights into possible problems and solutions. However, should there be turnover in supervisor staff or an inability to perform objective investigations (i.e. Area Supervisors not able to conduct investigations because of other duties), then a different method should be considered.
2. DM or Operations Managers (or other designated staff member) conducts all accident investigations (supervisor may still conduct accident investigations for all injuries not requiring medical attention).
3. Injured employees may be requested to conduct the accident investigation process at the Area office. This is the least effective method since the site of the accident is not being reviewed.

A few key points to keep in mind:

- The safety committee is to review all Worker Incident Reports.
- The entire purpose of the investigation is to determine what can be done to prevent a recurrence.
- The different approaches of conducting investigations are provided to reflect the different types of operations.
- The key is consistency.

Following are tools to help with the accident investigation process.



## Employee Accident Investigation

An accident investigation is done to determine the facts, determine Root Cause and Corrective Actions Ideas with the injured employee. Supervisor Staff need to approach the investigation without any preconceived conclusions. Investigation efforts must be focused on determining the cause of accident and prevention of future accidents. This may include retraining and/or counseling via the progressive discipline policy, if it is obvious that the accident involved a direct violation of safety rules.

### Why Conduct an Accident Investigation

Accidents may occur due to a break in operational process. It is crucial that an accident be investigated promptly. The rationale for accident investigation is as follows:

- All accidents have a determinable cause.
- Corrective action to eliminate the causes will reduce the likelihood of similar accidents. Don't assume the employee was at fault. Look for system issues that may have contributed to the accident.

### Benefits of Conducting an Accident Investigation

The goal in investigating an accident is to determine what went wrong. The benefits of accident investigation are:

- Minimized chance for recurrence.
- Elimination of future loss potentially caused by the identified hazard.
- Increased awareness of safety.
- Discovery of how methods or procedures can be improved.
- Identification of areas of the safety program that can be strengthened.
- Identification of topics that should be included or enforced in training programs.

### When Should an Investigation be Conducted?

Often minor accidents are overlooked. All accidents should be viewed as an opportunity to evaluate and improve operational procedures. An accident investigation should begin immediately because:

- A quick response will show management's concern for reporting, investigating, and taking corrective action.
- The facts of the accident will be fresh in the minds of witnesses.
- Witnesses will not have had a chance to talk and speculate.
- Physical conditions remain the same. The scene of the accident will be less likely to have been disturbed.

### Who Should Conduct the Investigation?

At the Area Manager's discretion, the investigation may be conducted by the supervisor, DM, OPS Manager or other designated party. The goal is a consistent approach. Where site supervision is stable, it is preferred that the site supervisor perform the investigation (with OPS Manager or DM oversight review).

### What to Look For When Conducting an Investigation

To conduct a thorough accident investigation, one must look beyond the obvious facts and conditions. Often, a person is quick to judge and may overlook important factors. A thorough accident investigation focuses on:

- Unsafe practices - absence or violations of safety rules.
- Type of accident or manner in which a person was injured (slip/fall, lifting, struck by, etc.).
- Identify injury by body part (upper back, lower left arm, neck, etc.) affected.
- Personal factors or reasons for unsafe acts or practices (disregarding instructions, fatigue, etc.).
- Unsafe conditions (wet floors, stairs, design error, shoes, etc.) that may need correcting.
- Environmental factors (noise level, lighting, temperature, snow, ice, rain, etc.).

### Interview the Employee and Witnesses

It is important to interview the employee, when possible, before interviewing the witnesses

- Put the employee or witness at ease. The goal is prevention, not blame.
- Conduct the interview at the scene of the accident, if possible.
- Let the employee or witness tell the complete story without interruption.

- Ask open-ended and necessary questions.
- Avoid "why" questions, if possible, because they may make the witness defensive.
- Repeat the employee or witness story if necessary to verify what was said.
- Close the interview on a positive note. Prevention is the purpose of the investigation.

### **Analyze the Causes**

By completing the interview process, you will likely have identified the accident causes. The next step is to review the cause to determine if corrective measures can be taken. Look for engineering and/or training controls to prevent recurrence.

### **Take Corrective Action**

Document the corrective action properly. For instance, an in-service sign-in sheet should be used to document retraining. An entry in the maintenance log can be used to document the repair of defective equipment. A proper counseling form should be used to prevent conscious disregard for safety rules.



## Root Cause Analysis Worksheet

Complete for every Workers Incident Report. Check ALL contributing causes that you think may have led to the accident/incident occurring.

Emp	Mgt	MANAGEMENT/SUPERVISION	Emp	Mgt	MACHINE/EQUIPMENT
		Supervisor implied need to rush			Lack of guards, need for additional guards
		Lack of supervision			Poor condition (excessive wear, needs repair)
		Failed to adequately train in procedures			Age of equipment (no longer suitable to task)
		Insufficient job planning			Lack of Preventive Maintenance
		Breakdown in communications between worker & supervisor			Improper design for use or application
		Lack of procedural development			Parts of equipment not used or missing
		Poor procedural development (unclear)			Unclear operating instructions
		Failed to provide necessary equipment			Wrong machine or equipment for the job
		Assigned too few workers to the task			Poor operating instructions
		Assigned too many workers to the task			Operation of equipment known to be difficult
		Insufficient training			Previous incidents from this or similar equip.
		Failed to properly pre-plan with workers			Repaired improperly/insufficiently
		Failed to enforce existing policies/procedures			Repairs scheduled not completed.
		Unclear of task requirements			Company vehicle
		Fail to change processes due to changing conditions			Lack of powered lift equipment
		Assigned unrealistic workload for resources			
Emp	Mgt	ENVIRONMENT	Emp	Mgt	WORKER
		Poor housekeeping, cluttered lack of room.			Fatigue, working long hours
		Working out of neutral positioning (ergo)			Experience,
		Poor arrangement of work spaces (ergo)			Lack of physical capabilities, overexertion
		Insufficient lighting			Emotions
		Excessive lighting			Lack of attention to the job
		Cold temperatures			Lack of training or knowledge of task
		High temperatures			Unclear of specific work or task
		Poor visibility			Failure to use personal protective equipment
		Weather (Rain, ice, snow, lightning, etc.)			Not following work instructions
		Chemical fumes/vapors present			A current medical condition
		Excessive Noise			Behavior influenced by peers
		Occurred on Hard floor surface			Perceived need to rush
		Occurred on Carpeted floor surface			Distracted by outside influences
		Occurred Inside of building			Taking shortcuts
		Occurred Outside of building			Breakdown in communication bet. workers
		Away from facility in company vehicle			Employee smokes or uses tobacco
		Working a second job at home or another employer			Aggravated a pre-existing condition

Employee Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

## Accident – Incident Corrective Action Plans

Facility Name: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_

Accident Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

This plan should include all ideas that would reduce the likelihood of a reoccurrence. The lack of resources should not stop an idea from being listed. Those ideas that can be implemented should have a responsible person and correction date assigned. NOTE: At least one prevention idea must be implemented and verified. All reviewers may add ideas to the list.

Corrective Action Idea	List the Resources needed to Implement (People, Material, Procedures, Time, Training, Courage)	Responsible Person(s)	Target Correction Date

Branch Manager Review: \_\_\_\_\_

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

Safety Committee Review: \_\_\_\_\_

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## **12.00 TELEPHONE COMMUNICATIONS**

### **12.1 GENERAL:**

The availability of telephone communications is of utmost importance in the successful completion of a Security Officer's duties.

### **12.2 TELEPHONE INFORMATION:**

12.2.1 The Security Officer must know which phones are designated for his use and who should be called during any emergency or situation beyond the Security Officer's authority or control.

12.2.2 Current phone numbers and names will be furnished to the Security Officer and will be made a part of the Post Orders by the Supervisor.

12.2.3 The individual Security Officer should:

12.2.3.1 Maintain on his person, a card listing emergency numbers and names. Space is provided on the inside cover of this Guide for this purpose.

12.2.3.2 Know which facility phones are active at any given time and which can be used for outside calls.

### **12.3 PROVIDING INFORMATION DURING EMERGENCIES:**

12.3.1 With utmost speed, obtain accurate information to pass to the person you are calling. Examples:

12.3.1.1 Physician or ambulance:

- ◆ The exact location of the injured person.
- ◆ The nature, cause, and probable extent of injury (if known).
- ◆ Supplies available.
- ◆ What first aid is being given.

12.3.1.2 Fire Department:

- ◆ The Facility name and location.
- ◆ The portion or section of the facility where the fire occurred.
- ◆ Directions for the fire truck to take the shortest route to the location of the fire.
- ◆ Your name and title.

12.3.2 No information concerning any emergency at a client's location is to be given to any person or agency (including news media) unless authorized in writing by the client.

### **12.4 TELEPHONE CHECK:**

12.4.1 At the onset of the Security Officer's duty tour he should check phones designated for his use to insure they are in working order.

12.4.2 Phones designated as "FIRE Only" should be checked in accordance with the established phone check schedule.

**12.5 USE OF TELEPHONE:**

12.5.1 Answer the phone promptly. Identify yourself and the facility.

12.5.2 Speak clearly and distinctly.

12.5.3 Use a normal tone of voice.

12.5.4 Take notes to record or relay to another person.

12.5.5 Always be courteous when speaking on the phone.

12.5.6 Under no circumstances are personal calls to be made on any client telephone.

**12.6 UNAUTHORIZED TELEPHONE USE:**

12.6.1 Security Officers will use the client's telephones for authorized calls only.

12.6.2 Security Officers will not make personal calls using the clients' telephones unless there is an emergency and the emergency must be documented on the Daily Activity Log (i.e., what the emergency was, who was called and what time the call was made.) .

12.6.3 Security Officers will not make any calls using the client's phones which require a service/use charge or long distance cost. Security Officers will be responsible for any such charges and will be subject to disciplinary action, up to and including criminal action and discharge, for making such calls and incurring such costs.

## **13.00 RADIO COMMUNICATIONS**

### **13.1 GENERAL:**

- 13.1.1 All transmissions will be brief, concise, and businesslike.
- 13.1.2 Profanity will not be used.
- 13.1.3 Only necessary transmissions will be made.
- 13.1.4 The Security Officer will always identify himself and the post to which he is assigned.

### **13.2 EMERGENCY CALLS:**

Emergency calls include but are not limited to injuries, assistance, and fire. Emergency calls will have precedence over all other transmissions.

### **13.3 RECORDS AND LOGS:**

The operator at the base station must maintain a log of all transmissions.

### **13.4 TEN SIGNALS AND DEFINITIONS:**

- 10-1 Unable to copy - change location
- 10-2 Signals good
- 10-3 Stop Transmitting
- 10-4 Acknowledgment
- 10-5 Relay message to
- 10-6 Busy - Stand by unless urgent
- 10-7 Out of service (Give location and/or telephone number)
- 10-8 In Service
- 10-9 Repeat
- 10-10 Fight in progress
- 10-11 Transmitting too rapidly
- 10-12 Stand by
- 10-13 Weather and road report
- 10-18 Complete assignment quickly,
- 10-19 Return to
- 10-20 Location
- 10-21 Call by telephone
- 10-22 Disregard
- 10-23 Arrived at scene
- 10-24 Assignment completed
- 10-25 Report in person to
- 10-33 Emergency
- 10-36 Correct time

- 10-41 Beginning tour of duty
- 10-42 Ending tour of duty
- 10-43 Information
- 10-44 Request permission to leave patrol for
- 10-51 Wrecker needed
- 10-52 Ambulance needed
- 10-53 Road blocked
- 10-66 Message cancellation
- 10-67 Clear to read next message
- 10-68 Dispatch information
- 10-69 Message received
- 10-70 Fire alarm
- 10-71 Advise nature of fire (size, type and contents of building)
- 10-72 Report progress on fire
- 10-73 Smoke report
- 10-74 Negative
- 10-75 In contact with
- 10-76 En route
- 10-77 ETA (Estimated Time of Arrival)
- 10-78 Need assistance
- 10-85 Will be late

### **13.5 UNASSIGNED TEN SIGNALS:**

Those ten signals without assigned meanings may be used at the discretion of the US Security Manager or Supervisor, who is responsible for the radio equipment.

### **13.6 TRANSMISSIONS IN THE CLEAR:**

It is the opinion of many security authorities that the use of 10-codes sometimes leads to misunderstanding and confusion, and consequently does not save transmission time. Therefore, unless otherwise specified, US Security Officers are authorized to transmit in clear English, using the minimum words possible.

### **13.7 CARE AND HANDLING OF PORTABLE RADIOS:**

13.7.1 Portable radios are expensive and fragile. They must not be subjected to abusive handling. Should the Security Officer lose or damage his radio through negligence or mishandling, the Security Officer can and will be financially responsible for repair or replacement.

13.7.2 Each time a Security Officer is issued a radio for use on shifts, the first thing to be checked is the radio's condition. If the radio is not transmitting or receiving properly, report the problem to the Supervisor and document it using an Incident Report, US Form 517-01.



13.7.3 Under no circumstance is the "push to talk" button to be depressed when the radio does not have an antenna affixed.

13.7.4 Batteries are not to be used for more than 8 hours and require 16 hours for recharging between uses.

13.7.5 When not in use, a radio should be carried at all times in its case on the equipment/holster belt.

13.7.6 When removing the radio from its case, do not pull the radio out by its antenna as this will break the antenna.

13.7.7 When transmitting, depress the "push to talk" button and hold it in this position until the transmission is complete. Do not "key" your transmission by depressing and releasing the key while transmitting.

13.7.8 Hold the radio 2 to 3 inches from your mouth when transmitting and use your normal tone of voice--do not shout.

13.7.9 Radios are to be used for official business only and not for chatting with other officers. Transmissions should be brief and to the point.

13.7.10 Security Officers should listen carefully to make sure no one else is transmitting before attempting to utilize the radio.

13.7.11 Security Officers using profanity or making derogatory or discriminating comments over the radio will be subject to disciplinary action up to and including termination.

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
							Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
									Job transfer or restriction	Other recordable cases								
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
WC949C43603		PRIVATE SECURITY	9/8/2014	LAKELINE MALL / PLAZA / VILLAGE	LakelineA, A Mail	EMP WAS DRIVING THE MOBILE AFTER RIDING BIKE FOR 1 HOUR HE BLACKED OUT AND ENDED UP IN PARKING LOT.				x			x					
WC555C50455		SECURITY OFFICE	9/8/2014	SARASOTA FL	WillowBrooks Townhomes	EE WAS WALKING DOWN STEPS ON THE 3RD TO LAST STEP MISS STEPPED HIT HEEL OF LEFT FOOT AND KNEE SLIGHTLY BUCKLED				x			x					
WC648A28415		SECURITY OFFICE	9/9/2014	SONY STAND ALONE CA	Sony	EMP WAS WALKING THROUGH A DOOR WHEN IT CLAMMED ON HER LEFT WRIST.				x			x					
WC949C43840		SECURITY GUARD	9/13/2014	NEW ORLEANS LA	Opelousas General	EMPLOYEE STATED WAS DESCENDING THE STAIRS WHEN SHE MISSED A STEP, AND FELL.				x			x					
WC555C50534		SITE SUPERVISOR	9/10/2014	WEST PALM BEACH	Sysco	EE WAS STEPPING OFF A CURB WHEN HE ROLLED HIS RIGHT ANKLE AND FELL.				x			x					
WC648C03143		SECURITY OFFICE	9/10/2014	WESTLAKE	Caruso	EE WAS ENGAGED IN UNSPECIFIED WORK ACTIVITY WHEN HE TWISTED HIS LEFT ANKLE				x			x					
WC413C20648		SECURITY OFFICE	9/10/2014	WICHITA KS	Cesna Aviation	EMP HAD TO CLIMB UP AND WALK A CERTAIN AMOUNT OF STAIRS AND WALK A CERTAIN AMOUNT OF TIME				x			x					
WC390C66825		SECURITY OFFICE	9/11/2014	PITTSBURGH PA	Alcoa	EMP WAS UNAWARE A VACUUM CLEANER CORD WAS WRAPPED AROUND HER FOOT. DOOR CLOSED, PULLED CORD AND EMP WAS PULLED DOWN		x			27		x					
WC555C50701		LOSS PREVENTION	9/11/2014	LOSS PREVENTION TAMPA	Publix Supermarket	EMP WAS TRYING TO APPREHEND A SHOPLIFTER THEY TOOK A BOTTLE OF DETERGENT OFF THE SHELF & SPRAYED IT INTO EMP'S EYES.		x			4		x					
WC608C08872		SECURITY OFFICE	9/11/2014	PHOENIX AZ	Frito Lay	EE SLIPPED ON SOMETHING ON THE FLOOR IN THE BREAK ROOM.				x			x					
WC949C44127		SECURITY OFFICE	9/13/2014	CORPUS CHRISTI	Uniformed Officer	EMP WAS WALKING TO LOBBY AREA AND SLIPPED AND FELL ON MOPPED FLOOR.				x			x					
WC648A28456		GUARD	9/13/2014	DESERT HILLS PREMIUM OUTLETS	The Simon Group	EMPLOYEE WAS DOING JOB DUTIES OF ENTERING/EXITING VEHICLE OR SITTING IN VEHICLE WHEN HE STRAINED BACK & LEGS				x			x					
WC949C44154		SECURITY OFFICE	9/13/2014	LAS VEGAS	Branch Office	EMP WAS AT THE BACK OF BRANCH OFFICE, WALKING DOWN STAIRS, SLIPPED ON A STEP & LANDED ON HIS RT KNEE.				x			x					
WC80DC40702		SECURITY OFFICE	9/14/2014	CIRCLE CENTRE MALL	Simon Mall	EMP WAS PATROLING AND FOUND BACK DOOR OFF HINGES. TRIED TO LIFT AND CLOSE THE DOOR AND IT FELL ON TOP OF HER LEFT FOOT.				x			x					
WC555C52025		SECURITY OFFICE	9/14/2014	COLUMBIA SC	University of South Carolina	EMP WAS INVOLVED IN UNKNOWN ACTIVITY WHEN SHE WAS BIT BY A SPIDER				x			x					
WC205A64798		GUARD	9/18/2014	BUFFALO	DSS	EMP WAS STANDING WHEN SHE STEPPED DOWN FROM CURB AND TWISTED ANKLE		x			11		x					
WC555C54060		SUPERVISING OFF	9/18/2014	JACKSONVILLE FL	RAVINES	EMP WAS REACHING UP TO HIT THE SWITCH AND GOT A SHARP PAIN TO LEFT SHOULDER				x			x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (m/d/yy)	(E) Branch	(F) Where the event occurred (e.g., Loading dock north end)	(G) 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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
							Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	(N) Skin Disorder	(O) Respiratory Condition	(P) Poisoning	(Q) Hearing Loss	(R) All other illnesses
									Job transfer or restriction	Other recordable cases								
(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)
WC390C63620		SECURITY OFFICE	9/19/2014	PROVIDENCE RI	USA, A National Grid	EMPLOYEE WAS COMING OUT OF GUARD SHACK, DROP STEP A LITTLE TOO HIGH, LOOKED DOWN AND CAME DOWN ON LEFT ANKLE				x			x					
WC205A65188		SECURITY OFFICE	9/21/2014	SYRACUSE - MORRIS NY	U-HSA office	EMP STATES SHE WAS ASSISTING A PT FROM A TRUCK TO A WHEELCHAIR, JARRED AND TWISTED HER RIGHT SHOULDER, PAIN GOT WORSE.				x			x					
WC413C19754		SECURITY OFFICE	9/22/2014	GREEN BAY WI	Georgia Pacific	EMP WAS STRETCHING TO LOOK INTO A TRUCK, WHILE STANDING ON HER TOES. SHE THEN FELT PAIN IN HER LOWER LEG.		x			50		x					
WC949C45062		SECURITY OFFICE	9/22/2014	DENVER CO	King Supers	EMP WAS ASCENDING STAIRS TO BREAKROOM WHEN HE FELT A POP IN HIS LEFT GROIN/PELVIS AREA				x			x					
WC555C51876		SECURITY OFFICE	9/22/2014	KINSTON NC	Smithfield Pkg	COMING OUT OF GUARD SHACK AND TWISTED LEFT ANKLE ON UNEVEN PAVEMENT.				x			x					
WC949C45050		SECURITY OFFICE	9/23/2014	HOUSTON TX	Ussteel	ENTRY GATE FELL DOWN STRUCKING EE ON HER UNSPECIFIED SHOULDER, ARM AND BACK		x			98		x					
WC413C19888		SECURITY OFFICE	9/23/2014	GLENBROCK IL	Sears	EMP STATE CARRYING BOXES AND FELL OVER A FLATBED ON HER LEFTSIDE INJURING SHOULDER, RIBS & LOWER LEGS		x			19		x					
WC949C45180		SECURITY OFFICE	9/23/2014	LAS VEGAS	NRGA, A Solar	EE WAS LEAVING GUARD SHACK AND RAN INTO CONCRETE BUNKER HITTING KNEE				x			x					
WC949C45307		SECURITY OFFICE	9/24/2014	ALBUQUERQUE	Safe Way 0683	EE WAS PUTTING A SECURITY LID ON A BOTTLE WHEN IT STARTED TO FALL AND BROKE		x			70		x					
WC205A65058		SECURITY OFFICE	9/24/2014	NEW YORK BROADWAY	Ebbels Field	EMP DELIVERING MAIL, BECAME DIZZY AND FELL ON STAIRS. WAS UNCONSCIOUS. MED ATTENTION REFUSED.				x								x
WC390C64319		SECURITY OFFICE	9/25/2014	HOUSTON TX	Contra School	EMP WAS WALKING TO OPEN ENTRANCE GATE, TRIPPED AND TWISTED ANKLE				x			x					
WC949C45330		SECURITY OFFICE	9/25/2014	LAS VEGAS OUTLET CENTER - SOUTH	LASA, A Vegas, A Premium, A Outlet, A Mail	EMP WAS RIDING A SEGWAY WHEN SHE RAN INTO A CURB AND FELL OFF.				x			x					
WC949C45488		PAYROLL ASSISTANT	9/27/2014	DENVER	Safeway	EMPLOYEE WAS STANDING AT ENTRANCE OF STORE, GOT DIZZY, THINGS GOT BLURRY, SHE BRACED HERSELF AND WOKE UP ON FLOOR.				x								x
WC646A28436		SECURITY OFFICE	9/29/2014	HOLLYWOOD VERTICAL CA	Sunset Strip	EMP WAS IN A PHYSICAL ALTERCATION WITH A SUSPECT WHEN HE TWISTED HIS RIGHT KNEE, NOT ABLE TO BEAR WEIGHT.		x			52		x					
WC555C52475		SECURITY OFFICE	9/29/2014	FT. LAUDERDALE	University, A Hosp, Ital	EMP WAS PUNCHED IN THE FACE BY PATIENT TRYING TO LEAVE THE ROOM				x			x					
WC608C12160		UNIFORMED OFFIC	9/29/2014	STOCKTON CA	Orchard Supply	EMPLOYEE STATES SHE WAS AT HER DESK AND STARTED FEELING LEFT SHOULDER PAIN AND NOW IT IS RADIATING DOWN ARM INTO THUMB				x			x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:					Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
							Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)		(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
									Job transfer or restriction	Other recordable cases									
							(G)	(H)	(I)	(J)	(K)	(L)		(1)	(2)	(3)	(4)	(5)	(6)
WC949C45662		SECURITY OFFICE	9/30/2014	DALLAS TX	Samsung Warehouse	EE STATES SHE WAS ATTEMPTING TO GET THE BADGE FROM A FORMER EMPLOYEE, AND HE HIT HER, CUTTING AND BRUISING HER RIGHT UP				X				X					
WC390C65207		SECURITY OFFICE	10/1/2014	TRENTON SCHOOL DISTRICT NJ	Trenton School Dist	EMP WAS ATTEMPTING TO RESTRAIN A STUDENT WHEN HE INJURED HIS RIGHT KNEE		X			105			X					
WC390C64984		SECURITY OFFICE	10/1/2014	SECAUCUS NJ	NRT	EMPLOYEE WAS WALKING AROUND BACK OF TRAILER TO CHECK SEAL, STEPPED IN HOLE AND TWISTED LEFT FOOT.				X				X					
WC949C48629		SECURITY OFFICE	10/2/2014	DALLAS TX	Samsung	EMP STATES ON 10/2/2014 DOING A PERIMETER CHECK WITH ANOTHER OFFICER AND A GUY WHO WORKED AT FACILITY JUMPED ON HIM.				X				X					
WC413C20535		SECURITY OFFICE	10/2/2014	ILLIANA - TINLEY PARK IL	Tornwood A High A School	EMP STATES HE JAMMED RIGHT PINKY FINGER WHILE BREAKING UP FIGHT				X				X					
WC949C46107		SECURITY OFFICE	10/3/2014	SALT LAKE CITY UT	Dodge Chapman	EMP WAS CLOSING THE TAILGATE OF A TRUCK AND SHE WAS CLOSING IT AND GOT HER RIGHT RING FINGER IN THE WAY.				X				X					
WC555C54087		SECURITY OFFICE	10/4/2014	RALEIGH	GRIFOLDS	EMP WAS WALKING UP STAIRWELL AND AS HE WAS HOLDING THE WELLS WITH BOTH HANDS SWUNG BOTH LEGS UP AND FELT PAIN IN CHEST.				X				X					
WC949C46157		SECURITY OFFICE	10/4/2014	SAN ANTONIO TX	PEARSON	EMP WAS OUTSIDE MOVING CRATES WITH A PALLET JACK CAUSING PAIN TO LOWER BACK				X				X					
WC949C46240		OTHER	10/6/2014	DALLAS TX	Ericsson	EMP SLIPPED ON FIRST STEP OF STAIRS AND FELL				X				X					
WC390C65492		SECURITY OFFICE	10/7/2014	GREATER PHILLY PA	Hahnemann University Hospital	EE WAS SEARCHING A PATIENT FOR WEAPONS WHEN PATIENT BECAME COMBATIVE CAUSING EE TO FALL BACKWARD				X				X					
WC555C33484		SECURITY OFFICE	10/7/2014	KINSTON	Alliance One	EMP WAS STEPPING DOWN WRONG FROM A GUARD RAIL AND STEPPED INTO A HOLE IN THE GRASS AND KNEE GAVE AWAY.				X				X					
WC80DC43175		SECURITY OFFICE	10/9/2014	WHEELING WV	Weirton Medical Center	EE WAS IN THE PARKING LOT HE JUMPED OUT OF THE WAY OF A SPEEDING VEHICLE, FELL TO THE GROUND, FELT A PULL IN HIS GROIN				X				X					
WC390C65815		SECURITY OFFICE	10/9/2014	WOODBURY	Cunningham Alternative School	EE STATES SHE WAS TRYING TO SEPARATE 2 FIGHTING STUDENTS AND SHE INJURED HER LEFT HAND BETWEEN 1ST AND 2ND FINGERS				X				X					
WC205A65720		ARMED OFFICER	10/11/2014	ROCHESTER	Tops Supermarket	EMPLOYEE SECURED A SUSPECT ON FLOOR AND THE SUSPECT BIT THE EMPLOYEE ON RIGHT FOREARM, BITE PUNCTURED SKIN AND BLEEDING				X				X					
WC648A28446		SECURITY OFFICE	10/15/2014	WESTLAKE CA	Teledyne A Scientific and Imaging	EMP WAS DRIVING GOLF CART ON PARKING LOT PATROL WHEN AN ANIMAL JUMPED IN FRONT OF HER AND EMP CRASHED CART INTO A DITCH				X				X					
WC648A28468		SECURITY OFFICE	10/16/2014	LOS ANGELES	Culver Shipping Center	EE WAS CONTROLLING TRAFFIC IN PARKING LOT WHEN SHE STEPPED IN A POT HOLE.				X				X					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Branch	(F) Where the event occurred (e.g., Loading dock north end)	(G) 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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
							Death	Days away from work	Job transfer or restriction	Remained at work Other record- able cases	Away From Work (days)	On job transfer or restriction (days)	(M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
WC205A65937		SECURITY OFFICE	10/17/2014	SYRACUSE - MORRIS NY	UHS Wilson Memorial Hospital	EMP STATES A PATIENT WAS TRYING TO LEAVE THE UNIT AND HE WAS WRESTLING WITH PATIENT AND TOOTH WAS CHIPPED.				x			x					
WC949C47573		SECURITY OFFICE	10/20/2014	LITTLE ROCK AR	ENTERGY DATABASE CENTER	EMP WAS ASCENDING STAIRS WHEN HE FELL FORWARD ONTO LEFT KNEE				x			x					
WC648A28478		SECURITY OFFICE	10/22/2014	INLAND EMPIRE	Hennepin County Hospital	EE WENT TO SIT IN A CHAIR WHEN HE FELL ON HIS BUTTOCKS CAUSING PAIN IN HIS LOWER BACK				x			x					
WC648A28472		SECURITY OFFICE	10/22/2014	WESTLAKE CA	San Dimas Plaza	EE WAS IN THE RESTROOM WHEN SHE SLIPPED AND FELL BACKWARDS				x			x					
WC555C55213		SECURITY/OFF FICR	10/23/2014	LOSS PREVENTION TAMPA FL	Fallas	EMP WAS APPROACHING A SHOPLIFTER AND POINTED TO HER PURSE WHEN SUSPECT BIT EMP ON KNUCKLES OF HER RT HAND				x			x					
WC390C67445		SECURITY GUARD	10/25/2014	SALEM NH	Portland Jet Port	EMP WAS BENT OVER TO PICK UP HIS COPY OF TICKET THAT HE PUT ON WOMEN'S VEH & WOMEN PUSHED HIM DOWN		x			2		x					
WC648A28474		SECURITY OFFICE	10/25/2014	LOSS PREVENTION WEST COAST	Superior Grocer	WHILE BEING ASSAULTED BY AN ASSOCIATE OF A SUSPECTED SHOPLIFTER SUBJECT RICHARD ELL AND INJURED HIS RIGHT WRIST				x			x					
WC648A28480		SECURITY OFFICE	10/27/2014	SAN DIEGO	Walmart	EMPLOYEE WAS STRUCK BY A CAR BACKING UP AND HIT HER ON THE PASSENGER SIDE NEAR THE BUMPER.				x			x					
WC80DC45110		SECURITY OFFICE	10/30/2014	KALAMAZOO	Eaton Corp	EMP WAS GOING DOWN THE STAIRS WHILE DOING A CHECK AND INJURED LEFT ANKLE-FELL APPROX 4-5 STEPS.				x			x					
WC949C48756		SUPERVISING OFF	10/31/2014	ALBUQUERQUE	Goodman Realty	EMP WAS PATROLLING A SHOPPING MALL AND LEFT FOOT GOT CAUGHT IN CORDS AND HE FELL FORWARD FELT POP IN RT LEG.		x			70		x					
WC648A28482		SECURITY OFFICE	11/2/2014	VENTURA CA	Ventura County Medical Center	EMP WAS ESCORTING A PATIENT TO SEE A RELATIVE WHEN ANOTHER PATIENT CHARGED HIM & RAMMED HIS L ARM & SHOULDER AREAS		x			74		x					
WC413C23682		SECURITY OFFICE	11/3/2014	TWIN CITIES MN	Ups On Broadway	EMP WAS TRYING TO BREAK A RAIL BOLT BY APPLYING PRESSURE WHEN HE DEVELOPED A HERNIA.				x			x					
WC390C68456		SUPERVISING OFF	11/4/2014	SECAUCUS	Employee mentioned Conrail EE and also CSX	EMP STEPPED WITH LEFT FOOT ON A PLATFORM AND TWISTED ANKLE		x			57		x					
WC606C12934		SECURITY OFFICE	11/4/2014	STOCKTON	GAF	EE STATES WHILE ASSISTING TO GET A DOG OFF THE PRIVATE PROPERTY IT BIT EE ON LEFT HAND AND 2ND FINGER				x			x					
WC949C49097		SECURITY OFFICE	11/5/2014	HOUSTON TX	Asurion	EE WAS ENGAGED IN UNSPECIFIED WORK ACTIVITY WHEN SHE NOTICED A RASH ON BOTH OF HER ARMS				x			x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
							Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	(1) Skin Disorder	(2) Respiratory Condition	(3) Poisoning	(4) Healing Loss	(5) All other illnesses
									Job transfer or restriction	Other record- able cases								
							(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC949C49280		SECURITY OFFICE	11/6/2014	HOUSTON TX	American Rice	EE WAS WALKING WHEN HE STEPPED ON A PIECE OF METAL THAT WENT THROUGH HIS SHOE AND PUNCTURED HIS FOOT				X			X					
WC949C49402		SECURITY OFFICE	11/7/2014	LAS VEGAS	Town Square Las Vegas	EMP ESCORTING PERSON FROM PROPERTY AND PERSON PUNCHED EMP IN THE FACE CAUSING HIM TO FALL AND HIT HEAD ON CONCRETE.		X			15		X					
WC555C56862		SECURITY OFFICE	11/6/2014	JACKSONVILLE-YARBORO FL	Rock Tenn	EMP STATES SPLINTER IN FINGER. HE REMOVED IT, NO BLEEDING. MOVING SIGN WHEN PIECE OF WOOD STUCK LT HAND MIDDLE FINGER.				X			X					
WC608C14050		SECURITY OFFICE	11/10/2014	LOSS PREVENTION ARIZONA AZ	Food City	EE WAS APPROACHING A SHOP LIFTER AND A STRUGGLE STARTED FELT PAIN IN ANKLE		X			3		X					
WC949C49540		SECURITY OFFICE	11/10/2014	DALLAS TX	American Beverage	EMP WAS ON DUTY IN THE GUARD SHACK, PROCESSING VEHICLES. WHEN A SPIDER BIT HIM ON HIS LEFT KNEE. POSSIBLY BROWN RECLUSE.				X			X					
WC949C49621		SECURITY OFFICE	11/12/2014	BIRMINGHAM	Schnitzer Steel	EMP RUNNING IN ATTEMPT TO APPREHEND THEFT SUSPECTS WHEN STEPPED ON ROCKS OR METAL AND TURNED LEFT FOOT TO OUTSIDE		X			5		X					
WC555C57393		UNIFORMED OFFIC	11/13/2014	JACKSONVILLE-YARBORO FL	Jacksonville Port Authority	EE WAS CLIMBING INTO THE PASSENGER SIDE OF THE TRUCK AND HER FOOT SLIPPED.		X			14		X					
WC949C50029		SECURITY OFFICE	11/15/2014	DENVER	Frito Lay	EMP STATES HE WAS AT THE NW CORNER OF PRODUCTION. HE SLIPPED ON ICE & FELL ONTO HIS RT CHEST/SHOULDER/ARM				X			X					
WC949C50128		SECURITY OFFICE	11/17/2014	DENVER	Aurora Plaza Mall	EMP MOVED TO AVOID A VEHICLE WHEN HE LOST BALANCE AND FELL. NOW HAS LEFT KNEE PAIN.				X			X					
WC80DC46989		SECURITY OFFICE	11/17/2014	HAGERSTOWN	Ebenton	EMP STOOD UP FROM CHAIR AND TWISTED HIS LOWER BACK				X			X					
WC413C23796		SECURITY OFFICE	11/17/2014	KANSAS CITY MO	OxyChemical	EMP FELL ON ICE LANDING ON LEFT HAND AND WRIST AND JAMMING LEFT THUMB GIVING NUMBNESS.				X			X					
WC949C50358		UNIFORMED OFFIC	11/19/2014	EEALMONT TX	New York Moving and Transportation	EMPLOYEE STATES SHE GOT STUNG BY HONEY BEES ABOVE RIGHT EYE AND NECK.				X			X					
WC949C50505		SECURITY OFFICE	11/20/2014	HOUSTON TX	Braeburn Construction	EE WAS WALKING DOWN METAL STAIRS WHEN HE SLIPPED AND FELL LANDING ON HIS BACK SLIPPING DOWN 4 STEPS				X			X					
WC849C50426		SECURITY OFFICE	11/20/2014	SAN ANTONIO TX	Fred Loyal Insurance	EE SLIPPED AND FELL ON A WET SURFACE				X			X					
WC390C70436		SECURITY OFFICE	11/23/2014	WOODBURY	Burrington Coal Factory	EMP STATES HE WAS TRYING TO GET OUT OF THE DOOR AND FELL FRACTURING HIS LFT WRIST		X			49		X					
WC949C50824		SECURITY OFFICE	11/24/2014	DALLAS TX	Joe Lumkin Lincoln	EE WAS APPROACHING PANHANDLER WHEN DRIVER SPED OFF AND HIT HIM.				X			X					
WC555C58675		SUPERVISING OFF	11/28/2014	MIAMI	Portafino South Point	EMP WAS RUNNING AFTER A THIEF				X			X					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
							Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
									Job transfer or restriction	Other recordable cases								
							(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC555C58917		SECURITY OFFICE	12/1/2014	LAKELAND FL	Borden Dairy	EE CAME OUT OF THE VAULT AND CAME DOWN STEPS AND LOST FOOTING, FELL 3 STEPS HITTING THE TOP OF HIS HEAD ON A STEE LPOLE		x			2		x					
WC413C25904		SECURITY OFFICE	12/3/2014	ILLIANA - TINLEY PARK	Thornton Township High School	EE WAS BREAKING UP ALTERCATION BETWEEN A STUDENT AND A TEACHER WHEN HE FELT CHEST PAIN, WAS NOT STRUCK IN CHEST		x			5		x					
WC555C60104		SECURITY OFFICE	12/4/2014	MYRTLE BEACH	Rock Tenn	EE WAS GOING DOWN STEPS WHEN HE MISSED AND HIT HIS LEFT KNEE AND FELL DOWN THE STEP		x			35		x					
WC608C15311		SECURITY OFFICE	12/5/2014	SAN FRANCISCO	Saleway	CLMT TRYING TO DETAIN A SHOPLIFTER WHEN HE WAS STRUCK BY ANOTHER CUSTOMER WHO WAS BACKING.		x			28		x					
WC608C15201		SECURITY OFFICE	12/5/2014	PHOENIX	Amazon	EE WAS WALKING IN PARKING LOT WHEN HE KNEE GAVE OUT AND HE FELL		x			14		x					
WC555C59715		SECURITY OFFICE	12/5/2014	JACKSONVILLE-YARBORO	Sears DDC	EE WALKED THROUGH AREA WHERE THERE ARE WATER DRAINS AND IT IS SLIMY, EE HAD SLIME ON BOTTOM OF SHOE CAUSING HER TO SLIP		x			3		x					
WC646A28514		SECURITY OFFICE	12/5/2014	THE BLOCK AT ORANGE	Orange Block	EE WAS RIDING A SEGWAY WHEN HE FELL OFF TWISTING HIS LEFT FOOT				x			x					
WC646A28524		SEC OFFICER	12/11/2014	DESERT HILLS PREMIUM OUTLETS	Simon Prop Group	EMP WAS OPERATING A SAGWAY, DRIVING ON SIDEWALK AND HIT WALL AND GOT BUCKED OFF, CAUSING STRAIN LEFT ANKLE		x			10		x					
WC80DC49414		SECURITY OFFICE	12/14/2014	NASHVILLE	Dollar General Distribution Center	EMP WAS COMING BACK FROM BREAK AND FELL DOWN A FLIGHT OF STAIRS		x			1		x					
WC949C53274		SECURITY OFFICE	12/16/2014	DALLAS TX	Walman	GRABBED A FLEEING SHOPLIFTER, LACERATED LEFT RING AND SMALL FINGERS		x			28		x					
WC80DC49835		SECURITY OFFICE	12/17/2014	CHATTANOOGA TN	Volkswagen Group of America	EMPLOYEE ALLEGES THAT SHE WAS ON HER POST BUT WHILE WALKING MULTIPLE TIMES SHE DEVELOPED PAIN IN HER KNEE/LEG				x			x					
WC555C50714		UNIFORMED OFFIC	12/17/2014	GAINESVILLE	Marjoc	WHILE WALKING EMP DID NOT LIFT HIS FOOT HIGH ENOUGH TO REACH CURB AND FELL FORWARD LANDING ON HANDS, KNEES, AND LFT RIBS				x			x					
WC80DC49880		SECURITY OFFICE	12/18/2014	DETROIT	US Security Associates	EE GOT OUT OF HIS CAR TO CLEAR HIS WINDSHIELD AND STEPPED INA HOLE IN THE PARKING LOT AND FELL TWISTING HIS RIGHT ANKLE		x			14		x					
WC949C53688		SECURITY OFFICE	12/21/2014	GRAPEVINE MILLS	Grapevine Mills Mall	EMPLOYEE WAS WALKING BACK TO MOBILE AND FELL, TWISTING HER RIGHT KNEE, HAD SWELLING, UNABLE TO WALK AND HAS SMALL SCRAPE				x			x					
WC413C26603		SECURITY OFFICE	12/22/2014	CHICAGO	Falles	EMP STATES WAS WAITING FOR 2 SHOPLIFTERS, TOLD SHOPLIFTER HE WAS LOSS PREVENTION AND SHOPLIFTER PUSHED EMP HARD ON SHLDR				x			x					
WC413C27514		SECURITY OFFICE	12/22/2014	SIMON - MILLER HILL MALL	Simon Property Group	EMP WAS IN AN ALTERCATION WITH A SHOPLIFTER CAUSING UNK INJURY TO HEAD				x			x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
							Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
									Job transfer or restriction	Other recordable cases								
							(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC949C54620		SECURITY GUARD	12/23/2014	NEW ORLEANS		EMP WAS PERFORMING REGULAR JOB DUTIES WHEN HE FELT HIS SHOULDER JAM AND THEN POP, CAUSING PAIN.				x			x					
WC555C61375		SECURITY OFFICE	12/23/2014	MIAMI		EMP STATES HE WAS DRIVING GOLF CART AND RAN INTO A PARKED PRIVATE AUTOMOBILE. EMPS CHEST HIT STEERING WHEEL.				x			x					
WC205A68504		SECURITY OFFICE	12/26/2014	EMPIRE STATE BUILDING NY	Empire State building	EMP WAS ON A SCHEDULED BREAK GOING DOWN ESCALATOR WHEN LOST FOOTING AND FELL DOWN STAIRS				x			x					
WC205A68569		SECURITY GUARD	12/27/2014	LONG ISLAND OFFICE	North Shore LIG	EMP WAS WALKING AND VEH BACKED INTO HIM, UNKNOWN INJURY TO BACK		x			1		x					
WC555C61443		SECURITY OFFICE	12/27/2014	TAMPA	Bayfront Hospital	EMP STATES HE WAS RESPONDING TO A COMBATIVE PATIENT CALL WHEN HE ENTERED THE ROOM THE PATIENT CUT HIS ARM.				x			x					
WC948C54095		LOSS PREVENTION	12/28/2014	SAN ANTONIO	Ingram Park Mall	CLT WAS ATTEMPTING TO APPREHEND A SHOPLIFTER WHEN HE FRACTURED HIS RIGHT KNEE AND FELL ON LEFT SHOULDER.				x			x					
WC80DC50418		SECURITY OFFICE	12/29/2014	DETROIT	River Place Apartments	EMP WAS OUTSIDE PULLING LARGE DUMPSTER AND FELT POP IN BACK.				x			x					
<b>Page totals</b>							0	165	0	331	11,545	0	488	0	1	0	1	6

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 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 aspect 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 in this office.

Note: SIC 7381 is partially exempt from OSHA recordkeeping requirements. The OSHA log and summary were derived from Workers' Compensation data feeds.



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

## Summary of Work-Related Injuries and Illnesses

Year 2015U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OSHA no. 1218-2178

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 and

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.

## 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	174	10	295
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
12806	1077
(K)	(L)

## Injury and Illness Types

Total number of...  
(M)

(1) Injury	464	(4) Poisoning	0
(2) Skin Disorder	1	(5) Hearing Loss	0
(3) Respiratory Condition	3	(6) All Other Illnesses	7

Note: SIC 7381 is partially exempt from OSHA recordkeeping requirements. The OSHA log and summary were derived from Workers Compensation, employee count and hour data feeds.

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 form to this office.

## Establishment information

Your establishment name U.S. SECURITY ASSOCIATES  
 Street 200 Mansell Court East - Suite 100  
 City ROSWELL State GA Zip 30076  
 Industry description (e.g., Manufacture of motor truck trailers)  
SIC 7381 - Misc Business Service (Private Security)  
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
7 3 8 1  
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)  
5 6 1 6 1 2

## Employment information

Annual average number of employees 79,535  
 Total hours worked by all employees last year 76,079,792

## 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.

[Signature]  
 Company executive  
770-625-1510  
 Phone

Chief HR Officer  
 Title  
12/19/16  
 Date

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

## Log of Work-Related Injuries and Illnesses

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 2015

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

Form approved OMS no. 1218-0175

You must record information 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. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.9 through 1904.12. Feel free to use two lines for a single case if you need to. You must 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.

Establishment name U.S. Security Associates  
City Roswell State GA

Identify the person				Describe the case		Classify the case													
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Branch Number	(F) Branch Name	(G) Where the event occurred (e.g., Client Location)	(H) 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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case.				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
										Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC648A29256		UNIFORMED OFFICE	1/1/2015	810	WESTLAKE		FELL IN PARKING LOT CONTUSION TO HEAD AND SKULL FRACTURE		X			168	0	X					
WC608C19322		LOSS PREVENTION	1/2/2015	157	LOSS PREVENTION WASH - ROSWELL - GA	Whole Foods	EMP CRUCUED DOWN BEHIND ENDCAP WHILE FOLLOWING INDIVIDUAL IN THE STORE AND DEVELOPED LOWER BACK AND LEFT HEEL PAIN.		X			18	36	X					
WC390C74608		SECURITY OFFICE	1/2/2015	554	WORCESTER	The Home Depot	EMP TURNED THE CIRCUIT BREAKER AND ELECTRICAL PANEL EXPLODED.			X		0	0	X					
WC390C74635		SECURITY OFFICE	1/3/2015	539	CRANSTON - WARWICK - 539	Gentex	EMP WAS OUTSIDE THE BUILDING, TURNED TO GO IN, SLIPPED ON ICE, AND FELL, TWISTING HIS RIGHT KNEE.			X		0	0	X					
WC390C74547		SECURITY OFFICE	1/4/2015	537	ALLENTOWN	Atlas Minerals and Chemicals INC	EMP MAKING ROUNDS, SLIPPED/FELL DUE TO ICE.		X			34	0	X					
WC390C74726		SECURITY OFFICE	1/5/2015	013	PARSIPPANY	Samson Television	EMP WAS WORKING/WALKING IN PARKING LOT WHEN TRIPPED AND FELL INJURING RT THIGH, LT ELBOW AND RT SIDE OF CHEST		X			158	0	X					
WC390C50772		SECURITY OFFICE	1/5/2015	801	MICHIGAN EAST MI	DTE Monroe Power	EE WAS WALKING TO VEHICLE AND FELL ON ICE. LANDED ON BACK, BUTTOCKS, AND RIGHT HAND.			X		0	0	X					
WC555C62292		SECURITY OFFICE	1/6/2015	150	LAKELAND FL	Lakeland Regional Medical Center	EMP WAS ESCORTING DISRUPTIVE PERSON OFF PROPERTY WHEN TRIPPED OVER CURB AND FELL BREAKING LEFT ARM.		X			7	18	X					
WC205A68772		SECURITY GUARD	1/6/2015	778	911 MEMORIAL NY	911 Memorial and Museum	EE CONDUCTING NORMAL FIREWATCH DUTIES WHEN SHE LOST HER BALANCE AND FELL.			X		0	0	X					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC555C62456		ASSISTANT SUPER	1/7/2015	306	ORLANDO	Saint Cloud Regional Hospital	EMPLOYEE WAS TRYING TO CONTAIN A PATIENT WHEN THE PATIENT HIT THE EMP WITH HIS ARM IN THE RIGHT ARM				x	0	0	x					
WC946C57104		SECURITY GUARD	1/8/2015	534	DALLAS TX	Beauty Supply	EMP WAS WORKING WHEN TURNED OFF LIGHTS, IT WAS TOO DARK TO SEE AND TRIPPED OVER PLASTIC BASE		x			80	100	x					
WC413C27466		SUPERVISING OFF	1/8/2015	205	WISCONSIN	Sysco	EMP STATES HE WAS SHOVELING METAL STAIRS AND SLIPPED ON ICE FALLING AND HITTING RIGHT KNEE AND LOWER BACK.		x			20	0	x					
WC390C75174		SECURITY OFFICE	1/8/2015	556	WILMINGTON	Trans Cargo	EE WAS DRIVING TRUCK WHEN HE HIT ICE AND SLID INTO POLE				x	0	0	x					
WC648C08017		SECURITY OFFICE	1/8/2015	204	SAN DIEGO	Adesa	EE WAS CHECKING DOCUMENTATION FROM A DRIVER OF A VEHICLE WHEN A DRIVER RAN HIS FOOT OVER WITH THE VEH CAUSING AN INJURY.				x	0	0	x					
WC390C75172		SECURITY OFFICE	1/9/2015	401	PITTSBURGH PA	University of Pittsburg	EE WAS WALKING DOWN ICY STEPS AND SLIPPED AND FELL				x	0	0	x					
WC608C16592		SECURITY OFFICE	1/10/2015	767	SAN FRANCISCO CA		EE STOOD UP FROM DESK AND FELL HITTING BACK AND HIP ON WHEEL OF CHAIR				x	0	0	x					
WC80DC62124		SECURITY OFFICE	1/11/2015	435	KALAMAZOO		EE STATES THAT ON 1/11/15 HE WAS TURNING A VALVE TO SHUT DOWN THE WATER SYSTEM FOR THE SPRINKLER SYSTEM AND INJURED HIS				x	0	0	x					
WC949C61414		SECURITY GUARD	1/11/2015	317	NEW ORLEANS		DRIVING A GOLF CART AT TANGER OUTLET MALL IN THE PARKING LOT WHEN A CAR HIT THE EES GOLF CART				x	0	0	x					
WC413C27770		SECURITY OFFICE	1/12/2015	315	ILLIANA - TINLEY PARK		EMP WAS WALKING THE YARD DOING ROUNDS SPORTS AUTHORITY WHEN HE FELL HIT HEAD AND LT WRIST		x			77	0	x					
WC390C75460		SECURITY OFFICE	1/12/2015	240	PARSIPPANY NJ	Fire Academy at Community College	EE WAS RESPONDING TO FIRE ALARM AND SLIPPED ON ICE AND FELL LANDING ON KNEE.			x		0	26	x					
WC390C75351		SECURITY OFFICE	1/12/2015	560	WOODBURY	Rastells Foods	EE WAS WALKING ON WALKWAY WHEN SHE SLIPPED AND FELL				x	0	0	x					
WC949C55535		SECURITY OFFICE	1/14/2015	305	DENVER CO	Safeway	THE EE SUPPED ON ICE WHILE ON DUTY PATROLLING A PARKING LOT		x			150	0	x					
WC60DC51872		SECURITY OFFICE	1/14/2015	204	CHARLESTON WV	Georgia Pacific	EMP LEFT FOOT CAUGHT ON DOOR JAM OF GUARD OFFICE CAUSING HIM TO FALL ON HIS LEFT WRIST AND LEFT SIDE		x			29	0	x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
										Job transfer or restriction	Other recordable cases								
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
WC80DC51777		SECURITY OFFICE	1/14/2015	023	CASTLETON SQUARE	Castleton Square	EMP WENT TO REQUEST POLICE OFFICER TO MOVE HIS CAR SO THE DELIVERY TRUCK COULD PARK AND EE SLIPPED ON ICE AND FELL				x	0	0	x					
WC549C60058		SECURITY OFFICE	1/14/2015	207	LAS VEGAS		EE STATES SOMETIME IN JANUARY HE WAS WALKING TO THE GUARD HOUSE WHEN HE SLIPPED ON ICE. EE CAUGHT SELF BUT TWEAKED HIS				x	0	0	x					
WC648A28830		SECURITY OFFICE	1/15/2015	150	SONY STAND ALONE CA	Sony Studios	EMP DIRECTING A CAR AT THE GATE, WHEN THE DRIVER WAS REVERSING THE TIRE, AND WENT OVER EMP'S LT FOOT		x			31	0	x					
WC555C63066		SUPERVISING OFF	1/15/2015	141	WEST PALM BEACH	St. Lucie Medical Center	EMP WAS ASSISTING 3-5 OTHER PEOPLE IN SUBDUING A PATIENT WHEN PATIENT STRUCK EMP. EMP FELL DOWN.			x		0	0	x					
WC390C76273		SECURITY OFFICE	1/16/2015	556	WILMINGTON	Concord Mall	EMP STATES A CUSTOMER BIT HIS FINGER AS HE WAS BEING ESCORTED			x		0	0	x					
WC80DC52018		SECURITY OFFICE	1/17/2015	778	INDIANAPOLIS	UTO	EMP WAS DIRECTING TRAFFIC AND WAS HIT BY A VEHICLE.		x			140	0	x					
WC949C55649		SECURITY OFFICE	1/17/2015	310	DALLAS TX	Fiesta #73	EMP WALKING IN PARKING LOT WHEN HE TRIPPED AND FELL OVER REBAR LANDING ON HIS LEFT KNEE.			x		0	0	x					
WC390C76233		SECURITY OFFICE	1/18/2015	533	SEGAUCUS		EE WAS STEPPING OFF CURB AND SLIPPED ON ICE, FALLING ON LEFT ANKLE			x		0	5	x					
WC555C63344		SECURITY OFFICE	1/18/2015	141	WEST PALM BEACH	St. Lucie Medical Center	EMPLOYEE STATED TRYING TO RESTRAIN PSYCHIATRIC PATIENT AND PATIENT KICKED HIM ON THE RIGHT SIDE OF HEAD.			x		0	0	x					
WC390C76398		SECURITY OFFICE	1/18/2015	373	NEW JERSEY EAST	City of Jersey City	EMP WAS GOING TO THE GUARD SHACK AND HE SLIPPED ON ICE CAUSING INJURY TO HIS BACK.			x		0	0	x					
WC555C68991		SECURITY OFFICE	1/18/2015	859	MYRTLE BEACH		EE STATES SHE HAS TO PULL THESE OLD RUSTY GATES THAT GET STUCK AND IN DOING SO HER LEFT UPPER ARM HAS BEEN HURTING, PAIN			x		0	0	x					
WC949C55736		SECURITY OFFICE	1/19/2015	534	TULSA	Walmart	EMP STATES WHEN SHE STOOD UP TO GET OUT OF VEH. HER FOOT CAUGHT IN DRAIN AND SHE TWISTED BUT DID NOT FALL.		x			60	50	x					
WC555C63559		UNIFORMED OFFIC	1/19/2015	190	CHARLESTON	Tanger Outlet	EMP WAS WALKING OVER CARDBOARDS ON THE FLOOR AND FELL.		x			75	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
										Job transfer or restriction	Other recordable cases									
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
WC555C63455		SECURITY OFFICE	1/19/2015	150	FT. LAUDERDALE	Wal-Mart	EMP SAYS HE PUT VEH ACCIDENTLY IN R GEAR THINKING HE PUT IT IN PARK. AFTER HE STEPPED OUT VEH REVERSED OVER HIS LT FOOT.		x			3	0							
WC390C79805		SECURITY OFFICE	1/19/2015	548	MERIDEN CT		EE STATES FOR PAST MONTH HE HAS BEEN DEVELOPING NUMBNESS AND TINGLING IN BOTH HANDS. RIGHT HAND HURTS MORE THAN LEFT. PA				x	0	0							
WC555C63600		SECURITY OFFICE	1/20/2015	523	RALEIGH		EMP HAD GREEN LIGHT AND ANOTHER VEHICLE RAN RED LIGHT AND VEHICLES COLLIDED.				x	0	0							
WC555C63500		UNIFORMED OFFIC	1/20/2015	141	WEST PALM BEACH	Field Supervisor	EMP WAS DRIVING WHEN HE WAS STRUCK FROM BEHIND BY ANOTHER VEHICLE.				x	0	0							
WC413C28843		SECURITY OFFICE	1/20/2015	326	GREEN BAY WI	Georgia Pacific	EMP STATES HE INJURED HIS LOWER BACK AND LT HIP (MISC CAUSE NOT OTHERWISE CLASSIFIED)				x	0	0							
WC555C63684		UNIFORMED OFFIC	1/21/2015	301	JACKSONVILLE FL	Hubbard Construction code 1245	EE WAS WALKING OUT TO CAR AND STEPPED IN POT HOLE CASUING LEFT ANKLE SPRAIN				x	0	0							
WC648A28640		SECURITY OFFICE	1/22/2015	152	LOS ANGELES	HiltonGarden Inn	EMP WAS WORKING WHEN EMP WAS BEAT UP BY A HOMELESS MAN AND PUNCHED IN THE FACE AND HEAD SEVERAL TIMES.				x	0	0							
WC80DC52473		SECURITY OFFICE	1/22/2015	450	WHEELING WV	Weirton Medical Center	EMP WAS RESPONDING TO INCIDENT RESTRAINING VISITOR, TRIPPED OVER PATIENT WALKER/CANE				x	0	0							
WC949C56090		SECURITY OFFICE	1/22/2015	310	DALLAS TX	Samsung	EE STATES SHE WAS COMING UP THE ROAD AND SHE SLIPPED AND FELL				x	0	0							
WC555C59850		SECURITY GUARD	1/22/2015	161	FT. LAUDERDALE FL		EXPOSURE TO DIESEL FUMES				x	0	0							
WC949C58369		SECURITY OFFICE	1/23/2015	817	BEAUMONT	Entergy - Sabine Plant	EMP MOVED 56 GALLON DRUM		x			160	0							
WC80DC52654		SECURITY OFFICE	1/23/2015	418	RICHMOND	Georgia Pacific	EMP WAS DRIVING A GOLF CART. WHEN HE RAN OFF THE LOADING DOCK, FELL OFF GOLF CART & WENT ONTO RAILROAD & FLIPPED OVER		x			163	0							
WC80DC52767		SECURITY OFFICE	1/24/2015	526	GOVERNMENT VERTICAL VA	Aerospace Corporation	EE SLIPPED AND FELL ON ICE CAUSING INJURY TO L KNEE		x			91	0							
WC80DC52674		SECURITY OFFICE	1/24/2015	608	INDIANAPOLIS	Premier Transportation	EMP WAS DOING ROUNDS AND IT WAS DARK. HE WALKED INTO A TREE BRANCH INJURING HIS RT EYE & HE FEELS SOMETHING IN HIS EYE				x	0	0							

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC390C76723		SECURITY OFFICE	1/25/2015	516	ALLEN TOWN	US Cold Storage	EMP IN TRAILER YARD, SLIPPED & FELL ON ICE, CAUSING LT SHOULDER PAIN & SWELLING, LT HAND PAIN AND LT HIP PAIN.		x			5	0	x					
WC390C79795		SECURITY OFFICE	1/25/2015	550	GREATER PHILLY PA		HE WAS AT THE FRONT GATE/ PINCHED NERVE. EE WAS PULLING THE GATE TO SHUT IT AND FELT				x	0	0	x					
WC205A69506		SECURITY	1/27/2015	533	LONG ISLAND OFFICE	Onyx	EMP WAS GOING TO MOVE A VEH WHEN HE SLIPPED ON ICE AND FELL TO THE GROUND.				x	0	0	x					
WC646C08714		SECURITY OFFICE	1/27/2015	781	HOLLYWOOD VERTICAL CA		EE REACHED INTO A BOX IN THE BACK OF A CAR AND STRUCK A SHARP OBJECT.				x	0	0	x					
WC555C64621		SECURITY OFFICE	1/30/2015	869	MYRTLE BEACH	Myrtle Beach Golf Club	EMP STATES HE WAS WALKING TOWARD VEHICLE. TRIPPED & FELL & STRUCK HEAD ON CAR BUMPER				x	0	0	x					
WC205A59629		SECURITY OFFICE	1/30/2015	775	EMPIRE STATE BUILDING NY	Empire State Building	EMP WAS ON BENCH CHANGING. BENCH BROKE & FELL ONTO HIS RT LEG & WAS EMS TRANSPORTED TO ROOSEVELT HOSPITAL				x	0	0	x					
WC80DC53226		SECURITY OFFICE	1/31/2015	537	MICHIGAN EAST MI	Renew Construction	EMP STATES HE WAS GOING OUT TO THE VEHICLE AND SLIPPED ON THE ICE AND LANDED ON HIS RIGHT SHOULDER.		x			160	0	x					
WC390C89154		SECURITY OFFICE	1/31/2015	545	MERIDEN CT		MR. KEVIN KING CALLING TO REPORT THAT ON 1/31/2015 EE RECEIVED SCRATCHES TO RIGHT WRIST. EE WAS ASSISTING IN RESTRAINING				x	0	0	x					
WC555C71134		SECURITY GUARD	2/2/2015	153	ATLANTA SOUTH GA		EE STATES THAT ON 02/02/2015 SHE ATTEMPTED TO OPEN A HELICOPTER GATE AND STRAINED HER RIGHT GROIN. SHE WENT TO THE ER AT		x			35	0	x					
WC80DC53401		SECURITY OFFICE	2/2/2015	452	WHEELING WV	Western Construction Inc	EMP HAD ICE CLEATS ON BUT SLIPPED ON ICE AND FELL ONTO HIS LEFT KNEE AND SHOULDER				x	0	0	x					
WC608C38215		SECURITY OFFICE	2/3/2015	767	SAN FRANCISCO CA	KGO Television	EE STATES ON 02/03/2015 AT 1545 WAS HIT IN THE SIDE OF THE EYEBALL WITH A PLASTIC CORK THAT SHOT OFF A BOTTLE OF SPARKLI				x	0	0	x					
WC205A69741		SECURITY GUARD	2/4/2015	775	EMPIRE STATE BUILDING NY	Empire State Building	EMP ENTERED STAIRWELL TRIPPED OVER A PIECE OF PLYWOOD AND FELL.				x	0	0	x					
WC555C65038		SECURITY OFFICE	2/4/2015	055	LAKELAND	Sunshine Bakery	EMP WAS WALKING AND TRIPPED OVER A PARKING BLOCK FALLING ON TO LEFT SIDE				x	0	0	x					
WC949C57072		SECURITY OFFICE	2/4/2015	310	DALLAS TX	Samsung Coppel	EE WAS PATROLLING PARKING LOT, STEPPED UP A CURB AND TRIPPED OVER A HOSE TWISTING LEFT ANKLE				x	0	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC638C20269		SECURITY OFFICE	2/6/2015	150	SAN FRANCISCO	Safeway Grocery Store	CUSTOMER CUT EMPS HAND WITH A RAZOR.		x			16	0	x					
WC555C65425		SECURITY OFFICE	2/6/2015	141	WEST PALM BEACH		EMP DOING SECURITY CHECK, HIT HIS HEAD ON GLASS WALL AND CHIPPED TOOTH.				x	0	0	x					
WC555C65407		UNIFORMED OFFIC	2/8/2015	327	CHARLOTTE NC	Frito Lay	EE TRIPPED ON BOARD AND FELL FORWARD.		x			70	0	x					
WC90DC54100		SECURITY OFFICE	2/9/2015	554	HAGERSTOWN	Brandywine Ash	EMP ALLEGEDLY SLIPPED ON GRAVEL WHILE GETTING READY TO GET INTO VEH AND LANDED ON RT KNEE.		x			51	0	x					
WC555C67412		SECURITY OFFICE	2/6/2015	055	LAKELAND		EE STATES: PULLED A LOUNGE CHAIR TO MOVE, FELT PRESSURE IN RT SHOULDER. OK THAN. 6/10 PAIN INCREASED NEXT DAY AND RADIAT				x	0	0	x					
WC390C79143		SECURITY GUARD	2/14/2015	400	SALEM NH	City of Lowell Leo A Roy Garage	EMP WALKING WHEN THEY SLIPPED ON ICE/SLUSH AND INJURED LT SHOULDER/UPPER ARM		x			151	29	x					
WC390C79183		UNIFORMED OFFIC	2/14/2015	608	INDIANAPOLIS	Unknown	UNKNOWN INFORMATION PLEASE VERIFY				x	0	0	x					
WC555C65085		SECURITY OFFICE	2/15/2015	160	MIAMI	Crossings	EMP STATES HE TRIPPED OVER A CHAIR AND HIT LEFT SIDE OF FACE BY EYE.				x	0	0	x					
WC548A26918		SECURITY OFFICE	2/16/2015	781	HOLLYWOOD VERTICAL CA		EE STATES AT 610AM HE WAS INVOLVED WITH A PHYSICAL RESTRAINT WITH SUSPECT WHEN HE FELL AND SUSPECT KICKED HIS RIGHT KNEE				x	0	0	x					
WC390C79464		SECURITY OFFICE	2/16/2015	550	GREATER PHILLY PA		EE STATES YESTERDAY SLIPPED ON ICE AND FELL. INJURED LOWER BACK AND LEFT ELBOW, PAIN IN BACK 6/10 AND RADIATES TO LEFT B				x	0	0	x					
WC413C30240		SECURITY OFFICE	2/17/2015	203	KANSAS CITY		SUPERVISOR STATES AT 0925, AS HE WAS OPENING THE TRAILER DOOR, A 50 LB BCK FELL ON THE TOP OF HIS HEAD. BY 1015, EE WAS		x			143	0	x					
WC949C58085		SECURITY OFFICE	2/17/2015	511	NEW ORLEANS		CLMT STATES HE WAS WALKING IN PARKING LOT AND STEPPED ON AN ELEVATED AREA AND HIS L KNEE BUCKLED		x			58	1	x					
WC390C79339		SECURITY OFFICE	2/17/2015	548	MERIDEN CT		EE STATES AS HE WAS TRYING TO PULL THE TRUCK OUT OF THE SNOW, HE STEPPED INTO THE SNOW, HIS FOOT WAS STUCK, AND WHEN HE				x	0	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC608C21398		SECURITY OFFICE	2/18/2015	15	INLAND EMPIRE		EE STATES A BROKEN CHAIR HAS CAUSED HIM TO LEAN FORWARD WHILE COMPLETING PAPERWORK. 6-7:10 PAIN TO LOWER BACK. HAS BE				x	0	0	x					
WC80DC55549		SECURITY OFFICE	2/18/2015	744	GOVERNMENT VERTICAL VA	Westfield Facility	EMPLOYEE SLIPPED ON ICE AND TWISTED LEFT ANKLE.				x	0	0	x					
WC205A70543		SECURITY OFFICE	2/19/2015	750	BUFFALO	Skyline Apartments	EMPLOYEE WAS ON SECOND FLOOR WHEN ASSAULTED BY BOYFRIEND OF A RESIDENT'S DAUGHTER		x			126	0	x					
WC39CC50052		SUPERVISOR	2/20/2015	401	PITTSBURGH PA	US Steel - Union Railroad	EMP RETURING TO PLANT COMING DOWN HILL WHEN HIT BY OTHER VEHICLE FLIPPING VEHICLE RESULTING IN SORE NECK AND SHOULDER				x	0	0	x					
WC608C21203		SECURITY OFFICE	2/21/2015	733	SALT LAKE CITY UT		EE WAS WORKING AT THE HOTEL AND HE WENT UPSTAIRS TO GET AN ITEM AND WAS CUT BY A RAZOR IN THE STORAGE UNIT. ON THE 6TH				x	0	0	x					
WC205A71397		SECURITY OFFICE	2/22/2015	795	AIR OFFICE		SLIPPED AND PULLED LEFT KNEE		x			69	0	x					
WC555C67003		SECURITY OFFICE	2/23/2015	533	MYRTLE BEACH		EE STATES ON 2/23 SHE WAS IN FRONT OF THE SCHOOL GYM WHEN A FIGHT BROKE OUT AND RAN OVER TO HELP. SHE BENT OVER TO GET		x			80	100	x					
WC205A70978		SECURITY OFFICE	2/23/2015	043	MID TOWN MANHATTAN		EE STATES 2/23 WAS WALKING, SLIPPED/FELL ON A PILE OF SNOW, INJURED LEFT ANKLE. EE WAS GOING DOWN TO COMPOUND, TO WHERE		x			57	0	x					
WC555C66802		SECURITY OFFICE	2/24/2015	317	MIAMI		EE STATES WAS MAKING ROUNDS AND FELL. INJURED RIGHT SHOULDER. DIFFICULTY LIFTING ARM, PAINFUL, SWOLLEN AND BRUISED.		x			154	0	x					
WC643AC29408		SECURITY OFFICE	2/24/2015	776	WESTLAKE	unknownClaim Specific Code 4 Label=Co Emp Wrks For	EE STATES FROM WALKING FOR 8 HOURS ON WORKING DAYS FOR 3 MONTHS HAS PAIN IN RIGHT KNEE AND LOWER BACK PAIN FROM SITTING				x	0	0	x					
WC205A70544		SECURITY OFFICE	2/24/2015	530	MID TOWN MANHATTAN		EE 2/24/15 WALKING DOWN CAFETERIA STAIRS. SHE MISSED A STEP AND FELL DOWN ABOUT 4 STAIRS ONTO HER KNEES, RIGHT HAND/WRI				x	0	0	x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)						
WC390C80449		SECURITY OFFICE	2/25/2015	305	SEGAUCUS		EE STATES SECURITY WAS CALLED TO BUILDING DUE TO MAN KICKING DOOR. OFFICERS TRIED TO MOVE MAN AWAY, MAN AGGRESSIVE, MAN		x			84	0						
WC555C67164		SECURITY OFFICE	2/25/2015	124	GAINESVILLE		EE SLIPPED AND FALL DUE TO ICY CONDITIONS OUTSIDE TOWARDS PARKING LOT				x	0	0	x					
WC555C67148		SECURITY OFFICE	2/26/2015	042	ATLANTA EAST		EE STATES HE WAS HELPING SUBDUE A PATIENT, AND HIT HIS HAND ON SOMETHING DURING THE SCUFFLE. HE WAS INSTRUCTED TO GET T		x			91	0	x					
WC648A28895		SECURITY OFFICE	2/27/2015	042	LOSS PREVENTION WEST COAST		EE STATES HE WAS PUSHED TO THE GROUND WHILE PURSUING A SHOPLIFTING SUSPECT, COMPLAINS OF PAIN TO HIS LEFT PINKY		x			105	0	x					
WC80DC61473		SECURITY OFFICE	2/27/2015	405	CHARLESTON	Charleston Town Center	EMP WAS GETTING OUT OF HIS VEHICLE, FELL AND WENT TO CATCH HIS ARM AND IT BROKE				x	0	0	x					
WC608C25020		SECURITY MANAGE	2/28/2015	401	FEDERAL WAY - OREGON	Pacific Georgia	EE WAS WORKING WHEN HIS RIGHT FOOT SLID ON GRAVEL AND HE FELT PAIN IN KNEE		x			180	0	x					
WC949C59412		SECURITY OFFICE	3/1/2015	437	DALLAS TX		CLMT INJURED IN ASSAULT		x			130	0	x					
WC390C81848		SECURITY OFFICE	3/1/2015	157	ATLANTIC CITY		EE WAS WALKING INTO A DARK ROOM WITH CONSTRUCTION AND TRIPPED AND FELL INTO SOME CONSTRUCTION MATERIAL AND BROKE HIS HAN		x			180	0	x					
WC80DC55878		SECURITY OFFICE	3/1/2015	608	INDIANAPOLIS		EE STATES SHE WAS WALKING TO GO BACK TO VEHICLE AND SLIPPED ON ICE AND FELL HITTING BACK OF HEAD, HAS BLURRY VISION				x	0	0	x					
WC648A28911		SECURITY OFFICE	3/2/2015	784	INLAND EMPIRE		FNOL EE STATED AT WALL MART, SUSPECT GRABBED HER SLEEVE FRACTURING HER RIGHT RING FINGER. EE WAS TRANSPORTED VIA EMS TO		x			24	0	x					
WC649C59347		SECURITY OFFICE	3/2/2015	316	SAN ANTONIO		EE STATES ON 3/2/15, SHE HURT HER LEFT SHOULDER AND LEFT LEG SHUTTING A GATE. PAIN 9/10, FULL RANGE OF MOTION, NO SWEL				x	0	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the 'injury' column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
										Job transfer or restriction	Other record- able cases								
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)								
WC949C67361		SECURITY OFFICE	3/3/2015	207	LAS VEGAS		STATES AT 1330 HRS. SHE WAS BEHIND THE BUILDING AND HAD TO TURN FAST AND TWISTED HER LEFT ANKLE AND LOWER LEG DUE TO THE				x	0	0	#					
WC949C59365		SECURITY OFFICE	3/4/2015	277	SAN ANTONIO		EE WAS CHECKING A LAST ALARM AND WAS DRIVING A CLOSED IN CART AND TURNED TO THE RIGHT REAL SHARP FROM A STAND STILL AND		x			114	0	#					
WC949C60740		SECURITY OFFICE	3/5/2015	310	DALLAS TX		EE STATES HE INJURED HIS BACK AFTER FALLING ON THE ICE ON MARCH 5, 2015 WHILE PERFORMING HIS JOB DUTIES. EE STATES HE WA				x	0	0	x					
WC390C81631		SECURITY OFFICE	3/5/2015	540	ALLEN TOWN		EE STATES ON 3/5/15 GOING BACK TO THE VEHICLE WHEN LEFT FOOTSLIPPED DID NOT FALL, TWISTED, DUE TO ICE AND SNOW NEXT TO				x	0	0	#					
WC205A70891		SECURITY GUARD	3/6/2015	013	LONG ISLAND OFFICE	National Grid	EMP WAS WORKING AND SLIPPED AND FELL ON ICE.		x			120	0	#					
WC949C59765		SECURITY OFFICE	3/6/2015	316	SAN ANTONIO		EE STATES LAST NITE SHE WAS LIFTING A HEAVY CHAIR WHEN SHE FELT PAIN TO HER RIGHT ELBOW. PAIN US A BURNING SENSATION, R				x	0	0	#					
WC80DC56916		SECURITY OFFICE	3/7/2015	776	GOVERNMENT VERTICAL VA		SUPERVISOR STATES ON 3/7/15 EE SLIPPED ON ICE INJURING HIS LOWER BACK, BUTTOCKS AND KNEE. SUPERVISOR STATES THAT EE		x			101	0	#					
WC945C59857		SECURITY OFFICE	3/8/2015	073	CIELO VISTA		EE STATES HIS RIGHT PINKY FINGER WAS INJURED DURING A SCUFFLE WITH A SUSPECT.				x	0	0	#					
WC205A72732		SECURITY OFFICE	3/9/2015	127	WHITE PLAINS		EE WAS IN AN ELEVATOR AND ELEVATOR THAT SKIPPED FLOORS AND JUST DROPPED AND EE STARTED FEELING BACK PAIN AND RIGHT MUSCL		x			3	0	#					
WC608C24777		LOSS PREVENTION	3/9/2015	156	LOSS PREVENTION ARIZONA		EE STATES AT 1020AM AT SAFEWAY LOCATION, HE ATTEMPTED TO CONFRONT SHOPLIFTING CUSTOMER, WHEN HE WAS HIT AND CHOKED BY H				x	0	0	#					
WC608C24412		SECURITY OFFICE	3/9/2015	150	INLAND EMPIRE		FNOL SUPERVISOR WILSON STATED THAT EE WAS AT ADESA LA CHECKING OUT A CAR, DOOR CLOSED ON HER RIGHT THUMB, BLEEDING, PAIN				x	0	0	#					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC390C81807		SECURITY OFFICE	3/9/2015	525	HARRISBURG		FNOL. EE CALLED TO STATE THAT HE HAD FALLEN AND HURT NECK, BACK, AND HIT HEAD. EE THEN WAS UNRESPONSIVE WHEN NURSE KEPT				x	0	0	x					
WC89DC56653		SECURITY OFFICE	3/9/2015	815	CHESAPEAKE		EE STATES SHE WAS GETTING READY TO DO MOBILE CONTROL AND A TRUCK BACKED INTO VEHICLE JERKING HER BODY. LOWER BACK PAIN 7				x	0	0	x					
WC948C59899		SITE OFFICER	3/10/2015	437	MEMPHIS		EE STATES SLIPPED AND FELL ON WET PARKING LOT, INJURING RIGHT ANKLE.		x			180	0	x					
WC390C82065		SECURITY OFFICE	3/11/2015	401	PITTSBURGH PA		EE STATES THAT WHILE WORKING SECURITY IN A PATIENTS ROOM THE PATIENT SPIT IN HIS RIGHT EYE. STATES HAS ALREADY BEEN TO				x	0	0						x
WC849C50194		SECURITY OFFICE	3/12/2015	573	NEW ORLEANS		EE STATED I WAS ON MY WAY TO THE OFFICE. GOING OVER THE CLEARVIEW OVERPASS AND THE TIRE BLEW OUT AND RAN INTO THE OVERPA		x			100	0	x					
WC390C82429		SECURITY OFFICE	3/12/2015	129	GREATER PHILLY		EE STATED HE FINISHED WALKING 2 PEDESTRIANS ON THE CROSSWALK, TRIPPED ON HIS FEET, AND CAUGHT HIMSELF BEFORE FALLING AND		x			70	0	x					
WC555C69278		SECURITY OFFICE	3/13/2015	534	ATLANTA EAST		EE STATES INSPECTING A VEHICLE FROM A PARKED POSITION. BUMPER HIT LEFT KNEE. CONSTANT THROBBING PAIN 8/10.		x			40	0	x					
WC80DC57470		SUPERVISING OFF	3/13/2015	432	DETROIT		EE STATES HE WAS TRYING KEEP A MAN FROM GETTING ON THE BUS WITHOUT A TICKET, AND WAS PUSHED INTO THE SIDE OF THE BUS AND				x	0	0	x					
WC80DC57188		SECURITY OFFICE	3/13/2015	012	NASHVILLE		EE STATES ON 3/13/2015 SHE WAS WALKING HER PATROL WHEN SHE TRIPPED OVER A DOCK THAT HAD A 1 INCH ELEVATION. FELL FORWARD				x	0	0	x					
WC948C60256		SECURITY OFFICE	3/14/2015	207	LAS VEGAS		EE STATES HE WAS STRUCK BY A CAR BEING DRIVEN IN THE PARKING LOT AT TOWN SQUARE IN LAS VEGAS, NV, CAUSING HIM TO FALL BA				x	0	0	x					
WC80DC57209		SECURITY OFFICE	3/15/2015	537	HAGERSTOWN		EE STATES: BUMPED, JAMMED GATE TO TRY TO OPEN, RT THUMB JAMMED/STRUCK BY LOCK, NAIL BROKEN IN HALF, SKIN UNDER NAIL SPLIT				x	0	0	x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other record- able cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC949C60433		SECURITY OFFICE	3/16/2015	207	LAS VEGAS		EE REPORTING AN INJURY TO HIS RIGHT ARM AND SHOULDER WHEN HE SLIPPED AND FELL. EE ALSO INJURED HIS ELBOWS AND KNEE CAP W				x	0	0	y					
WC555C68977		SECURITY OFFICE	3/17/2015	161	FT. LAUDERDALE		EE RESPONDED TO CODE ASSIST AND IN THE PROCESS OF RESTRAINING PATIENT, EE WAS BITTEN TO RIGHT WRIST. EE STATES GRABBED T				y	0	0	x					
WC390C82904		SECURITY OFFICE	3/18/2015	516	PITTSBURGH PA		SUPERVISOR STATES THAT THE EMPLOYEE WENT TO THROW A BOTTLE AWAY AND STEPPED OFF THE LANDING AND ROLLED HER RT ANKLE. SUP			x		0	132	y					
WC390C82980		SECURITY OFFICE	3/18/2015	554	WORCESTER MA	Heywood Hospital	EMP WAS ATTEMPTING TO RESTRAIN AN UNRULY PATIENT. PATIENT SCRATCHED EMPLOYEE'S LEFT WRIST & ADVISED SHE HAS HEP C				y	0	0	y					
WC800C57471		SECURITY OFFICE	3/18/2015	608	INDIANAPOLIS		EE STATES: PUSHING OVER HEAD DOOR UP, FELT & HEARD POP NEAR RT RIB CAGE. NO PAIN SITTING STILL/NORMAL BREATHING, PAIN 10				x	0	0	x					
WC390C84517		SECURITY OFFICE	3/20/2015	511	PITTSBURGH CAULEY PA		SUPERVISOR STATED EE WAS ON COURSE OF ROUNDS, WAS GOING DOWNBACK FLIGHT OF STEPS, MISSED LAST STEP, FELL AND FRACTURED		x			0	0	x					
WC413C32552		SECURITY OFFICE	3/21/2015	317	GURNEE MILLS	Gurnee Mills Mall	EMP WAS RIDING A SEGWAY WHEN HE MADE A SHARP TURN THE TIRE HIT THE WALL AND HE FELL OFF. LEFT ELBOW		x			115	24	x					
WC800C56919		SECURITY OFFICE	3/21/2015	537	HAGERSTOWN		EE STATES HE PICKED A WATER BOTTLE THAT HOLD 30-35 GALLONS OF WATER UP AND FELT SOMETHING SNAP IN RIGHT ARM AND SHOULDER		x			70	0	x					
WC800C58646		SECURITY OFFICE	3/22/2015	290	BALTIMORE		EE STATES HE PICKED UP A TV AND NOW HAS SWELLING TO RLQ. HE WAS SEEN BY A DOCTOR AND HE WAS REFERRED TO SURGEON WITH A		x			92	0	x					
WC205A71452		SECURITY OFFICE	3/22/2015	534	BUFFALO		EE STATES I WAS WALKING TO THE BUILDING TO UNLOCK IT, TRIPPED ON BLACK ICE & LANDED ON MY LEFT SIDE. 8/10 WRIST PAIN. E				x	0	0	y					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:							
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Healing Loss (5)	All other illnesses (6)		
										Job transfer or restriction	Other recordable cases										
								(G)	(H)	(I)	(J)	(K)	(L)								
WC390C84767		SECURITY OFFICE	3/22/2015	548	MERIDEN CT		EE STATES ON 3/22/15 AT WORK SITE PARKING LOT, HE STEPPED OUT OF HIS CAR AND SLIPPED ON ICE AND TWISTED LEFT ANKLE. EE				x	0	0	*							
WC949C61179		SECURITY OFFICE	3/24/2015	781	HOUSTON TX	Oxy Vinyls	EMPLOYEE WAS STEPPING DOWN OUT OF TRUCK AND FELT PAIN IN RIGHT KNEE.		x			26	0	*							
WC205A71577		SECURITY OFFICE	3/24/2015	534	BUFFALO		EE STATES WHILE CHECKING THE COOLER AREA HE SOMEHOW TRIPPED OR FELL RESULTING IN LACERATIONS TO HIS LEFT HAND FINGERS.				x	0	0	*							
WC555C71032		SECURITY OFFICE	3/25/2015	310	GAINESVILLE		EE STATES HE WAS STEPPING OUT OF THE GUARD SHACK, AND TWISTED HIS RIGHT ANKLE. HE STATES HE HEARD A COUPLE POPS WHEN IT		x			180	0	*							
WC60EC25843		SECURITY OFFICE	3/25/2015	160	SAN FRANCISCO CA		EE STATES HE WAS WALKING DOWN THE STAIRS WHEN HE SLIPPED DOWN A COUPLE OF STEPS AND FELL INTO THE STAIR RAIL TWISTING HI		x			28	0	*							
WC555C70483		SECURITY OFFICE	3/26/2015	055	LAKELAND		EE STATES HE WAS STOPPED AND HE WAS REAR ENDED BY A VAN, THE NEXT MORNING HE GOT A TWITCH TO NECK AND FELT PAIN TO LOWER				x	0	0	*							
WC80DC62287		SECURITY OFFICE	3/29/2015	127	NORTHERN VIRGINIA		EE TRIPPED OVER A WOODEN BLOCK GOING BACK TO GUARD SHACK AFTER GETTING NUMBER ON TRUCK		x			67	0	*							
WC949C62128		SECURITY OFFICE	4/2/2015	500	THE DOMAIN		EE STATES AS HE STEPPED DOWN FROM A STAGE, HE MISSED A STEP, FELL, PLACING ALL HIS WEIGHT ON HIS LEFT FOOT. EE HAS LEFT				x	0	0	*							
WC390C84705		SECURITY OFFICE	4/3/2015	543	GREATER PHILLY		EE WAS WALKING TO VALLET BOOTH, HIS RIGHT RING FINGER GOT CAUGHT BETWEEN TWO METAL PLATES OF THE DOOR HANDLE AND GOT CRUS				x	0	0	*							
WC949C62512		SECURITY OFFICE	4/4/2015	540	DENVER CO		EE STATES ON 4/4/2015 SHE LIFTED A 25LB BAG OF DOG FOOD THAT WAS IN THE AISLE WHEN SHE FELT A POP TO HER LEFT SHOULDER				x	0	0	*							
WC555C70936		SECURITY OFFICE	4/4/2015	301	JACKSONVILLE FL		EE STATES HE HAS LACERATION TO RIGHT INDEX FINGER, SLAMMED IN CAR DOOR. EE STATES LACERATION IS 1/2 INCH LONG, UNABLE T		x			17	0	*							
											x	0	0	*							



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC555C70984		SECURITY OFFICE	4/5/2015	543	TAMPA FL		FNOL EE WAS SEEN AT MED EXPRESS URGENT CARE. EE STATES ON 4/5/15 SHE WAS IN THE FRONT OF THE BUILDING AND TRIPPED OVER		x			1	0	x					
WC949C62158		SECURITY OFFICE	4/5/2015	310	DALLAS TX		EE STATES HE WAS OUTSIDE & WAS WALKING BACK INSIDE WHEN HE SLIPPED IN THE PARKING LOT. IT WAS RAINING. HE FELL & SUSTAIN			x		0	0	x					
WC648A28945		SECURITY OFFICE	4/5/2015	776	WESTLAKE CA	Calabasas Park Homeowners Association	EMP WAS ON BIKE PATROL AROUND THE LAKE, A RESIDENT WAS OUT WALKING THEIR DOG AND THE DOG BIT THE EMP ON THE LEFT CALF				x	0	0	x					
WC555C75483		SECURITY GUARD	4/5/2015	305	TAMPA FL		EMP MAKING ROUNDS WHEN SHE STRUCK BY A DOOR, UNKNOWN IF SHE WAS OPENING IT OR SOMEONE WALKING OUT THE DOOR			x		0	0	x					
WC390C84765		SUPERVISING OFF	4/6/2015	554	WORCESTER		EE STATES EXPOSED TO HEP C TODAY. PATIENT SPIT IN LEFT EYE, EE WENT TO ER HAD LABS DRAWN, HAS FOLLOW UP TOMORROW IN EMPL			x		0	0	x					
WC205A73103		SECURITY SPECIAL	4/6/2015	775	EMPIRE STATE BUILDING NY	Empire State Building	EMP ALLEGES WORKING WITH K9 PATROL, HAS UNSPECIFIED INJURY			x		0	0	x					x
WC390C84791		SECURITY OFFICE	4/7/2015	517	SECAUCUS NJ		EE STATES HE TOLD A CLIENT THAT HE'S NOT PERMITTED TO BRING HIS COFFEE IN, THE CLIENT THREW THE COFFEE ON EE, AND DURING			x		0	0	x					
WC205A72065		SECURITY OFFICE	4/7/2015	231	SYRACUSE - MORRIS NY		EE WAS INTERACTING WITH AN AGGRAVATED PATIENT WHEN HE CAUGHT HIS FINGER ON A PIECE OF EQUIPMENT CAUSING A LACERATION TO			x		0	0	x					
WC608C27499		SECURITY OFFICE	4/9/2015	807	PHOENIX AZ		EE STEPPED OFF CURB & LEFT KNEE WENT OUT ON HER, SHE FELL & LANDED ON RIGHT KNEE CAP.			x		0	0	x					
WC555C71405		SECURITY OFFICE	4/10/2015	523	RALEIGH NC		EE STATES SHE FELL COMING DOWN THE STAIRS AT THE ENTRANCE OF THE HOTEL EE HAS RIGHT HIP PAIN AND CAN HARDLY STAND. EE			x		0	0	x					
WC949C62726		SUPERVISING OFF	4/11/2015	510	LAKELINE MALL / PLAZA / VILLAGE		EE STATED WAS RIDING SEGWAY AND FELL OFF HURTING LEFT WRIST. EE TOOK 2 IBUPROFEN ABOUT 30 MIN. AGO, WRAPPED WITH ACE WRA			x		0	0	x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC555C71531		SECURITY OFFICE	4/12/2015	141	WEST PALM BEACH FL		FNOL SUPERVISOR STATED HE IS HAVING THE EE SEEN IN ER AT THE HOSPITAL THEY ARE WORKING AT. EE WAS ATTACKED BY A PATIENT				X	0	0	X					
WC555C71705		SECURITY OFFICE	4/13/2015	127	ATLANTA EAST GA		EE STATES: AFTER BREAKING A BOAT SEAL PART OF IT BROKE OFF, FLEW UP & HIT EE IN HEAD ABOVE FOREHEAD IN HAIR LINE. NO EL				X	0	0	X					
WC80CC59779		SECURITY OFFICE	4/14/2015	161	HAGERSTOWN MD		EE STATES HE MISSED A STEP GOING DOWN THE STAIRS AND FELL DOWN 3-4 STEPS. HAS PAIN TO ENTIRE LEFT LEG, SWELLING AROUND				X	0	28	X					
WC390C85161		SECURITY OFFICE	4/17/2015	281	WOODBIDGE NJ	Gilbert Company	EMP WAS CLOSING THE BACK GATE AND FELT SOMETHING IN HER LEFT SHOULDER "POP".		X			180	0	X					
WC949C63386		SECURITY OFFICE	4/17/2015	172	NEW ORLEANS LA		EE STATES SHE WAS AT GATE 50 AND THERE WAS A STRONG ODOR/ UNKNOWN WHAT IT WAS. EE COULD NOT CATCH HER BREATH AS SHE WAS			X		0	116	X					
WC413C34428		SECURITY GUARD	4/17/2015	361	GLENBROOK IL		EE WAS PASSENGER IN A VEHICLE ACCIDENT. EE WAS SEEN AT DELTAMEDICAL CENTER FOR A NECK INJURY				X	0	0	X					
WC390C85441		SECURITY OFFICE	4/19/2015	418	AIR OFFICE NY		EE STATES HER RIGHT FOOT HIT THE CHAIR LEG LOST BALANCE TRIED TO PREVENT FALL BUT FELL AND RIGHT SHOULDER HIT		X			63	0	X					
WC555C72474		SECURITY OFFICE	4/19/2015	305	TAMPA FL		EE CALLING TO REPORT ON 4/19 HE WAS DOING HIS ROUNDS AND STEPPED ON A GRATE AND THE GRATE GAVE WAY CAUSING HIM TO FALL A				X	0	0	X					
WC648A29011		CORPORAL	4/20/2015	060	HOLLYWOOD VERTICAL CA	Sunset Gower Studios	EMP WAS GOING TO SCAN A BADGE FOR AN EMPLOYEE AND LEFT FOOT PLANTED WRONG CAUSING PAIN TO LEFT KNEE		X			63	0	X					
WC555C72750		SECURITY OFFICE	4/20/2015	101	FT. LAUDERDALE FL		EE STATES 2 SLIDING DOORS CLOSED ON THE LT MIDDLE FINGER, BRUISING UNDER THE NAIL. USED HOT AND COLD WATER, I RECOMMEND				X	0	0	X					
WC949C63419		SECURITY OFFICE	4/20/2015	607	HOUSTON - SOUTH TX		EE STATES AT 1100AM A TRUCK DROVE BY AND A SMALL ROCK WENT INTO HER LEFT EYE, PAIN, BLURRY VISION. LIGHT SENSITIVITY DES				X	0	0	X					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Heating Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC555C72752		SECURITY OFFICE	4/21/2015	306	ATLANTA - WEST GA		EE STATES SHE WAS IN PARKING LOT 3. EE WAS SWIPING THE BADGES AND PUSHED THE DOOR OPEN. THEN THE DOOR SHUT ON HER RIGHT					42	0	x					
WC949C63753		SECURITY GUARD	4/21/2015	289	BEAUMONT TX	Exxon Mobile	EMP TRIP AND FELL. WHEN STEPPING OFF THE CURB PUT ARMS OUT TO CATCH SELF AND STRUCK RT HAND ON THE GROUND.		x		x	0	0	x					
WC390C86458		SECURITY OFFICE	4/22/2015	548	MERIDEN CT		EE STATES: HELPING NURSE RESTRAIN A PT. PT GOT UP AND SCRATCHED EE AT LT FORCARM. ONE BIG SCRATCH MARK WITH SOME SKIN OF				x	0	0	x					
WC606C28867		SECURITY OFFICE	4/23/2015	161	STOCKTON (SACRAMENTO) CA		EE STATES MISSTEPPED OFF CURB AND TWISTED AND FELL LANDING ON RIGHT KNEE AND RIGHT HAND. KNEE IS SWOLLEN AND HARD TO WALK				x	0	87	x					
WC608C28776		SCREEN PERSONNE	4/23/2015	152	LOS ANGELES CA		EE STATES HE WAS WALKING OUT THE GUARD SHACK WHEN HE STEPPEDDOWN ON THE METAL STEP AND FELT PAIN TO HIS LEFT ANKLE. FR				x	0	0	x					
WC80DC62069		SECURITY OFFICE	4/24/2015	250	CLAY TERRACE		EE STATES HE WAS CPR TRAINING FOR 6-7 HOURS. EE GOT ON HIS KNEES 3-4 TIMES TO DO COMPRESSIONS ON DUMMIES. LEFT KNEE HAS				x	0	0	x					
WC949C64760		SECURITY OFFICE	4/24/2015	207	LAS VEGAS NV		EE STATES HE WAS PUTTING ORANGE CONES IN AN AREA, AND FELT A SHARP PAIN IN HIS RIGHT ARM. HE HAS PAIN GOING INTO HIS AR				x	0	0	x					
WC648A29036		SECURITY OFFICE	4/25/2015	513	LOS ANGELES CA		FNOL: 911 TRANSPORTED VIA AMBULANCE TO USC MEDICAL. EE WAS IN A MVA. SUPERVISOR IS CALLING IN THE REPORT. DX: HEAD T				x	0	108	x					
WC390C87000		SECURITY OFFICE	4/25/2015	128	ALLENTOWN PA		EE STATES SHE STEPPED OUT OF THE GUARD BOOTH TO GIVE DIRECTIONS TO A DRIVER & SLIPPED & FELL. INJURING HER L UPPER CALF.		x			24	0	x					
WC413C36934		SECURITY OFFICE	4/27/2015	060	GURNEE MILLS	Gurnee Mills Mall	EMP WAS EJECTING SOMEONE FROM THE MALL WHEN A SUBJECT THROW A PUNCH HITTING HIM IN THE LT EYE SOCKET AND NOSE				x	0	0	x					
WC949C64982		SECURITY OFFICE	4/28/2015	043	HOUSTON - SOUTH TX		EE WAS STABBED TO THE TRUNK, MULTIPLE STAB WOUNDS. EE WAS WEARING A VEST		x			133	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC648A29087		SECURITY OFFICE	4/28/2015	418	SAN DIEGO		EE STATES BIG, HEAVY GATE FELL ON HIS FOOT WHEN HE TRIED TO CLOSE IT. PAIN TO TOP OF FOOT, SLIGHT SWELLING. UNABLE TO B		x			41	0	x					
WC949C67317		SECURITY OFFICE	4/29/2015	615	ORANGE COUNTY CA	Par Electric	EMP STATES LAST NIGHT HE WAS WALKING IN A CONSTRUCTION ZONE WHEN HE TRIPPED AND FELL BACKWARDS		x			100	0	x					
WC060A30876		LOSS PREVENTION	4/29/2015	202	SAN JOSE		EE STATES HE OBSERVED A MALE WHO TOOK A BAG OF GROCERIES. HE BLOCKED THE MAN WHO BIT THE EE ON HIS LEFT THUMB. HE HAS				x	0	0	x					
WC413C37312		SECURITY OFFICE	4/30/2015	180	KANSAS CITY		EE STATES WAS MAKING AN ARREST AND SUSPECT BIT HIM ON THE PINKY FINGER OF HIS RIGHT HAND. BROKE SKIN.				x	0	0	x					
WC80DC62309		SECURITY OFFICE	4/30/2015	432	DETROIT MI		EE STATES LIFTING A 30-40 POUND BOX. FELT POP IN LEFT SHOULDER. HUGE LUMP ON COLLARBONE. LIMITED MOBILITY WITH LEFT ARM.				x	0	0	x					
WC555C77091		SECURITY OFFICE	5/1/2015	172	JACKSONVILLE-YARBORO FL	blount island	EE STATES HER RIGHT WRIST HAS BEEN HURTING FOR THE PAST MONTH. PAIN IS A 5/10 AND PROGRESSIVELY GETTING WORSE. WRIST IS				x	0	0	x					
WC555C74306		SECURITY OFFICE	5/2/2015	141	WEST PALM BEACH FL		EE STATES HE WAS BITTEN BY A PATIENT ON THE LOWER ARM. SOUGHT CARE AT THE ST. LUCIE MEDICAL CENTER ER. V. MAY FOLLOW UP A				x	0	0	x					
WC555C74358		SECURITY OFFICE	5/3/2015	141	WEST PALM BEACH FL		EE STATES HE WAS HELPING A COWORKER RESTRAIN A PATIENT AND THE PATIENT HIT EE IN LEFT EYE. EE STATES SOME HOW DURING THE				x	0	0	x					
WC80DC62654		SECURITY OFFICE	5/4/2015	432	DETROIT MI		EE STATES WAS GETTING OUT OF VEHICLE AND SMASHED THE FIRST 3 FINGERS OF RIGHT HAND. EE DENIES ANY OPEN AREAS. PAIN 6/10				x	0	0	x					
WC413C37689		ACCESS CONTRCL	5/6/2015	418	ILLIANA - TINLEY PARK IL		EE STATES SLIPPED WALKING DOWN STAIRS. RIGHT LEG WENT FORWARD. LEFT LEG STAYED BEHIND. BACK HIT EDGE OF STAIR IN MIDDLE				x	0	0	x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other record- able cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC390C88710		SECURITY OFFICE	5/6/2015	238	PATTERSON SCHOOL NJ		ACTIVITY AT TIME OF ACCIDENT TEXT=EE STATES WAS CALL TO ESCORT A STUDENT AND THE STUDENT STATED HE NEEDED TO GET HIS SHI				x	0	0	x					
WC555C74927		SECURITY OFFICE	5/8/2015	160	MIAMI FL		EE CALLING REGARDING SHOULDER INJURY FROM HIALEAH HOSPITAL ER. STATES WAS MOVING BARRACADES AND ONE WAS WEDGED AND WHEN				x	0	0	x					
WC949C67178		SUPERVISING OFF	5/9/2015	806	EL PASO TX		EE STATES PATROLLING FRONT PARKING LOT OF HOSPITAL, TRIPPED AND FELL ON UNEVEN BLACKTOP ONTO LEFT KNEE AND HANDS, HANDS				x	0	0	x					
WC390C93835		SECURITY OFFICE	5/14/2015	401	PITTSBURGH	Monongahela Hospital	EMP WAS WATCHING A PATIENT, HOLDING PATIENTS ARM FOR NURSE TO OBTAIN BLOOD, THE PATIENT SCRATCHED RIGHT HAND.				x	0	0	x					
WC205A73653		SECURITY OFFICE	5/15/2015	361	EMPIRE STATE BUILDING NY		EE STATES GOING UP STAIRS AND TRIPPED OVER SECOND TO LAST AND FELL FORWARD. SHE BROKE HER FALL WITH BOTH HANDS AND LANDE		x			45	0	x					
WC555C75910		MARKETING MANAG	5/15/2015	320	SALES/TELEMAR KETING/STATE FL		EMPLOYEE WAS PACKING UP A TRADE SHOW/ BOOTH WHEN A STAND DROPPED ON HER TOE.				x	0	0	x					
WC555C76137		SECURITY OFFICE	5/16/2015	511	TAMPA FL		EE STATES HE WAS INSIDE THE KITCHEN AREA. EE SLIPPED AND FELL LANDING ON HIS BUTTOCKS. AT THIS TIME HE HAS 8-9/10 SHARP.		x			80	70	x					
WC205A73697		SECURITY OFFICE	5/16/2015	735	NEW YORK BROADWAY NY	Budget Car Rent; A Ca	EMPLOYEE STATES HE TRIPPED OVER THE FLOOR GUARD AND FELL. LANDED ON HIS RIGHT HAND. SOUGHT MEDICAL CARE AT HIS PRIMARY		x			116	0	x					
WC390C95580		SECURITY	5/16/2015	681	PARSIPPANY NJ	Andover Rehab Center	EMP TRIED TO STOP A PATIENT WHO WAS ATTACKING NURSE AND WAS SCRATCHED BY THE PATIENT ON BOTH ARMS.				x	0	0	x					
WC555C76378		SECURITY OFFICE	5/18/2015	661	TAMPA FL		HIT AND RUN MVA		x			132	0	x					
WC555C76833		SECURITY OFFICE	5/18/2015	149	TAMPA FL	Lakeland Adminstratl	EE STATES ON MAY 18TH WALKING UP TO ICEBOX STEPPED BACKWARDS AND FELL BACK AND SUFFERED EXTENSIVE INJURIES. EE STATES		x			70	0	x					

(A) Case No	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client, Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
								Death	Days away from work	Remained at work		Away from Work (days)	On job transfer or restriction (days)	(V) Injury	(1) Skin Disorder	(2) Respiratory Condition	(3) Poisoning	(4) Hearing Loss	(5) All other illnesses:	
										Job transfer or restriction	Other record- able cases									
(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	
WC949C67718		SECURITY OFFICE	5/18/2015	207	LAS VEGAS NV	Premium Mall North	EE STATES HE WAS DIRECTING TRAFFIC WHEN HE TWISTED; HIS LEFT HIP IT POPPED. SEVERE SHARP PAIN THAT RADIATES DOWN LEFT L				x	0	0							
WC555C76452		SUPERVISING OFF	5/21/2015	16	FT LAUDERDALE FL	Florida Medical Cent	EE STATED WAS DOING RESTRAINING ON A PATIENT AND THAT IS WHEN THE PATIENT SPIT IN MY FACE THE PATIENT WAS SUICIDAL AND				x	0	0							
WC945C69562		SECURITY OFFICE	5/22/2015	127	HOUSTON - NORTH TX	Gulf State Toyota	EE STATED SHE WAS PUSHING GOLF CART BECAUSE IT WENT DEAD ON HER AND FELT PAIN IN UPPER BACK ACROSS RIGHT SHOULDER ARM AR		x			84	0	x						
WC80LC346C3		SECURITY OFFICE	5/22/2015	436	GRAND RAPIDS	Leon Automotive Intls	EE STATES HE STEPPED ON THE SIDE OF THE CURB AND HEARD HIS LEFT ANKLE SNAP. NO OBVIOUS DEFORMITY BUT TENDERNESS AND SWEL				x	0	0	x						
WC949C58262		SECURITY OFFICE	5/24/2015	308	AUSTIN TX	Barton Creek Mall	EE STATES TRAINING STATES HAS PAIN TO KNEE AFTER TURNING AND RUNNING, HEARD A CRUNCH, UNABLE TO BEAR WEIGHT. EE STA				x	0	0	x						
WC949C68716		SECURITY OFFICE	5/25/2015	255	BEAUMONT TX	Alcoa	EE STATES WAS WALKING DOWN FLIGHT OF STAIRS AND RIGHT KNEE POPPED. KNEE SWOLLEN AND PAIN LEVEL 4/10. HAS BEEN ICING AND				x	0	0	x						
WC590C5C432		SECURITY OFFICE	5/25/2015	437	ALLENTOWN PA	Welfare Office	EE STATES WAS ATTACKED BY THREE PEOPLE WHILE WORKING A WELFARE OFFICE. 911 CALLED AND EE TAKEN TO READING HOSPITAL WHERE		x			47	0	x						
WC608C31653		SECURITY OFFICE	5/25/2015	127	SAN FRANCISCO SAN MATEO CA	CVS PHARMACY	EE REPORTS DURING CHANGE OF SHIFT EE WAS AT COSMETIC AREA ABOUT TO CLOCK IN ALL OF SUDDEN HEARD COMMOTION AND HE SAW SO		x			28	0	x						
WC413C39055		SECURITY OFFICE	5/25/2015	180	KANSAS CITY	Granger Corporation	EE STATES WHILE WALKING SOMEHOW A 10- 12 LB. BOLT CLUTTER FELL 30IN. HITTING LEFT SHIN ABOVE ANKLE, BELOW KNEE, CAN HARDLY				x	0	0	x						
WC949C68556		SECURITY OFFICE	5/27/2015	310	DALLAS TX	US Security office	TRIPPED OVER A BOX CAUSING HIM TO TWIST HIS RIGHT KNEE				x	0	0	x						



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)								
WC390C90675		SECURITY OFFICE	5/27/2015	280	PRINCETON RI	Grainger	EE STATES WHILE DOING A TOUR AT CONSTRUCTION SITE AT BREAK AREA, A CONSTRUCTION WORKER HAD CUT HIMSELF WRAPPING HIMSELF				x	0	0	x					
WC390C90735		SECURITY OFFICE	5/28/2015	548	MERIDEN CT	St. Francis Hospital	EE STATES HE WAS ASSISTING MEDICAL PERSONNEL TRANSFERRING COMBATIVE PATIENT TO FRESH BED, AND SHE SCRATCHED EE'S WRIST.				x	0	0	x					
WC380C91173		SUPERVISING OFF	5/29/2015	400	HARTFORD - MURPHY ACQ. CT	St. Francis Hospital	EE STATES ON 5/29/15 INTOXICATED PATIENT ATTEMPTED TO ESCAPE AND WHILE RESTRAINING CUT LEFT FOREARM ON STRETCHER, HE HAS				x	0	0	x					
WC60DC65268		ARMED SECURITY	5/30/2015	060	GOVERNMENT VERTICAL VA		EMP ROLLED OVER DURING A HAND TO HAND FITNESS TRAINING AND FELT PAIN TO RIGHT FOOT		x			6	0	x					
WC949C68825		SECURITY OFFICE	5/30/2015	530	COTTONWOOD MALL	Cottonwood Mall	EE STATES THAT HE WAS STOPPING A LADY LEAVING WITHOUT PAYINGFOR SERVICES AND THE LADY ATTACKED HIM. INJURED HIS LEFT M				x	0	0	x					
WC80DC65837		SECURITY OFFICE	5/30/2015	744	GOVERNMENT VERTICAL VA	NRO	EE STATES ON 5/30/2015 DOING DEFENSIVE TACTICS REVIEW TRAINING AND INJURED RIGHT LOWER ARM. SWELLING TODAY AND PAIN 3-4/				x	0	0	x					
WC80DC65523		SECURITY OFFICE	6/2/2015	990	GOVERNMENT VERTICAL VA	NA, caller hung up	UNKNOWN		x			14	0	x					
WC508C35933		SECURITY OFFICE	6/2/2015	239	SAN FRANCISCO SAN MATEO	Safeway	EE STATES WHILE HE WAS APPREHENDING A SHOP LIFTER, THE SHOP LIFTER HIT EE IN HIS LEFT SHOULDER, EE STATES HE WAS HAVING		x			9	0	x					
WC390C91239		SECURITY OFFICE	6/2/2015	239	PATTERSON SCHOOL NJ		EE WAS BREAKING UP A FIGHT WHEN GLASE FELL AND HIT HER ON THE HEAD				x	0	0	x					
WC608C32545		SECURITY OFFICE	6/4/2015	180	SALT LAKE CITY UT	Hyatt House Hotel	EE STATES THAT THERE WAS A MAN VANDALIZING THEIR JOB SITE, HE WENT TO SPEAK WITH HIM AND THE GUY BECAME AGIATED AND ASS				x	0	0	x					
WC413C40140		SECURITY OFFICE	6/7/2015	172	ILLIANA - TINLEY PARK IL	Evergreen Terrace Ho	EE FELL DOWN 10 STAIRS INJURING LEFT ANKLE, MIDDLE/LOWER BACK, AND NECK				x	0	5	x					
WC390C91936		SECURITY OFFICE	6/8/2015	560	WOODBURY NJ	Cunningham Alternati	EE STATES 2 STUDENTS WERE FIGHTING AND HE WAS TRYING TO BREAK UP FIGHT. STUDENT HITT EE IN CHEST WITH ELBOW, PAIN 9 1/2,				x	0	0	x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC949C69947		SECURITY OFFICE	6/10/2015	030	LAS VEGAS PREMIUM OUTLETS - NORTH	LV Premium Outlet Ma	EE STATES ASSAULTED, HIT IN FACE, SEEN IN THE ER, GIVEN SUTURES, NO LOSS OF CONSCIOUSNESS. EE STATES WAS TAKEN TO TH				x	0	0	x					
WC80DC66441		SECURITY OFFICE	6/11/2015	744	CIRCLE CENTRE MALL	TJ MAX	EE STATES WENT TO CHECK AN AREA, WALKING TO DOOR AND STEPPED INTO POT HOLE, TWISTED RIGHT KNEE, MODERATE SWELLING TO KNEE		x			1	0	x					
WC555C78979		SECURITY OFFICE	6/11/2015	141	WEST PALM BEACH FL	St Lucie med cntr	EE STATES PATROLLING PARKING LOT SLIPPED IN WATER, FELL HIT HEAD, TAKEN TO THE ER, RECEIVED STITCHES. FNOL DONE, ST				x	0	0	x					
WC555C79044		SECURITY OFFICE	6/11/2015	127	ATLANTA EAST	College Football Hal	EE STATES WHILE ASSISTING TO MOVE SOME EQUIPMENT ACROSS COLLEGE FOOTBALL HALL OF FAME FIELD, IT CAME DOWN ON RIGHT MIDDLE				x	0	0	x					
WC413C40458		SECURITY OFFICE	6/12/2015	216	ST. LOUIS MO	Cloverleaf Cold Stor	EE STATED SHE SLIPPED AND FELL, TWISTED LEFT ANKLE AND FOOT, HEARD A LOUD POP.				x	0	0	x					
WC555C79014		SUPERVISING OFF	6/12/2015	141	WEST PALM BEACH FL	US SEC @ The Fountain	EE STATES HE WAS CHANGING A TIRE, IT TILTED BACKWARD AND SMASHED THE TIP OF HIS LEFT MIDDLE FINGER, IT LOOKS CROOKED, TI				x	0	0	x					
WC205A74808		SECURITY OFFICE	6/13/2015	207	NEW YORK BROADWAY NY	JCPenney	ON 6/13 EE WAS WALKING BACK TO WORK FROM BREAK AND BEFORE THE ASSOCIATES ENTRANCE SHE MISSED THE SIDEWALK AND FELL, INJURY		x			180	0	x					
WC390C92697		SECURITY OFFICE	6/13/2015	292	PITTSBURGH - CAULEY	PPG Paint Plant	SUPERVISOR STATES EE FELL IN RESIN BASEMENT, KNEE INJURED, WHICH KNEE UNKNOWN BY SUPERVISOR. SUPERVISOR STATES 911 WA		x			63	0	x					
WC608C38338		SECURITY OFFICE	6/13/2015	156	LOSS PREVENTION ARIZONA AZ		EE STATES SHE STOPPED A FEMALE SHOP LIFTER AND TRIED TO RETRIEVE ITEMS THE ASSAILANT RAN OFF WITH HER PHONE AND WHEN THE				x	0	0	x					
WC413C40487		SECURITY GUARD	6/14/2015	517	GLENBROOK IL	All State	TEMP DRIVING MOBILE ONE VEH AND CRASHED INTO LIGHT POLE.		x			63	0	x					
WC608C33213		SECURITY OFFICE	6/14/2015	160	SALT LAKE CITY UT	Outdoor mall, Centra	EE STATED WAS OPENING SOME DOOR AND MY RIGHT MIDDLE AND RIGHT RING FINGERS GOT CAUGHT AND TORE THE TOP OF THE SKIN OF BO				x	0	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC80DC69711		SECURITY OFFICE	6/15/2015	405	CHARLESTON WV	Dow Plant	EE STATES 6/15 INHALED A TOXIC FUME OF DEPRIME 1403 RED WHILE STANDING POST. EE DID REMOVE HIMSELF FROM THE AREA. SEVER				x	0	0	x					
WC390C95478		SECURITY SUPERV	6/16/2015	744	PITTSBURGH - CAULEY	unknown	SUPERVISOR STATES ON 6/16/15 EE SLIPPED AND FELL ON LEFT KNEE CAP. ON MARBLE FLOOR. UNKNOWN SPECIFICS OF INJURY. EMS C		x			66	30	x					
WC608C34849		SECURITY OFFICE	6/16/2015	517	PHOENIX AZ	State of Arizona	EMP WAS ASSAULTED BY A STRANGER, PHYSICALLY BEATEN AND KNOCKED TO GROUND.		x			84	0	x					
WC949C70500		SECURITY OFFICE	6/16/2015	231	LAS VEGAS NV	Green Life LLC	EE STATES HE WAS WALKING IN THE LOBBY, 3 ROTTWEILER CAME TOWARD HIM, AND HE BACK UP, FALLING ON THE FLOOR, INJURING HIS		x			1	20						x
WC608C36814		SECURITY OFFICE	6/16/2015	807	PHOENIX AZ	Adessa Auto Auction	EE REPORTING AN FNCL INJURY DUE TO HEAT EXHAUSTION. EE PASSED OUT WHILE AT WORK. 911 CALLED TO THE SCENE AND EE TRAN				x	0	0	x					
WC949C70873		LEAD SUPERVISOR	6/17/2015	607	DENVER CO	Colorado Rockies Baseball Club	EMP WAS APPROACHING A GROUP OF PEOPLE AND WAS ASSAULTED		x			84	42	x					
WC648A29125		SUPERVISING OFF	6/17/2015	776	WESTLAKE CA	The Groves	EE STATES THAT HE IS DOING PARK PATROL GOING DOWN STAIRS AND FELT A PINCH IN HIS RIGHT KNEE. NOW IT IS CRACKING WHEN				x	0	0	x					
WC80DC67194		SECURITY OFFICE	6/17/2015	432	DETROIT	Sinai Grace Hospital	EE STATES AS HE WAS DOING A VEHICLE INSPECTION, HE CHECKED THE RADIATOR WHICH WASNT HOT, OPENED IT A LITTLE, WHEN THE A				x	0	0	x					
WC555C79550		SECURITY OFFICE	6/17/2015	306	ORLANDO FL	Walmart	EMP WAS HIT BY A SHOPPING CART BEING PUSHED BY A CUSTOMER ON UPPER RT THIGH				x	0	0	x					
WC949C71422		SECURITY OFFICE	6/19/2015	534	LAS VEGAS NV	Excel Communication	EE CALLING STATES WAS WALKING OUT DORWAY AND TRIPPED ON STACKED CONES FALLING AND HITTING LEFT HIP. TAKEN VIA AMBULANCE		x			17	23	x					
WC390C97441		SECURITY OFFICE	6/20/2015	527	HARTFORD - MURPHY ACQ. CT		SUPERVISOR STATES ON 6/20 EE WAS IN TRANSIT IN HIS OWN PERSONAL VEHICLE FROM ONE US SECURITY JOB SITE TO ANOTHER US SECU		x			44	1	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC648C17217		EVENT STAFF	6/20/2015	152	LOS ANGELES CA	Insomniac	EMP WAS HIT WITH AN OBJECT IN BOTH EYES				x	0	0	#					
WC555C90188		SECURITY OFFICE	6/20/2015	306	ORLANDO FL	The West Oaks Mall	EMPLOYEE LOCKED DOOR OF ELECTRICAL ROOM. TURNED AND EDGE OF OPEN VEHICLE DOOR CAUGHT THE EDGE OF HIS LEFT EYE				x	0	0	#					
WC949C71232		SECURITY OFFICE	6/21/2015	573	HOUSTON GALLERIA/WEST HEIMER CRT	Houston Galleria	EE STATES FELL FROM SEGWAY, 6X10 PAIN TO L ELBOW, ABLE TO USE ELBOW, SMALL CUT, NOT BLEEDING, BRUISED. EE STATES LA							#					
WC648A29133		EVENT STAFF	6/21/2015	540	STAFFPRO - ESE	EDC Las Vegas	UNKNOWN ACCIDENT		x			180	0	#					
WC648A29129		EVENT STAFF	6/21/2015	405	STAFFPRO - ESE	Insomniac	EMP WAS ON BREAK, HE WENT TO GET HIS PHONE AND CLAIM THAT HE WAS ASSAULTED BY A SUPR AND A KNEE WAS RAM IN FACE.		x			31	0	#					
WC648A29176		EVENT STAFF	6/21/2015	902	STAFFPRO - LONG BEACH CA	Las Vegas Motor Speedway	EMP STATED BECOMING DEHYDRATED, PASSED OUT.		x			21	0	#					
WC555C80034		SECURITY OFFICE	6/21/2015	301	JACKSONVILLE FL	Putnam Community Med	EE STATES HE WAS WALKING ON THE GROUNDS AND STEPPED IN A HOLE AND TWISTED HIS RIGHT ANKLE THEN SLID ACROSS THE PAVEMENT				x	0	0	#					
WC205A75824		SECURITY OFFICE	6/22/2015	317	911 MEMORIAL NY	911 Memorial	EE STATES SHE WAS WALKING DOWN HALLWAY TO BREAK ROOM, TRIPPED AND FELL ONTO TILE FLOOR, INJURYING HER LEFT KNEE, RIGHT L		x			180	0	#					
WC415C41388		SECURITY OFFICE	6/22/2015	155	GURNEE MILLS	Gurnee Mills Mall	EE STATES SHE WAS ON A SEGWAY AND RAN INTO A COUCH. SHE FELL AND INJURED BOTH WRISTS AND RIGHT KNEE.		x			76	0	#					
WC413C41315		SECURITY OFFICE	6/22/2015	418	ILLIANA - TINLEY PARK IL	Ranger	EE STATES SHE WAS IN THE GUARD HOUSE. SHE WAS CLOSING THE DOOR SHE SMASHED HER RIGHT PINKY FINGER IN THE DOOR. AT THIS T				x	0	0	#					
WC555C80145		SECURITY OFFICE	6/22/2015	161	FT. LAUDERDALE FL	Walmart	EE WAS CLEANING THE BACK OF THE TRUCK AND WAS STUCK WITH A CONTAMINATED NEEDLE. EE STATES THAT THE NEEDLE PUNCTURED THE FINGER				x	0	0	#					
WC413C41548		SECURITY OFFICE	6/23/2015	740	SIMON - MAPLEWOOD MALL	Andrews International	EE STATES WAS ASSISTING TO PUT SHOPLIFTER UNDER CONTROL. THERE WAS BLOOD IN THE FLOOR. SCRATCHED SKIN GOT IN CONTACT W				x	0	0	#					x

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC648A29155		SECURITY SUPERV	6/26/2015	776	WESTLAKE CA	Americana at Brea	EE STATES HE WAS TRYING TO ASSIST AN INEBRIATED CUSTOMER UP, AND FELT PAIN IN HIS LEFT GROIN AND TESTICLE. HE WAS SENT				x	0	0	x					
WC949C72054		SECURITY OFFICE	6/26/2015	317	NEW ORLEANS LA		EE STATES THE TIP OF HER LEFT INDEX FINGER GOT SLAMMED BY A DOOR. IT CRACKED HER FINGER NAIL IN HALF AND HER NAIL BED IS				x	0	0	x					
WC608C35951		SECURITY OFFICE	6/27/2015	607	PHOENIX AZ		EE WAS CHANGING A TIRE ON A GOLF CART & TRIPPED OVER THE TIRE AND FELL		x			143	0	x					
WC648A29147		SECURITY OFFICE	7/1/2015	417	SONY STAND ALONE CA	Sony Studios	EE STATES WAS ON BIKE WHEN HANDLE BARS CAME OFF. FELL AND LANDED ON LEFT SHOULDER. CURRENTLY HAVING LEFT SHOULDER PAIN 7		x			10	0	x					
WC205A76880		SECURITY OFFICE	7/2/2015	784	NEW YORK 5TH AVE / BRONX NY	Fallas	EE STATES WAS WATCHING TWO THEFT SUSPECTS STEALING PRODUCT, AS THEY WERE ATTEMPTING TO LEAVE, EE SLIPPED ON WET FLOOR, U		x			5	0	x					
WC608C37167		LOSS PREVENTION	7/3/2015	204	LOSS PREVENTION WASH-OR WA		EE STATES ON 7/3/2015 WAS IN AN ALTERCATION WITH A CUSTOMER AND HE WAS STEPPED ON HIS LEFT FOOT. HE WENT TO URGENT CAR		x			25	0	x					
WC39CC95609		SECURITY OFFICE	7/4/2015	292	BOSTON	Winn Management	EE STATED SHE HAD ARRIVED AT THE SCENE WHERE INDIVIDUALS WERE DRINKING, AND THEY THREW A FIRE CRACKER UNDER HER CRUISER		x			21	0			x			
WC555C97399		SECURITY OFFICE	7/4/2015	160	MIAMI FL	Cora Gable Hospital	FNOL PER SUP: EE STATES ON 7/4/2015 HE FELL IN A HOLE OF THE PARKING LOT AND AND TWISTED HIS RIGHT FOOT. EE CLAIMS HE				x	0	0	x					
WC649C72723		SECURITY OFFICE	7/4/2015	720	ALLEN PREMIUM OUTLETS	Simon	SUPERVISOR STATED EE HAD RESPONDED TO A CALL WHERE AN UNKNOWN SUBSTANCE WAS SPRAYED IN THE STORE, AND SHE HAD A THROBBIN				x	0	0	x					
WC608C37169		SECURITY OFFICE	7/6/2015	157	LOSS PREVENTION WASH-OR WA	US Security Associates	EE STATES WHILE EE WAS APPREHENDING A SHOP LIFTER, EE GOT HIT IN HIS MOUTH BY THE SHOP LIFTER, PAIN 6/10, LOWER LIP CUT				x	0	0	x					
WC555C82200		SECURITY OFFICE	7/7/2015	608	RALEIGH NC	Lampe and Malphus L.	EE STATES FELL OVER A BOARD AND RIGHT WRIST GOT CAUGHT IN SOMETHING, EE STATES IT LOOKS DISLOCATED OR BROKEN VERY SWOLL		x			02	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC648C17933		SECURITY OFFICE	7/8/2015	752	CARLSBAD PREMIUM OUTLETS	Simon Property	EMP FELL FROM A MOVING SEGWAY		x			180	0	x					
WC608C37237		SECURITY OFFICE	7/8/2015	744	PHOENIX AZ		EE OPENING A TRAILER ANOTHER EE PULLED THE ROLL TOP DOOR, JERKING EE'S R ARM AND ELBOW EE STATES HAS BEGUN FIRST AID,		x			5	0	x					
WC648A29150		SECURITY OFFICE	7/8/2015	776	WESTLAKE CA	Calebasas Community	EE STATES WAS REVERSING TO GET OUT OF LOCATION, NOT NOTICING THE WALL BEHIND SLAMMING INTO WALL, EE REPORTS PAIN TO NECK				x	0	0	x					
WC608C37472		EVENT STAFF	7/8/2015	902	STAFFPRO - LONG BEACH CA	Long Beach Arena	EMP CONTROLLING ENTRANCE TO PLAZA, SKATEBOARDER DID TRICK ON RAMP, FELL, SKATEBOARD STRUCK EMP KNEE				x	0	0	x					
WC413C42954		SECURITY OFFICE	7/9/2015	778	GURNEE MILLS	Gurnee Mall	EE STATES WENT TO GET WATER AND SLIPPED ON WET FLOOR, CURRENTLY HAS LEFT ANKLE SWELLING, PAIN, AND UNABLE TO BARE WEIGHT		x			14	0	x					
WC205A76577		SUPERVISING CFF	7/9/2015	432	DETROIT	Alltantic Terminal Ma	EE STATES 7/9 DIRECTING TRAFFIC AND A GENTLEMAN CROSS TRAFFIC AND STRUCK EE'S LEFT LEG, INJURING LEFT KNEE AND LEFT FOOT				x	0	0	x					
WC390C96418		SECURITY OFFICE	7/10/2015	571	ENGLEWOOD HOSPITAL NJ	Englewood Hospital	EE STATES HE WAS DELIVERING A SPECIMEN ON FRIDAY THE 10TH AND SOMEHOW STEPPED OFF WRONG ON HIS LEFT FOOT AND FELT BURNIN				x	0	0	x					
WC390C96400		SECURITY SHIFT	7/10/2015	401	PITTSBURGH PA	Monvalley Hospital	EMPLOYEE ATTEMPTED TO STOP PATIENT AND PATIENT BIT HIM				x	0	0	x					
WC648A29160		UNIFORMED OFFIC	7/11/2015	776	WESTLAKE CA	Taladadas	EE WAS RIDING BICYCLE WHEN SUPPED ON WET CURB AND FELL, LACERATION TO LEFT SHIN AND ANKLE PAIN. CALLER STATES TAKIN				x	0	0	x					
WC555C85814		SECURITY OFFICE	7/12/2015	043	CHARLOTTE NC	US Foods	FNOL EE STATES ON 7/12/2015 AT 02:30 IN THE MORNING HE WAS WALKING HIS PATROL ALONG THE FENCE LINE. HIS FLASHLIGHT WA				x	0	0	x					
WC555C82723		SECURITY OFFICE	7/13/2015	124	GAINESVILLE GA	Smithfield	EE STATES HE SLIPPED AND FELL DURING ROUNDS, HIT HIS RIGHT KNEE ON THE CONCRETE AND HIS LEFT UPPER RIBCAGE ON THE WALL.				x	0	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
										Job transfer or restriction	Other recordable cases									
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)									
WC555C83180		SECURITY OFFICE	7/14/2015	781	JACKSONVILLE-YARBORO FL	Trapac	EE STATES WAS OPENING HOOD OF SHUTTLE BUS AND WHEN TRYING TO JERK OPEN PULLED MID BACK. PAIN LEVEL 5/10 HAS STARTED NO C					26	0	x						
WC555C83358		SECURITY OFFICE	7/14/2015	527	AIR OFFICE NY	ORLANDO INTERNATIONAL	EE STATES 7/14/15 AT 1400 WAS BENDING AND LIFTING REPETITIVELY TO CLEAR AND SEARCH THE AIRCRAFT, DEVELOPED A SHARP PAIN				x	0	0	x						
WC555C83462		SUPERVISING OFF	7/15/2015	127	ATLANTA EAST GA	Wildwood Gated Commu	EE STATES HIS RIGHT ANKLE WAS HURT IN A CAR ACCIDENT, UNSURE WHAT HAPPENED TO IT. HAS SWELLING, LIMPS WHEN WALKING, FUL				x	0	0	x						
WC649C74063		SECURITY OFFICE	7/16/2015	507	HOUSTON - SCUTH TX	Field Supervisor	EE STATES ON 7/16/15 WHILE GETTING OUT OF HIS TRUCK HIS FOOT WAS CAUGHT AND TWISTED LEFT LEG, PAIN 10/10 WHEN HE PUTS WE				x	0	0	x						
WC413C436/2		SECURITY OFFICE	7/16/2015	120	CEDAR RAPIDS	rockwell collins	EE STATES HE WAS MAKING ROUNDS ON A SEGWAY WHEN IT STALLED ON SOMETHING AND LEANED FORWARD, HE TRIED NOT TO FALL AND HIS				x	0	0	x						
WC648A29170		SECURITY OFFICE	7/17/2015	869	VENTURA CA	Exxon Mobile	EE STATES TOOK ANOTHER PERSON OFF BOAT TO PIER, GRABBED PERSON, SOMETHING DUG INTO UPPER ARM, NOW WITH PAIN, UNABLE TO U				x	180	0	x						
WC648A29177		SECURITY OFFICE	7/18/2015	152	LCS ANGELES CA	Rio Hondo College	EE STATED ON SATURDAY WAS OPENING THE FRONT GATE AND WHEN PULLED IT, IT WENT BACK FAST AND COULD NOT HOLD ON AND FELL BA				x	0	0	x						
WC80DC71399		SECURITY OFFICE	7/19/2015	310	FASHION MALL AT KEYSTONE-EAST	Fashion Mall Keystone	EE STATED INJURED RIGHT LEG, SWELLING, PAIN, BRUISING, EE CALLING FROM PROVIDER LOCATION. EE STATES HE				x	91	0	x						
WC390C97518		SECURITY OFFICE	7/20/2015	517	SECAUCUS NJ	Englewood Hospital	EE STATES HE WENT TO THE ER YESTERDAY WHEN A COMBATIVE PATIENT BITE HIS LEFT HAND, DID NOT BREAK SKIN, NO FOLLOW UPS				x	0	0	x						
WC390C98958		SECURITY OFFICE	7/20/2015	571	ENGLEWOOD HOSPITAL NJ	Englewood Hospital	EMP HELPING TO HOLD PATIENT DOWN WHILE PATIENT WAS RECEIVING SHOT AND PATIENT'S NAILS WENT INTO EMP'S WRIST.				x	0	0	x						
WC555C83940		SECURITY OFFICE	7/21/2015	523	RALEIGH NC	Smithville Packing	EE STATES SHE INJURED HER LEFT SHOULDER AND ARM, WHEN SHE WAS PLUGGING IN THE GOLF CART.				x	0	0	x						

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
										Job transfer or restriction	Other recordable cases								
								(C)	(H)	(I)	(J)	(K)	(L)						
WC390C97778		SECURITY OFFICE	7/21/2015	571	ENGLEWOOD HOSPITAL NJ	Engelwood Hospital	EE STATES THAT HE WAS OUTSIDE AT THE HOSPITAL AND WAS BITTENBY AN INSECT. EE STATES THAT THE BITE GOT BIGGER OVER THE C				x	0	0	x					
WC555C84072		SUPERVISING OFF	7/21/2015	301	JACKSONVILLE FL	St. Johns Forest	EE STATES IT WAS RAINING OUTSIDE AND SHE CAME INTO GUARD HOUSE WITH WET BOOTS AND SLIPPED SPRAINING HER LEFT ANKLE AND L				x	0	0	x					
WC949C74720		POLICE OFFICER	7/23/2015	289	HOUSTON - SOUTH TX	Wal Mart	EE STATES HE WAS ATTEMPTING TO DETAIN THEFT SUBJECT, WHO TRIED TO HIT HIM WITH HIS VEHICLE. EE SWUNG AT THE CAR W/ HAND.		x			180	0	x					
WC678C38438		SECURITY OFFICE	7/24/2015	770	LOSS PREVENTION ARIZONA AZ	Saleway store	GRABBED SUSPECT & TOLD HIM TO DROP THE ITEM. THE SUSPECTS PARTNER SHOVED HIM AND CAUGHT HIM OFF BALANCE.		x			39	0	x					
WC90DC72556		SECURITY OFFICE	7/24/2015	305	MEMPHIS TN		SUPERVISOR STATES LAST NIGHT AROUND 1030 PM EE LEFT TO GO TOTHE STORE & MAYBE GET GAS. DRIVER RAN A RED LIGHT & STRUCK			x		0	5	x					
WC606A91310		LOSS PREVENTION	7/24/2015	155	LOSS PREVENTION WEST COAST CA	Foods Co	EMP WAS IN AN ALTERCATION WITH COMBATIVE INDIVIDUAL. WAS PUSHED AND BROKE FALL WITH RIGHT HAND INJURING WRIST.				x	0	0	x					
WC949C75154		EVENT STAFF	7/24/2015	570	STAFFPRO - DENVER CO	UNK	EMP WAS AT A SOCCER EVENT BEHIND BAR AND SOCCER BAR HIT EMP IN FACE.				x	0	0	x					
WC205A77275		SECURITY OFFICE	7/25/2015	865	911 MEMORIAL NY	(11 memorial and Mus	SUPERVISOR CALLING STATING THAT EE WAS DOING PATROL HER AND SHE FELL DOWN THE STAIRS AND INJURED LEFT KNEE AND BACK. 91		x			23	0	x					
WC390D00009		SECURITY OFFICE	7/25/2015	574	CLIFTON NJ	Reservoir Treatment	EE STATES HE FELL ON 07/25/2015. INJURED LEFT SHOULDER AND HAND AND RIBS. PAIN 6.\\ EE STATES HE WENT TO NEW JERSEY HOS				x	0	0	x					
WC555C84351		SECURITY OFFICE	7/26/2015	124	CHARLESTON SC	UTI warehouse	SUPERVISOR STATES EE STEPPED OFF A CURB AND HURT HER ANKLE. SHE IS ON HER WAY TO THE ER RIGHT NOW\\ SUPERVISOR DOES NOT		x			145	7	x					
WC80DC72345		SECURITY OFFICE	7/27/2015	615	RICHMOND VA	Nabisco	EE STATES SHE HAD TO WALK IN BETWEEN TWO HOT OVENS AND THE HEAT OVERWHELMED HER AND SHE FELL ONTO HER RIGHT SIDE				x	0	0	x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g. Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Healing loss (5)	All other illnesses (6)
										Job transfer or restriction	Other recordable cases								
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
WC390C98202		SECURITY GUARD	7/27/2015	281	SALEM NH	Liberty Mutual	EMP TURNING CORNER IN VEHICLE WHEN SLEEVE CAUGHT IN EMERGENCY BRAKE CAUSING VEHICLE TO STRIKE A PARKED VEHICLE				x	0	0						
WC949C75121		SECURITY OFFICE	7/28/2015	101	DENVER CO	Lifeskills	EE WAS ATTEMPTING TO BREAK UP A FIGHT AND WAS HOLDING A STUDENT AND WAS PUSHED AGAINST THE WALL INJURING HIS LEFT SHOULDER				x	0	0						
WC646A29181		HR RECRUITER	7/29/2015	205	WESTLAKE CA	USSEC- she works in	PER PAULA DANCE, HR- EE WAS DRIVING DOWN THE ESCONDIDO OFF RAMP OF 14 FREEWAY WHEN SHE WAS REAR ENDED BY ANOTHER CAR.		x			7	0		x				
WC646C18846		SECURITY OFFICE	7/30/2015	781	HOLLYWOOD VERTICAL CA	Andrews International	EMP RESPONDING TO TRESPASSING CALL TRESPASSER BECAME VIOLENT ATTACKED EMP				x	0	0						
WC949C75605		SECURITY OFFICE	7/31/2015	280	KATY MILLS	Simon	CLMT TRIPPED ON PARKING STOPPER AND FELL IN PARKING LOT		x			67	7						
WC555C95057		SECURITY OFFICE	7/31/2015	141	WEST PALM BEACH FL	The Fountains Countr	EE STATED THAT SHE WENT TO SEE ABOUT SUSPECT HIDING IN A STORAGE AND HE ATTACKED HER PARTNER WITH A CROW BAR AND HE KNOCK				x	0	0						
WC555C85056		SECURITY OFFICE	7/31/2015	141	WEST PALM BEACH FL	The Fountains Countr	EE STATED THAT HE WAS LOOKING FOR A SUSPECT IN A STORAGE UNIT AND WAS HIT IN THE HEAD WITH A CROW BAR TOTAL 3-4 TIMES AN				x	0	0						
WC413C44854		SECURITY OFFICE	7/31/2015	120	CEDAR RAPIDS	Rockwell Collins	EE STATES WHILE ON THE SEGWAY TO PARK, TIRE LOCKED OFF AND "SHOT" HIM LESS THAN 1FT. ONTO A METAL GATE, HIT HEAD AND NEC				x	0	0						
WC390D05225		SECURITY OFFICE	7/31/2015	401	PITTSBURGH PA	Alcoa Research Center	SUPERVISOR STATES THE EMPLOYEE WAS CALLED TO CHECK A BUILDING FOR SMOKE. ONCE SHE ARRIVED IT WAS NOTED THAT IS WAS SMOKE				x	0	0						
WC390DC72839		SECURITY OFFICE	8/2/2015	735	GREENWOOD PARK MALL	Greenwood Park Mall	EE STATES SHE WAS DOING VEHICLE INSPECTION, WHILE STANDING UP, HIT TOP OF THE HEAD AGAINST THE DRIVER SIDE MIRROR, FELL B		x			140	0						
WC555CA5377		SECURITY OFFICE	9/2/2015	512	ORLANDO FL	Rosen Inn at Pointe Orlando	EMPLOYEE WALKING DOING ACCESS CONTROL WHEN EMP TRIPPED, LOST BALANCE AND FELL FRACTURING UNKNOWN WRIST		x			63	0						



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
								Death	Days away from work	Remained at work Job transfer or restriction    Other recordable cases		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Fracturing	Hearing Loss	All other illnesses	
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
WC949C75771		SECURITY OFFICE	8/3/2015	607	HOUSTON - SOUTH TX	Park Towers	EE STATES HE WAS ON THE PASSENGER SIDE OF A GOLF CART, WHICH FLIPPED OVER AND THE EE ROLLED OUT AND A CAR CAUGHT HIS FALL				x	C	D	x						
WC205A77670		SECURITY OFFICE	8/4/2015	744	BUFFALO NY	Erie Nursing Home	SUPERVISOR CALLED TO REPORT FF TRIPPED ON CARPET, FELL, INJURED HER RIGHT SHOULDER/LEFT KNEE/RIGHT SIDE OF HEAD, GOLF BALL		x			74	D	x						
WC648A29166		SECURITY OFFICE	8/4/2015	792	INLAND EMPIRE CA	Sports Authority	EE REPORTING A SHOULDER INJURY FROM REPETITIVE MOTION IN BOTH SHOULDERS, EE USES A MIRROR FOR TRUCK INSPECTIONS AND USING		x			S	D	x						
WC205A77751		SECURITY OFFICE	8/5/2015	231	SYRACUSE - MOKKIS NY	Binghamton General H	EE WAS WORKING IN THE ER AS A SECURITY OFFICER, EE REPORTING AN FNOL FACIAL INJURY AFTER BEING STRUCK IN THE FACE BY A P				x	D	C							
WC205A78190		SECURITY OFFICE	8/6/2015	540	ROCHESTER, NY NY	Riedman Corp	EE STATES ON AUG 6 TRIPPED ON MAY IN OFFICE FALLING AND DISLOCATING LEFT SHOULDER, WAS SEEN AT HIGHLAND HOSPITAL 1000 S		x			26	D							
WC555C355927		SECURITY OFFICE	8/8/2015	161	FT LAUDERDALE FL	University Hospital	EE STATES WAS WALKING WITH A PATIENT WHO WAS TRYING TO ESCAPE FROM A SECURE UNIT WHEN SHE WAS STRUCK IN THE RIGHT EYE, C				x	D	C							
WC555C36534		SUPERVISING OFF	8/8/2015	043	CHARLOTTE NC	Lake Norman Regional	EE STATES WHILE ASSISTING POLICE OFFICER & RESTRICTING MENTAL PATIENT, KICKING EE ON LEFT TEMPLE, EE SEEK MEDICAL CARE A				x	D	D	x						
WC555C36506		SECURITY OFFICE	8/9/2015	507	ASHEVILLE NC	Eaton Electrical	EE STATES 08/05/15 2350 AT RECEPTION AREA SLIPPED AND FELL LANDING ON BUTTOCKS, RIGHT LEG, RIGHT HAND, SLIDE 2-3FT HITS		x			138	D	x						
WC008C40021		RECEPTIONIST	8/12/2015	744	GOVERNMENT VERTICAL VA	Aerospace Corporation	EMP TRIPPED AND FELL ON UNPAVED PAVEMENT, HURT LEFT KNEE, LEFT HIP, LT SHOULDER, LT HAND, LT WRIST,				x	U	U	x						
WC949C76735		SECURITY OFFICE	8/12/2015	313	DALLAS TX	US FOODS	EE STATES ON 8/12/2015 SHE WAS CLOSING THE SECURITY DOOR, CUT LEFT MIDDLE FINGER, ONE INCH LONG, DEEP, GAPING CUT, BLEED				x	D	D	x						

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (m/o/day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)						
WC80DC74058		SECURITY OFFICE	8/14/2015	791	RICHMOND VA	Percue farm	EE STATES SHE OPENED UP A TRAILER DOOR WHEN PALLETS FELL ONTO HER. SHE BRUISED HER RIGHT KNEE. SCRAPPED RIGHT LOWER LEG.		X			42	0	X					
WC648A29269		SECURITY	8/14/2015	511	WESTLAKE CA		EE STATES HE HAD AN ALTERCATION WITH HIS SUPERVISOR AND HE WAS HEADLOCK BY SUPERVISOR.EE FELL AND INJURY TO HEAD LT KNEE			X		0	1	X					
WC648A29197		SECURITY OFFICE	8/14/2015	340	DESERT HILLS PREMIUM OUTLETS	Desert Hill Premium	EE STATES WAS PATROLLING ON SEDGEWAY AND LOST BALANCE REACHING OUT RIGHT HAND TO CATCH SELF HIT EIGHT ELBOW AND TWISTED				X	0	0	X					
WC555C85821		SECURITY OFFICE	8/14/2015	056	FT. MYERS/NAPLES - SARASOTA FL	Edgewater Village	EE STATES TODAY AT 1103HRS SHE WAS BETWEEN TRUCK AND TRAILERTAKING PHOTO, TRUCK BEGAN TO DRIVE HITTING EE AND BOUNCING				X	0	0	X					
WC648A29203		SECURITY OFFICE	8/16/2015	152	LOS ANGELES CA	USF Reddaway	EE STATES 08/16/15 1449 WALKING TO BATHROOM, FELL INJURING RIGHT ANKLE, CAN WALK BUT NOT VERY LONG, BRUISING 4", BAD PAI				X	0	0	X					
WC555C90843		SECURITY OFFICE	8/16/2015	141	WEST PALM BEACH FL	St Mary Medical Cent	EE STATES MOVING BODY BOARD FROM GURNEY TO COOLER DRAWER IN MORGUE SMASHED LEFT MIDDLE AND 4TH FINGERS, SUPERVISOR SENT				X	0	0	X					
WC555C86791		SECURITY OFFICE	8/17/2015	205	JACKSONVILLE-YARBORO FL	Greyhound Bus Statio	EE STATED HE WAS GUARDING FRONT AREA OF BUS STATION WHEN A TRANSIENT BECAME AGITATED AND SWUNG AT EE. EE STATED HE FELL		X			4	0	X					
WC390D00690		SECURITY SUPERV	8/18/2015	327	GREATER PHILLY PA	Imperial Towers	EMPLOYEE WAS LIFTING HEAVY BOXES AND PULLED MUSCLE IN LOWER ARM		X			6	0	X					
WC413C46135		SECURITY OFFICE	8/19/2015	819	SPRINGFIELD	Hardy Hills resort	EE STATES AT 200AM HE WAS TRAINING, WALKING AROUND OUTSIDE POOL, ON UNSTABLE BRICKS, FELL OFF 3 FOOT CLIFF ONTO RIGHT EL				X	0	0	X					
WC205A61384		SECURITY OFFICE	8/19/2015	527	MANHATTAN AL EAST NY	Fasion Institute of Technology	EMPLOYEE WAS DOING NORMAL JOB DUTIES WHEN SHE INJURED HER FOOT		X			52	0	X					
WC648A29206		SECURITY OFFICE	8/19/2015	216	HOLLYWOOD VERTICAL CA.	FOX STUDIOS	EE STATES INJURY TO LEFT WRIST/RIGHT LEG, PAIN 9/10, STATED MAJOR SWELLING IN LEG/KNEE, PAIN IN WRIST, STATES DID SC,NOT		X			41	0	X					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Healing Loss	All other illnesses
										Job transfer or restriction	Other record- able cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC413C46244		MAIL CLERK	8/19/2015	619	SPRINGFIELD	Us Sec	EE STATED WAS AT THE POST OFFICE TO PICK UP MAIL, AND WENT TO PULL OFF 2 TRAYS FROM CART AND THEY WERE HEAVY AND DONT K				x	0	0	x					
WC80DC74588		SECURITY OFFICE	8/19/2015	290	GREENWOOD PARK MALL	Simon property group	EE STATES INJURY TO LEFT HAND, CRUSHED, MODERATE SWELLING, BRUISING, PAIN, HAS DONE SC, SWELLING CONTINUES, REFERRED TO UC.				x	0	0	x					
WC648A28207		SECURITY OFFICE	8/20/2015	534	INLAND EMPIRE CA	UTO, ER dispo	EE STATES THAT HE CLIMBED A FENCE BECAUSE HE WAS LOCKED OUT OF THE AREA HE WAS PATROLLING AND HE FELL BACKWARDS OFF THE		x				0	x					
WC608C40882		SECURITY OFFICE	8/20/2015	156	LOSS PREVENTION ARIZONA AZ	Safeway	EE STATES HAD A SUSPECT APPREHENDED, SUSPECT WENT FOR A BOX CUTTER IN POCKETS STATING WAS GOING TO KILL SELF, EE TOOK SO		x			0	0	x					
WC555C93250		SECURITY OFFICE	8/23/2015	160	MIAMI FL	Miami Day Colleage	EE STATES WHILE DRIVING GOLF CART APPROX 08/23/15 THE CART STRUCK PARKING CURB/STOP. EE LEFT HAND GRABBED STEERING TIGH				x	0	0	x					
WC555C87725		SECURITY OFFICE	8/24/2015	812	ASHEVILLE NC	Sav Mor	EE STATES TANGLED IN GROCERY BUGGY, FELL ONTO FLOAT, PAIN TOL HIP, L KNEE, NO OPEN WOUNDS OR BRUISING. EE STATES P		x			168	0	x					
WC80DC75027		SECURITY OFFICE	8/24/2015	432	DETROIT MI	Chase Bank	EE STATES HE WAS AT A CLOSED BRANCH BUILDING AND INJURED HIS RIGHT KNEE, AS EE WAS GETTING INTO THE CAR HE FELT A POP IN				x	0	0	x					
WC648A28216		ASST. DIRECTOR	8/26/2015	340	DESERT HILLS PREMIUM OUTLETS	Desert Hills Premium	EE STATES STRESS FROM WORK RESULTED IN HER HAVING DIFFICULTY BREATHING, HYPERVENTILATING, CHEST PAIN, ANXIETY, PERSPIRIN				x	0	0	x					
WC949C78151		SECURITY OFFICE	8/27/2015	207	LAS VEGAS NV	Walmart	MANAGER PATRICK KINNEY STATES 'WHILE EE WAS PATROLLING VEHICLE EE HAD POSSIBLE HEART ATTACK' 911 CALLED AND EE WAS TAKE				x	0	0	x					
WC949C78391		SECURITY OFFICE	8/29/2015	670	GALLERIA DALLAS	Galleria Mall	EE STATED WALKING IN PARKING LOT AND FOOT HIT A PIECE OF BROKEN PAVEMENT AND FELL SLIDING ON BOTH HANDS. BOTH HANDS RED				x	0	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)						
WC390D02274		SECURITY OFFICE	8/29/2015	545	BOSTON	Eastern Bank	SUPERVISOR CALLING STATING THAT EE STATES THAT SHE SLIPPED ON THE WET CARPET AND FELL ON RIGHT HAND AND SCUFFED LEFT KN				x	0	0	x					
WC413C47908		SECURITY OFFICE	8/31/2015	191	GLENBROOK IL	Granger School	EE STATES THAT SHE AND A COWORKER WERE PUTTING OUT CONES IN THE PARKING LOT ON 08/31/2015. SHE STRAINED HER BACK. SHE CONT		x			175	0	x					
WC648A28232		SECURITY OFFICE	9/1/2015	548	FAIRPLAX - POMONA - CA	US security	EE STATES WALKING ALL DAY AND WHEN SHE WENT HOME NOTICED SWELLING IN BOTH LEGS TO INCLUDE FEET. LEFT BIG TOE BLISTER 1		x			14	0	x					
WC949C78559		SECURITY OFFICE	9/1/2015	191	DENVER CO	Plaza Del 111 S Tej	EE STATES THAT HE TRIPPED AND INJURED HIS RIGHT UPPER ARM ON THE MEAT SLICER. SEVERE PAIN WHEN HE MOVES HIS RIGHT ARM 10		x		x	0	0	x					
WC555C89308		SECURITY OFFICE	9/2/2015	807	JACKSONVILLE-YARBORO FL	Jacksonville Port Au	EE STATED STEPPED DOWN FROM TRUCK AND STUMBLED ON CURB. FELL FORWARD AND BANGED THE LEFT SHOULDER ON THE METAL POLE AND		x			1	0	x					
WC390D03080		SECURITY OFFICE	9/3/2015	206	WOODBRIDGE NJ	GRN-GAN	EE STATES SLIPPED AND TRIPPED ON THE FLOOR. EE STATES THE AREA NOT WELL LIT AND NOT QUITE SURE WHAT HE TRIPPED OVER. EE		x			180	0	x					
WC949C78873		SECURITY OFFICE	9/3/2015	207	LAS VEGAS NV	Amazon	SUPERVISOR CALLING IN REPORT: LEFT OVER PIZZA'S WAS GIVEN TO STAFF FROM AMAZON STAFF MEETING. WHEN EE OPENED PIZZA BOX				x	0	0	x					
WC413C47630		SECURITY OFFICE	9/4/2015	361	ORLAND SQUARE	Simon Properties	EE STATED HE WAS WALKING THROUGHOUT THE MALL. AND TWISTED HIS FOOT WHILE HE WAS WALKING. EE HAS TRIED ALEVE, ICE, HEAT.		x			113	0	x					
WC555C88960		SECURITY OFFICE	9/4/2015	604	COLUMBIA SC	University of South	SUPERVISOR CALLED STATING OFFICER FELL AND HURT SHOULDER. CAMPUS FIRST RESPONDERS CAME AND ARE WITH EE AT THIS TIME. SUP				x	0	0	x					
WC606C42450		SECURITY GUARD	9/4/2015	520	STAFFPRO - OAKLAND CA	Oakland A's	EE WAS HIT BY A BASEBALL THAT BOUNCED OFF BLEACHER, HITTING HIS L SHOULDER				x	0	0	x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC555C89144		SECURITY OFFICE	9/5/2015	318	GULF COAST FL	Lost Key & Golf	EE STATES WHILE GOING UP TO TALK TO THE OWNER DOGS THAT THE DOGS HAD TO BE UNDER CONTROL THE BOXER JUMP & BIT HIM ON EE				x	0	0	x					
WC648A29244		SECURITY OFFICE	9/5/2015	902	STAFFPRO - LONG BEACH CA	AMPHLATHEATER	FNOL EE STATED ON 9/5/15 WAS WALKING AND TWISTED LEFT KNEE.EE REPORTED INJURY TO SUPERVISOR TJ ON 9/5/15. EE WENT TO M				x	0	0	x					
WC648A29236		SECURITY GUARD	9/6/2015	207	VENTURA CA	Ventura County Medical Center	EMP WAS WORKING IN VENTURA COUNTY HOSPITAL WHEN HE WAS ATTACKED BY A PATIENT CAUSING MULTIPLE INJURIES		x			180	0	x					
WC555C89200		SECURITY OFFICE	9/6/2015	161	FT. LAUDERDALE FL	West Boca Regional M	EE STATES A PATIENT SLAMMED DOOR INTO HER BACK TWICE AND CURRENTLY FEELING PAIN IN MID BACK, NO RADIATING PAIN, TINGLING				x	0	0	x					
WC390D02752		SECURITY OFFICE	9/7/2015	526	HARRISBURG PA	Cumberland Crossings	EE STATES WHEN SITTING ONTO A STOOL, STOOL CAME OUT FROM UNDERNEATH HIM AND FELL FLAT ON HIS BACK, SEVERE PAIN IN LEFT H				x	0	0	x					
WC638C42577		USHER	9/7/2015	902	STAFFPRO - LONG BEACH CA	Fairplex	EMP WAS WALKING TO HER VEHICLE WHEN SHE STEPPED IN A HOLE IN AN AREA COVERED IN DIRT, TWISTING HER LEFT ANKLE.				x	0	0	x					
WC555C89287		SECURITY OFFICE	9/7/2015	124	GAINESVILLE GA	Ollies	EE STATES ON 09/07/2015, HE WAS UNLOCKING TRUCK AND BOXES FELL ONTO LOWER BACK. BOXES HAD BIG JUGS OF GARN. PAIN 9.1. E				x	0	0	x					
WC555C89396		SECURITY OFFICE	9/8/2015	151	CHARLOTTE NC	Daimler	EMP STRUCK BY MOTOR VEHICLE WHILE CROSSING STREET		x			180	0	x					
WC390D03035		SECURITY OFFICE	9/8/2015	172	PATTERSON SCHOOL NJ	Martin Luther King E	EE STATING X 24 HOURS WAS CIRCULAING ON THE THIRD FLOOR COMING DOWN STEPS TO SECOND FLOOR WHEN HE SLIPPED AND FELL ON WE		x			20	0	x					
WC949C79799		SECURITY OFFICE	9/8/2015	310	DALLAS TX	CVE	EE WAS ON THE DOCK WHEN A WORKER WAS USING A HAMMER AND THE HAMMER SLIPPED AND IT FLEW AND STRUCK EE IN GROIN				x	0	0	x					
WC205A79045		SECURITY OFFICE	9/8/2015	563	ROCHESTER, NY NY	County of Monroe Soc	EE STATES HE WAS CHECKING A PERSONS BAG IN BAG ROOM WHEN HE PULLED OUT EMPTY DRUG BAGS AND POKED HIS LEFT INDEX FINGER W				x	0	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo., day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC390D05530		SECURITY OFFICE	9/10/2015	401	PITTSBURGH PA	Carpenter Technologi	EE STATES ON 9/10/2015 EE GOT UP OUT OF CHAIR TO PUSH CLOSE BUTTON ON GATE AND WHEN HE WENT TO SIT, THE CHAIR ROLLED FRC				x	0	0	x					
WC555C91401		SECURITY OFFICE	9/10/2015	305	TAMPA FL	University of South	EE STATES THAT ON 09/10/2015 HE WAS TURNING A CORNER IN HIS GOLF CART WHEN HE LOST CONTROL, THE CART HIT A 4X4 POST.				x	0	0	x					
WC648C20778		SECURITY OFFICE	9/11/2015	604	SAN DIEGO CA	L Ray Trailer Park	EMP WAS DRIVING GOLF CART. CART MALFUNCTIONED, WENT TO TURN VEHICLE SCRAPED ALONG WALL AND STRUCK ANOTHER VEHICLE.		x			33	0	x					
WC648A29245		SECURITY OFFICE	9/11/2015	156	ROSEMEAD CA	Pacific Theatres	EE STATES WAS WALKING DOWN STEPS AND FELL OFF TWISTING LEFT ANKLE. STATES REQUESTED SUPERVISOR CALL EMS TO TAKE HER TO G		x			27	0	x					
WC555C90157		SECURITY OFFICE	9/13/2015	530	MIAMI FL	US Security Office	EE STATES HE WENT OUT OF GATE TO GET LICENSE PLATE #, IT WAS RAINING AND EE SLIPPED AND CAUGHT SELF. EE DEVELOPED BACK		x			40	0	x					
WC555C89936		SECURITY OFFICE	9/13/2015	161	FT. LAUDERDALE FL	Wal mart	EE STATES SENT TO THE ER, WAS HELPING CUSTOMER WITH CART, ANOTHER EE PUSHED A CART, HIT EE, FELL ONTO R HAND, EE BEIN				x	0	0	x					
WC608C42951		SECURITY OFFICE	9/14/2015	180	OAKLAND, CA CA	Home Depot	EE STATES SHE TWISTED HER BODY AND FOOT WENT WRONG WAY, AND HEARD A SNAP ON RIGHT ANKLE. UNABLE TO BEAR WEIGHT AND NOW S		x			93	0	x					
WC555C39952		SECURITY SITTER	9/14/2015	161	FT. LAUDERDALE FL	Florida Medical Center	EMP WAS WATCHING A PATIENT, PATIENT THREW HIS HEART MONITOR AT EMP'S HEAD				x	0	0	x					
WC390D13238		SECURITY OFFICE	9/15/2015	403	HARTFORD - MURPHY ACQ, CT		EE STATES AFTER RESPONDING THE CALL ON HELIPAD TAKING THE STAIRS, FELT A POP LEFT KNEE YESTERDAY, WORSEN, SEEN AT OCCUPA				x	0	0	x					
WC80DC77565		SECURITY OFFICE	9/15/2015	608	INDIANAPOLIS	Menards Lumber Yard	EE STATED HE WAS OPENING AN OVERHEAD DOOR AND SOMEHOW TWISTED HIS BACK ON 09/15/15. HAS BEEN DOING ALEVE AND HEAT-INEFF				x	0	0	x					
WC555C84267		SECURITY OFFICE	9/16/2015	310	ATLANTA EAST GA	Briarcliff Oaks	EMP ON ROOF PERFORMING ROUNDS, WHILE GOING OVER IRON BAR, RIGHT FOOT STRUCK BAR		x			133	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(5)
WC390D04157		OP SUPERVISOR	9/17/2015	053	BRAINTREE MA	Plymouth School Depa	EE STATES HE WAS REAR ENDED AND HAS NECK STIFFNESS. HE WAS STOPPED DIRECTING AN ILLEGAL PARKED CAR TO MOVE.		x			178	0	x					
WC648A29257		SECURITY OFFICE	9/17/2015	902	STAFFPRO - LONG BEACH CA	LA Convention Center	EE WAS WORKING AT LA CONVENTION CENTER B ENTRANCE, SHE TRIED TO STOP A PERSON ON A SEGWAY AND THE PERSON RAN OVER HER RI				x	0	0	x					
WC648A29251		SECURITY OFFICE	9/17/2015	340	DESERT HILLS PREMIUM OUTLETS		EMPLOYEE ALLEGES FALLING DOWN WHEN GETTING OUT OF VEHICLE.				x	0	0	x					
WC205A79541		SECURITY OFFICE	9/20/2015	148	NEW YORK BROADWAY NY	Avis	EE STATES SHE WAS DRIVING A JEEP TO THE CAR WASH AREA, CAR ACCELERATED ON ITS OWN AND HIT A METAL POLE. HAD PAIN TO LO		x			70	0	x					
WC608C44440		SECURITY OFFICE	9/22/2015	807	PHCENIX AZ	Amazon	EE STATES WHILE 'PUTTING ON TAGS' TRUCK PULLED FORWARD AND CAUGHT THE EE RIGHT HEEL WITH TIRE, MINOR SWELLING, RADIATING				x	0	0	x					
WC949C81004		SECURITY OFFICE	9/25/2015	807	NORTH BIRMINGHAM AL	Mercedes Benz Factor	EE STATES 9/25/15 @1100, WALKING DOWN A CEMENT WALKWAY, ALMOST TRIPPED GOING IN THE DOOR, HURTING RIGHT LOWER LEG. NO S		x			94	0	x					
WC609C44208		SECURITY OFFICE	9/25/2015	807	PHOENIX AZ	Greyhound	EE HELPING A CUSTOMER TO MOVE A SUITCASE AND SOMEONE ELSE PULLED IN FRONT OF HIM AND HE TRIPPED AND FELL EE WITH CUT TO				x	0	0	x					
WC648C21598		SECURITY GUARD	9/27/2015	340	DESERT HILLS PREMIUM OUTLETS		EE WAS DOING A BIKE TOUR WHEN TURNED LEFT AND BIKE COLLAPSED, CAUSING HIM TO FALL ON R SIDE AND HIT HEAD				x	0	0	x					
WC555C91736		SECURITY OFFICE	9/27/2015	127	ATLANTA EAST	Greenbriar Mall	EE STATES THAT, ON 9/27/15, SHE SLIPPED ON A WET SPOT ON THE FLOOR IN A BATHROOM & FELL, HITTING HER FACE ON THE FLOOR.				x	0	0	x					
WC390D05274		SECURITY OFFICE	9/27/2015	507	WOODBRIIDGE NJ	Linden Bulk Transpor	ON 9/27/2015 EE TRIED TO OPEN A JAMMED DOOR, HAND SLIPPED, AND HIT HIS RIGHT SHOULDER ON THE OTHER SIDE OF THE DOOR, HAS				x	0	0	x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC555C81706		SUPERVISING OFF	9/28/2015	141	WEST PALM BEACH FL	St. Lucie Medical Ce	STATES AT 1030 HRS, HE WAS ON THE MENTAL HEALTH UNIT AND TOOK DOWN A PATIENT AND GOT SCRATCHED ON THE RIGHT HAND CAUSING				x	0	0	*					
WC609C44499		SECURITY OFFICE	9/28/2015	767	SAN FRANCISCO CA	Ecles	SUPERVISOR STATES ON 9/28 HE WAS CALLED BY AN OFFICER THAT EE WAS BEING TRANSPORTED BY AMBULANCE TO SAN FRANCISCO GENERA				x	0	0	*					
WC390D05278		SECURITY OFFICE	9/28/2015	400	HARTFORD - MURPHY ACQ. CT	St Francis Hospital	EE WAS REMOVING FLAG WHEN ROPED SLIPPED AND A WEIGHT SLAMMED ON LEFT HAND YESTERDAY.. EE WENT TO ST. FRANCIS HOSPITAL				x	0	0	*					
WC390D05358		SECURITY OFFICE	9/28/2015	277	BRAINTREE MA	Aster Zeneca	EE STATES THAT HE WAS RESETTNG THE REVOLVING DOOR AND IT STARTED MOVING AND HIS R ARM GOT STUCK IN THE DOOR.. PAIN 2/1				x	0	0	*					
WC949C94419		SECURITY GUARD	9/30/2015	517	JACKSON MS	NGR Generation Power	EE STATES ON 9/30/15 WHEN SHE SAT ON CHAIR IT FELL THROUGH THE DECK FLOOR AND INJURED BACK OF HEAD, BOTH SHOULDERS, AND		x			162	0	*					
WC390D05344		SECURITY OFFICE	9/30/2015	507	HARRISBURG PA	Jacobson Samsung	EE STATES THAT SHE WAS DOING ROLNDS. THERE WAS MOISTURE ON THE FLOOR AND SHE SLIPPED. SHE BRACED HER FALL AND INJURED H		x			135	0	*					
WC555C92236		OPS MANAGER	10/2/2015	782	WEST PALM BEACH FL	NA	EE STATES THAT HE WAS LIFTING LAPTOP ROLLING CASE OUT OF THE TRUNK OF CAR AND HE FELT A POP TO HIS LOWER BACK. PAIN 9		x			70	0	*					
WC949C91761		SECURITY OFFICE	10/3/2015	310	DALLAS TX	Sears Distribution C	EE STATES 10/3, DOES NOT REMEMBER, ALL SHE RECALLS IS THE MAINTENANCE MAN ASKING IF SHE WAS OK, EE HAD PASSED OUT. CUT F				x	0	0	*					
WC205A80234		DRIVER / PATROL	10/5/2015	516	NEW YORK 5TH AVE / BRONX NY	Trustees of Saint Patrick's (Calvary Cemetery)	EMPLOYEE WAS IN VEHICLE PATROLLING CEMETERY WHEN HIS VEHICLE WAS STRUCK BY ANOTHER MOTOR VEHICLE ON THE PASSENGER SIDE				x	0	0	*					
WC646A29290		SECURITY OFFICE	10/7/2015	327	FAIRPLAX - POMONA - CA CA	Fairplex	EE STATES THERE WAS A COMPANY TAKEOVER ON 6/19 AND SINCE THEN SHE HAS BEEN HAVING TO WORK INCREASED HOURS, SHE HAS LOW B				x	0	0	*					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness.					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skn Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
(G)	(H)	(I)	(J)	(K)	(L)	(M)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
WC390D06190		SECURITY OFFICE	10/8/2015	776	ENGLEWOOD HOSPITAL NJ	Englewood Hospital M	EE STATES WAS TRYING TO STOP A PT FROM BEING AGGRESSIVE WITH MEDICAL STAFF, WHILE HOLDING PT, EE WAS PUSHED TO THE FLOOR		x			147	0	x					
WC205A80190		SECURITY OFFICE	10/8/2015	807	BUFFALO NY	Tops Market	SUPERVISOR CALLING STATES THAT EE WAS COMING ON DUTY, EE WAS ENTERING THE FRONT ENTRANCE OF STORE AND A SHOPLIFTER WAS E		x			65	0	x					
WC648A292E2		SECURITY OFFICE	10/8/2015	781	HOLLYWOOD VERTICAL CA	Hollywood in Highland	EE WAS RIDING BICYCLE WHEN HE TRIED TO AVOID A BARRICADE HE SLIPPED OVER BIKE, EE FELL ON ALL FOURS AND HIT LEG ON HAND				x	0	0	x					
WC390D06411		SECURITY OFFICE	10/9/2015	523	WORCESTER MA	Adesa Auction Boston	EMP WAS WORKING AT AN AUCTION & WAS HIT FROM BEHIND BY AN SUV, THROWN INTO A POLE & KNOCKED DOWN TO THE GROUND		x			68	0	x					
WC606C45667		SECURITY GUARD	10/9/2015	196	LOSS PREVENTION ARIZONA AZ	Gateway	ACTIVITY AT TIME OF ACCIDENT TEXT=EE STATES HE WAS AT SIDEWALK WITH SHOPLIFTING SUSPECT WHEN HE TURNED AROUND AND HIT HIM				x	0	0	x					
WC949C82315		SECURITY OFFICE	10/9/2015	670	GALLERIA DALLAS	Dallas Galleria	EE STATES OPENING GATE, KNEE POPPED AND TWISTED, NOW WITH PAIN, LIMPING, EE STATES KNEE SWOLLEN, HAS STARTED FIRST				x	0	0	x					
WC390D06631		SECURITY OFFICE	10/10/2015	545	BOSTON	Stop and Shop	EE STATES WHILE APPREHENDING A SHOP LIFTER, EE GOT BIT BY THE SHOP LIFTER IN HIS RIGHT WRIST, EE REPORTS HE WAS SEEN A				x	0	0	x					
WC648A292B5		SECURITY OFFICE	10/10/2015	735	VENTURA CA	exxon	EE STATES WHILE PULLING SELF UP INTO VAN, TWISTED HIS RIGHT KNEE, EE WAS SEEN AT ER, NO DX, FLUID BUILT UP AROUND KNEE				x	0	0	x					
WC80DC76733		SECURITY OFFICE	10/11/2015	503	NORTHERN VIRGINIA VA	Verizon Data Center	EE WAS PATROLLING THE ROOMS AND ACCIDENTALLY CLOSED DOOR ON RIGHT MIDDLE FINGER, NAIL IS DARK, PAINFUL, UNABLE TO BEND				x	0	0	x					
WC648A292B3		SUPERVISING OFF	10/12/2015	160	FAIRPLAX - POMONA - CA CA	Fairplex	EE STATES ELECTRICAL SHOCK FROM ONE HAND TO ANOTHER ACROSS CHEST, NO BURN TO HER HAND, BODY PAIN, WEAKNESS IN HAND, EE ST		x			98	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
										Job transfer or restriction	Other record- able cases									
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
WC205A80472		SECURITY OFFICE	10/12/2015	990	BUFFALO NY	Larkin	EMPLOYEE STATES HE WAS COMING DOWN THE STAIRS SLIPPED AND FELL. COMPLAINS OF PAIN IN HIS LEFT UPPER THIGH. UNABLE TO BEN		x			24	0	x						
WC80DC79686		SECURITY OFFICE	10/12/2015	217	CHATTANOOGA TN	Mueller	EMPLOYEE STATES HE WAS MAKING HIS ROUNDS, TRIPPED OVER THE FORKS OF A PARKED FORK LIFT AND LANDED ON HIS RIGHT SIDE. \ CO				x	0	0	x						
WC949C82706		SECURITY OFFICE	10/13/2015	100	DALLAS TX	KROGER	EE STATES WHILE TALKING WITH A LADY SHE PLACED CAR IN REVERSE, ROLLED OVER EE LEFT FOOT WITH FRONT PASSENGER TIRE. NOW PA		x			140	0	x						
WC39CD08160		SECURITY OFFICE	10/14/2015	541	SECAUCUS	US Security	EE WAS COLLECTING TICKETS, TRUCK ROLLED OVER LEFT FOOT AND HIT LEFT KNEE		x			133	0	x						
WC413C51847		SECURITY OFFICE	10/14/2015	767	SPRINGFIELD	US Security	EE STATES HE WAS ASSISTING WITH ARRESTING SUSPECT, AND BEGAN FIGHTING HE TACKLED SUSPECT INTO ALARM SENSORS NEAR ENTRANCE		x			20	0	x						
WC608C46078		SECURITY OFFICE	10/15/2015	204	SAN DIEGO CA	US Security Associat	EE STATES SHE WAS BITTEN BY A STRAY DOG ON THE RIGHT FOREARM AND RIGHT SIDE OF THE ABDOMEN BELOW THE RIBS. PUNCTURE WOUND				x	0	0	x						
WC949C83169		SECURITY OFFICE	10/18/2015	191	DENVER CO	Wal-Mart	EE STATES 10/18/15 SHE HELPED A CUSTOMER PUSH HIS STOPPED CAR. SHE'S BEEN FEELING SHARP LOWER BACK PAIN. PAIN AT 8/10.				x	0	0	x						
WC555C95629		LOSS PREVENTION	10/19/2015	147	LOSS PREVENTION TAMPA FL	Publix Store.	EE STATES ABOUT 3 WEEKS AGO, DEVELOPED BURNING SENSATION TO LEFT THIGH, EE WALKS AROUND STORES PATROLLING FOR BURGLARS.		x			93	0	x						
WC390D08059		SECURITY OFFICE	10/20/2015	501	HARTFORD - MURPHY ACQ. CT	St Francis Hospital	FNOL: EE STATES HE WAS RESTRAINING A MENTAL HEALTH PATIENT WHEN THE PATIENT KICKED EE TO HIS RIGHT KNEE. EE COULD NOT P		x			69	0	x						
WC648A29299		SECURITY OFFICE	10/20/2015	400	INLAND EMPIRE CA	Home Depot Overflow	UNKNOWN		x			52	0	x						
WC390D08041		SUPERVISING OFF	10/20/2015	400	HARTFORD - MURPHY ACQ. CT	St. Francis Hospital	EE STATED HE WAS HURT WHEN DEALING WITH A VIOLENT PATIENT IN THE ER. EE STATED HE HURT HIS RIGHT RIB CAGE AND HAS SPASMS				x	0	0	x						

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)								
WC648A29309		SUPERVISING OFF	10/21/2015	120	SONY STAND ALONE CA	Sony Studios	EE REPORTS PAIN AND SWELLING TO LEFT KNEE FROM BEING STRUCK ON STAIRS ON 10/21/15. EE REPORTS HE STRUCK HIS KNEE WHILE		x			5	0	x					
WC648A29304		LEAD SUPERVISOR	10/22/2015	543	EL CENTRO CA	US Security. EE was	EE STATED HE WAS CHANGING A FLAT TIRE ON HIS COMPANY TRUCK, AND FEELS LIKE HE PULLED HIS RIGHT GROIN-PAIN 7/10. HARD BA		x			53	0	x					
WC555C94908		SECURITY OFFICE	10/23/2015	902	ATLANTA EAST	Petro Truck stop	EE WAS ESCORTING A LADY OUT OF THE STORE. SOMEONE LEFT FOOT ON THE GROUND AND HE SLIPPED TWISTING HIS RIGHT KNEE.		x			9	0	x					
WC205A81115		SECURITY GUARD	10/23/2015	540	LONG ISLAND OFFICE NY	North Shore LIG	EMPLOYEE WAS DRIVING VEHICLE TO PICK UP CHECKS, HE SWERVED TO A VEHICLE THAT CUT HIM OFF AND HIT A CURB		x			1	0	x					
WC949C83541		SECURITY OFFICE	10/23/2015	607	HOUSTON SCUTH TX	Kroger Grocery Store	EE REPORTING A RIGHT ANKLE INJURY WHEN HE TRIED TO JUMP OVER A FLOWER BED AND GOT HIS FOOT CAUGHT ON THE EDGE OF THE FL				x	0	0	x					
WC390D08460		SECURITY OFFICE	10/23/2015	281	SALEM NH	City of Lowell	EMP WAS PATROLLING ON ROOF OF PARKING GARAGE, WHEN TURNING A CORNER THE SUN HIT HIM IN THE EYE AND DROVE CART INTO LIGHT				x	0	0	x					
WC648A29322		SECURITY OFFICE	10/24/2015	902	STAFFPRO - LONG BEACH CA	sam manuel Amphitheat	SUPERVISOR MS ADRIANA CAMBERO STATES WHILE EE WAS MOVING BARRICADE TO LET ANOTHER EMPLOYEE GET ACCESS TO STAIRS, EE'S LE				x	0	0	x					
WC413C52663		SECURITY OFFICE	10/27/2015	305	ST. LOUIS MO	cloverleaf cold ster	EE STATES THAT THE BACK DOOR OF A MOVING TRACTOR TRAILER STRUCK HER LEFT ELBOW. EE STATES THAT AFTER SHE APPLIED A RF		x			60	0	x					
WC606C47161		SECURITY OFFICE	10/27/2015	795	OAKLAND, CA CA	Avis	EE STATES WHEN HE LIFTED AND PULLED BACK ON THE GUARD SHACK DOOR THAT WAS OFF TRACK HE HURT THE LEFT SHOULDER, APPLIED I				x	0	0	x					
WC646A29313		SECURITY OFFICE	10/28/2015	776	WESTLAKE CA	Lakewood Plaza	EE STATES WAS WALKING IN PARKING LOT WHEN TRIPPED ON UNEVEN GROUND AND TWISTED LEFT ANKLE. CURRENTLY HAS PAIN AND MILD S				x	0	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g. Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	(1) Skin Disorder	(2) Respiratory Condition	(3) Poisoning	(4) Hearing Loss	(5) All other illnesses
										Job transfer or restriction	Other recordable cases								
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)								
WC949C54333		SECURITY OFFICE	10/30/2015	316	SAN ANTONIO TX	Maruchan	EE STATED SHE WAS WALKING, HER ANKLE GAVE OUT, SHE FELL, INJURED HER RIGHT SHOULDER, HIT HER HEAD ON DOOR JAM, EE WENT TO				x	0	0	x					
WC648A29321		SECURITY OFFICE	10/31/2015	150	INLAND EMPIRE CA	Amazon	EE STATES HE WAS GOING UP THE STAIRS AND FELL ON THE LEFT KNEE, COMPLAINING OF PAIN AND SWELLING. APPLIED ICE, ELASTI				x	0	0	x					
WC80DC83026		SECURITY OFFICE	10/31/2015	015	RICHMOND VA	Winn Property Claim Specific Code 4 Label=Co Emp Wr	EE STATES THAT HE ENTERED AN APARTMENT THAT WAS BURNING AND SUSTAINED SMOKE INHALATION, EE STATES THAT HE WAS HOSPITA				x	0	0	x					
WC648A29325		SUPERVISOR	11/1/2015	902	STAFFPRO - LONG BEACH CA	Fairplex	CALLER STATES WAS WORKING THE HARD FEST AT FAIRPLEX. EE WAS BACKSTAGE, GUARDING A DOOR. HE TRIPPED OVER WIRE COVER AND H				x	0	0	x					
WC555C95585		SUPERVISING OFF	11/2/2015	305	TAMPA FL	Spring Hill Regional	STATES HE WAS ON THE FIRE ESCAPE STAIRS FROM SECOND TO FIRST FLOORS, SLIPPED AND FELL. SOUGHT CARE AT THE ER				x	0	0	x					
WC390D09412		SECURITY OFFICE	11/2/2015	556	WILMINGTON DE	Peninsula Developmen	EE STATES HE WAS WALKING OUTSIDE THE TRAILER. HE MIS-STEPPED ON THE GRAVEL AND TWISTED HIS RIGHT ANKLE. HE HAS PAIN A				x	0	0	x					
WC205A81419		SECURITY OFFICE	11/3/2015	191	SYRACUSE - MORRIS NY	Kinney Drugs	EE STATES STRUGGLING WITH A CUSTOMER WHO HAD SOME STOLEN MERCHANDISE AND WHEN STRUGGLING WITH HER PURSE HE INJURED HIS R		x			6	0	x					
WC655C95928		SECURITY OFFICE	11/4/2015	776	FT. LAUDERDALE FL	Florida Medical	EE STATES A GOLF CART RAN HER OVER, CAUSING HER LEG TO BE STUCK IN BETWEEN BOTH GOLF CARTS. ABLE TO WALK. PAIN 8/10 PRESENT		x			2	0	x					
WC648A29326		SECURITY OFFICE	11/4/2015	327	FAIRPLAX - POMONA - CA CA	parking compound	EE STATES HE SLIPPED AND FELL ON THE STAIRS GOING DOWN TO THE PARKING COMPLEX, INJURING HIS LOWER BACK, NECK. PAIN IS				x	0	0	x					
WC648C23568		SECURITY OFFICE	11/6/2015	571	HAWAII HI	University of Hawaii	FNOL. EE STATED ON 11/6/15 WHILE ON PATROL, ASKED 2 PEOPLE TO LEAVE PROPERTY, ONE OF THEM HIT HIM IN THE FACE WITH A SKA		x			97	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness.					
								Death	Days away from work	Remained at work		Away From Work (days)	On Job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC608C48043		SECURITY OFFICE	11/6/2015	180	SALT LAKE CITY UT	Home Depot	EE STATES HE WAS RUNNING TO THE OTHER SIDE OF THE PROPERTY TO KEEP LABORERS AWAY AND HEART THE RIGHT KNEE POP. HURTS TO				x	0	0	x					
WC390D09952		SECURITY OFFICE	11/6/2015	526	HARRISBURG PA	TE Connectivity	EE STATES TODAY 2035HRS FOOT CAUGHT EDGE OF STAIRS AND EE FELL. TWISTED LEFT KNEE, LANDED ON RIGHT KNEE. PAIN IS 6/10.				x	0	0	x					
WC646A29330		SECURITY OFFICE	11/6/2015	150	INLAND EMPIRE CA	Amazon	EE STATES 11/6/15 HE WAS CHECKING IN TRUCKS AND TRIPPED ON HIS SHOELACE AND FELL ON PAVEMENT ON RIGHT HAND. HE HAS A SM				x	0	0	x					
WC390D09955		SECURITY OFFICE	11/7/2015	548	MERIDEN CT	St. Francis Hospital	STATES AT 1855 SABAYON. EE WAS ASSISTING TO TAKE DOWN AN INTOXICATED PATIENT AND WHEN THEY LET HIM GO HE HIT EE IN THE R				x	0	0	x					
WC555C97277		SECURITY OFFICE	11/8/2015	141	WEST PALM BEACH FL	Good Samaritan	EMP WAS TRYING TO PLACATE COMBATIVE PATIENT, DURING THIS INCIDENT THERE WAS A BLOOD EXPOSURE.				x	0	0	x					
WC800C62453		SECURITY OFFICE	11/8/2015	537	HAGERSTOWN MD	XPO Logistics	EE STATES WHILE GOING BACK TO THE OFFICE, LOST BALANCE AND TRIPPED ON STAIRS AND FELL ON HIS RIGHT SHOULDER. PAIN, EE S				x	0	0						x
WC608C48678		SECURITY OFFICE	11/9/2015	202	SAN JOSE CA	The Home Depot	EE STATES ON 11/9/15 IT WAS POURING RAIN. HE SLIPPED AND FELL ONTO THE GROUND ON HIS RIGHT HIP, RIGHT SHOULDER, NECK, AN				x	0	0	x					
WC549C85195		SECURITY OFFICE	11/10/2015	775	BIRMINGHAM AL	Mercedes Benz	EE STATES TODAY AT 1130HRS STEPPED OF A CURB AND FELT SHARP PAIN IN LEFT HEEL RADIATES TO ACHILLES TENDON. PAIN IS 7/10		x			31	0	x					
WC648C23521		SECURITY OFFICE	11/10/2015	782	HAWAII HI	Harvest Center	EE GOT OUT OF GOLF CART WHEN SHE SLIPPED AND FELL IN PARKING LOT INJURY BILATERAL KNEES. LEFT KNEE WAS MORE INJURED.				x	0	0	x					
WC205A81766		SECURITY OFFICE	11/12/2015	141	BUFFALO NY	Adam Ramp- Buffalo C	EE STATES ON 11/13/15 KIDS WERE SMOKING/LOITERING ON THE PARKING RAMP. HE ASKED THEM TO LEAVE WHEN ONE OF THEM BECAME AG	x				56	0	x					

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Weider)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other record- able cases								
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)								
WC555C96960		SECURITY OFFICE	11/13/2015	503	COLUMBIA SC	College	EE STATES SHE WAS TWISTED HER LEFT ANKLE AFTER GOING INTO A DITCH, HEARD A CRACKING NOISE, EE STATES SHE CANNOT BEAR W		x			50	0	x					
WC648C23645		SECURITY OFFICE	11/13/2015	782	HAWAII HI		EE WAS WALKING COMING OFF OF GOLF CART, SLIPPED AND FELL ON PARKING LOT RESULTING WITH ROAD RASH ON L KNEE				x	0	0	x					
WC80DC92763		SECURITY OFFICE	11/13/2015	615	RICHMOND VA	Amazon	EE STATES WHILE WALKING, SLIPPED AND FELL HIT HEAD ON DOOR AND METAL SCREW WENT INTO LEFT HAND, HAND CONTINUES TO BLEED.				x	0	0	x					
WC390D11152		SECURITY OFFICE	11/13/2015	545	BOSTON	Roxbury Community CoClaim Specific Code 4 Label=Co	FNOL STARTED, EE CALLING FROM ER AND HAD TO GO BEFORE I COULD GET DETAILS. AND DEMOS. THINKS HE BROKE A TOE. EE STATED H				x	0	0	x					
WC413C54091		SECURITY OFFICE	11/14/2015	819	GEDAR RAPIDS	smithfield meat procClaim Specific Code 4 Label=Co	EE STATES AT 1606 A SEMITRAILER STRUCK A CEMENT WALL AND CEMENT STRUCK HER IN THE HEAD, LOSS OF BALANCE, NAUSEA, DIFFICU		x			10	0	x					
WC555C97475		SECURITY OFFICE	11/17/2015	611	KINSTON NC	SmithField	EE WHILE SEARCHING A PICKUP TRUCK HURT HER ARM BY OVEREXTENDING IT				x	0	0	x					
WC648C24244		SECURITY OFFICE	11/17/2015	784	SONY STAND ALONE CA		FELL ON RIGHT SIDE OF BODY.				x	0	0	x					
WC555C97486		SECURITY OFFICE	11/17/2015	611	KINSTON NC	Smithfield FarmLandClaim Specific Code 4 Label=Co	EE STATES THAT SHE WAS HOLDING ON TO THE LATCH ON LID OF TOOLBOX WITH R RING3 FINGER AND INDEX FINGERS AND HOLDING THE TO				x	0	0	x					
WC608C48982		SECURITY OFFICE	11/17/2015	807	PHOENIX AZ	Juvenile Justice CenClaim Specific Code 4 Label=Co	EE STATES WHILE STEPPING OFF SIDEWALK, STEPPED IN PATCH OF ICE, PLACED RIGHT ARM ON CAR, SHOULDER YANKED BACK, CAN LIFT				x	0	0	x					
WC646A29400		SECURITY OFFICE	11/18/2015	902	STAFFPRC - LONG BEACH CA	Riverside Municipal Claim Specific Code 4 Label=Co	BRANCH CONTACT STATES ON 11/18/15 DURING RESTRAINING SUSPECT THE SUSPECT BIT HIM ON RIGHT ARM BICEP AND EE SENT TO BE SE				x	0	0	x					
WC555C98427		SECURITY OFFICE	11/18/2015	160	MIAMI FL	University of MiamiClaim Specific Code 4 Label=Co	EMPLOYEE STATES SHE WAS WALKING DOING HER ROUNDS AND FELL. HOW SHE FELL SHE DOES NOT KNOW. LANDED ON HER KNEES ON THE C				x	0	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Weider)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(F) Describe injury or illness, parts or body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other record- able cases								
(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)
WC413C55826		SECURITY OFFICE	11/19/2015	305	ILLIANA - TINLEY PARK IL	Home Depot	EMP INJURED WHEN HOLDING STEEL BAR FOR DRIVER TO ROLL BACK TANDEMS FELL TO SIDE ROLLING LEFT FOOT.		x			80	0	x					
WC555C97800		SECURITY OFFICE	11/21/2015	821	SAVANNAH GA	Savannah Law School Claim Specific Code 4 Label=Co	EE STATES SHE SLIPPED & FELL ON STAIRS, WHILE MAKING ROUNDS ON 11/21/15, & HURT HER R KNEE, R SHOULDER/ARM & R FACIAL AR				x	0	0	x					
WC945C86454		SECURITY OFFICE	11/23/2015	750	HOUSTON GALLERIA/WEST HEIMER CRT	Galleria Mall in Hou Claim Specific Code 4 Label=Co	EE STATES SHE WAS GOING UP AN ESCALATOR AND ANOTHER PERSON WAS THERE AND WITH FOOD WHICH SPILLED AND SHE TRIPPED ON THE				x	0	0	x					
WC80DC83753		SECURITY OFFICE	11/24/2015	508	INDIANAPOLIS	GNCClaim Specific Code 4 Label=Co Emp Wrks For	SUPERVISOR STATES EE SLIPPED ON ICE AND HIT HER HEAD IN THE PARKING LOT. EE DID NOT LOSE CONSCIOUSNESS. AMBULANCE TOO				x	0	0	x					
WC648A29416		SECURITY OFFICE	11/25/2015	563	INLAND EMPIRE CA	WalmartClaim Specific Code 4 Label=Co Emp Wrks For	EE STATES SHE SLIPPED ON WATER IN THE BATHROOM, FELL, AND INJURED THE RIGHT HAND, RIGHT ARM, RIGHT HIP. PAIN IS A 7/10		x			19	0	x					
WC648A29426		SECURITY OFFICE	11/27/2015	769	STAFFPRO - LONG BEACH CA	US SecurityClaim Specific Code 4 Label=Co Emp Wrks	EE STATES SHE WAS PICKING UP TRASH AND HEARD HER RIGHT KNEE POP. PAIN STARTED AFTERWARD, HAD TO SIT DOWN. EE STATES RI		x			20	0	x					
WC648A29441		SECURITY OFFICE	11/27/2015	781	HOLLYWOOD VERTICAL CA	East Town Apt Homes	EE STEPPED OFF HIGH CURB, EE WAS WRITING AND WALKING AT SAME TIME AND DID NOT SEE CURB				x	0	0	x					
WC390D12276		SECURITY OFFICE	11/30/2015	517	SECAUCUS NJ	Columbia ParkClaim Specific Code 4 Label=Co Emp Wr	EE ASSULTED ON 11/30, TAKEN BY EMS TO ST.MARYS HOSITAL ER, INJURY TO FACE, SWOLLEN EYES, SCRATCH TO LEFT EYE. EE REF				x	0	0	x					
WC948C86894		SECURITY OFFICE	12/1/2015	500	THE DOMAIN	us security associates holdings	EMP TRIPPED AND FELL OVER CURB AND INJURED HIS LEFT KNEE AND LEFT ANKLE				x	0	0	x					
WC205A82472		SECURITY OFFICE	12/2/2015	545	NEW YORK 5TH AVE / BRONX NY	US SecuritiesClaim Specific Code 4 Label=Co Emp Wr	MR. SUKHI STATES EE REPORTS THAT HE HAD LOST HIS GLASSES, HE TRIPPED/FELL OVER A PALLET AND HURT HIS ANKLE, EE SOUGHT ME		x			13	0	x					



(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Weider)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other record- able cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC205A82586		SECURITY OFFICE	12/4/2015	188	BUFFALO NY	Canalside Claim Specific Code 4 Label=Co Emp Wrks F	EE WORKING SPECIAL EVENT AND TRYING TO STOP SOME KIDS FROM GETTING ON THE ICE RINK AND EE SLIPPED, FELL BACKWARDS, INJUR		x			27	0	x					
WC949C87378		SECURITY OFFICE	12/6/2015	310	DALLAS TX	NFI Distribution GenClaim Specific Code 4 Label=Co	EE STATES THE METAL HANDLE OF A PUSH BROOM FLEW UP AND HIT HIS NOSE, DIZZINESS, PAINFUL. EE STATES HE WENT TO THE ED				x	0	0	x					
WC413C56156		SECURITY OFFICE	12/12/2015	190	MOORHEAD MN		EE STATES WAS WALKING TO OFFICE AND SLIPPED ON SNOW AND FELL INJURING RT ARM		x			29	0	x					
WC608C51178		SECURITY OFFICE	12/13/2015	615	SAN FRANCISCO CA		EE WAS WALKING ON A PATCH OF GRASS AND FOOT SLIPPED AT A WEIRD ANGLE AND TWISTED THE LEFT ANKLE, HEARD A POP		x			29	0	x					
WC555D00171		SECURITY OFFICE	12/13/2015	523	RALEIGH NC	Us Foods	EMP SLIPPED ON WET FLOOR & FELL, HURTING HIS BACK, FELL A SECOND TIME OUTSIDE THE BUILDING & HURT ELBOWS,				x	0	0						
WC648A29424		SECURITY OFFICE	12/14/2015	534	BANK OF THE WEST - MONTEREY PARK CA	Bella Terra	EE STATES ON 12-14-15 HE BEGAN TO HAVE PAIN IN TOP OF RIGHT FOOT AND IS HAVING SEVERE TROUBLE WALKING		x			20	0	x					
WC648A29423		SECURITY OFFICE	12/16/2015	353	HOLLYWOOD VERTICAL CA	Hollywood Business Improvement District	EE AND PARTNER WOKE SLEEPING SUBJECT, SUBJECT BECAME AGGRESSIVE AND PROFANE AND PUNCHED EE IN MOUTH		x			39	0						
WC949C88947		SECURITY OFFICE	12/19/2015	191	DENVER CO		EE STATES PERSON ATTEMPTED BOARD BUS WITHOUT A TICKET AND WHEN ATTEMPTING TO PREVENT HIM FROM GAINING ACCESS TO DOOR WAS				x	0	0	x					
WC608C52743		LOSS PREVENTION	12/19/2015	157	LOSS PREVENTION WASH-OR WA		EE WAS BACK INTO ANOTHER CAR BY A SHOPLIFTERS TRUCK AND INJURED LEFT CALF MUSCLE.				x	0	0	x					
WC205A83301		SECURITY OFFICE	12/23/2015	784	NEW YORK BROADWAY NY	Metro PCS	HIS FEET WERE WEDGED IN THE CARPET BY THE DOOR. HE TRIPPED, LANDING ON HIS LEFT KNEE		x			1	0	x					
WC555D02182		SECURITY OFFICE	12/23/2015	305	TAMPA FL	Waterside of Coquina	EE PATROLLING HIS PROPERTY AND HE TRIPPED OVER A CURB, FELL AND HIT HIS HEAD.				x	0	0	x					
WC330D15263		SECURITY OFFICE	12/25/2015	787	MERIDEN CT	Unknown	EMP TOOK A FALL AT WORK SITE CAUSING L SPINE INJURY.		x			23	0						

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	Branch Number	Branch Name	(E) Where the event occurred (e.g., Client Location)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Death	Days away from work	Remained at work:		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
										Job transfer or restriction	Other recordable cases								
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
WC949C89104		SECURITY OFFICE	12/27/2015	808	ALBUQUERQUE NM	Walmart	EMPLOYEE OPENING THE CAR DOOR, SLIPPED ON ICE, FALLING, AND HITTING HIS RIGHT FOOT. HE HAS MILD BRUISING, AND SWELLING				x	0	0	x					
WC390D15100		SECURITY OFFICE	12/30/2015	550	GREATER PHILLY PA		EMP WAS PERFORMING A SECURE TOUR WHEN HE SLIPPED AND FELL WHILE WALKING UP A HILL, IT HAD BEEN RAINING				x	0	0	x					
WC413C57389		SECURITY OFFICE	12/30/2015	790	CHICAGO-UNION APS	Verizon Data Center	EMP SLIPPE DON ICE IN THE NE PARKING LOT CAUSING FRACTURE TO RIGHT ANKLE				x	0	0	x					
WC648A29436		DISPATCHER	12/30/2015	204	SAN DIEGO CA		EMP STATES HE WAS HAVING ALLERGIC REACTION TO SOMETHING AT DESK				x	0	0	x					
<b>Page totals</b>								0	174	10	295	12,806	1,074	464	1	3	0	0	7

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 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.

Note: SIC 7381 is partially exempt from OSHA recordkeeping requirements. The OSHA log and summary were derived from Workers Compensation data feeds.



## OSHA

Find it in OSHA  Q

[For Workers](#) [For Employers](#) [Law & Regulations](#) [Data & Statistics](#) [Enforcement](#) [Training & Education](#)

[News & Publications](#) [En Español](#) [About OSHA](#) [A to Z Index](#) [Contact Us](#) [FAQs](#) [What's New](#)

## Establishment Search Results

Establishment	Date Range	Office	State
U.S. Security Associates Inc.	07/01/2011 to 07/26/2016	all	all

*Please note that inspections which are known to be incomplete will have the identifying Activity Nr shown in italic. Information for these open cases is especially dynamic, e.g., violations may be added or deleted.*

Sort By: **Date** | Name | Office | State

[Return to Search](#)

By Date

Results 1 - 12 of 12

[Get Detail](#) [Select All](#) [Reset](#)

#	Activity	Opened	RID	St	Type	Sc	SIC	NAICS	Vio	Establishment Name
<input type="checkbox"/>	1	1134546.015	03/22/2016	0215800	NY	Complaint	Partial	561612		U.S. Security Associates, Inc.
<input type="checkbox"/>	2	1145839.015	01/13/2016	0111400	MA	Referral	Partial	561612		U.S. Security Associates, Inc.
<input type="checkbox"/>	3	1112959.015	12/16/2015	0751910	IA	Unprog Rel	Partial	561612		U.S. Security Associates, Inc.
<input type="checkbox"/>	4	1111855.015	12/10/2015	0626700	TX	Unprog Rel	Partial	561612		U.S. Security Associates, Inc.
<input type="checkbox"/>	5	1013090.015	12/11/2014	0355114	VA	Planned	Partial	561612		U. S. Security Associates Inc
<input type="checkbox"/>	6	964399.015	03/14/2014	0830600	CO	Complaint	Partial	561612	1	U.S. Security Associates, Inc.
<input type="checkbox"/>	7	317090017	01/03/2014	0453710	NC	Complaint	Partial	7381 561612		U. S. Security Associates, Inc.
<input type="checkbox"/>	8	947828.015	11/08/2013	0216000	NY	Complaint	Complete	561612	1	U.S Security Associates, Inc.
<input type="checkbox"/>	9	317272649	06/26/2013	0453710	NC	Prog Related	Complete	7381 561612	2	U.S. Security Associates, Inc.
<input type="checkbox"/>	10	317090942	06/26/2013	0453710	NC	Prog Related	Complete	9999 561621		U.S. Security Associates, Inc.
<input type="checkbox"/>	11	316523000	05/28/2013	0950621	CA	Accident	Partial	7381 561612		U.S. Security Associates, Inc.
<input type="checkbox"/>	12	315356345	09/08/2011	0418800	FL	Complaint	Partial	7381 561612	1	U.S.Security Associates, Inc.



Occupational Safety & Health Administration  
200 Constitution Ave., NW,  
Washington, DC 20210  
☎ 800-321-OSHA (6742)  
TTY  
[www.OSHA.gov](http://www.OSHA.gov)

**ABOUT THE SITE**

[Frequently Asked Questions](#)  
[Freedom of Information Act](#)  
[Privacy & Security Statement](#)  
[Disclaimers](#)  
[Important Web Site Notices](#)  
[Plug-ins Used by DOL](#)  
[RSS Feeds from DOL](#)  
[Accessibility Statement](#)

**LABOR DEPARTMENT**

[Español](#)  
[Office of Inspector General](#)  
[Subscribe to the DOL Newsletter](#)  
[Read The DOL Newsletter](#)  
[Emergency Accountability Status Link](#)  
[A to Z Index](#)

**FEDERAL GOVERNMENT**

[White House](#)  
[Affordable Care Act](#)  
[Disaster Recovery Assistance](#)  
[USA.gov](#)  
[Plain Writing Act](#)  
[Recovery Act](#)  
[No Fear Act](#)  
[U.S. Office of Special Counsel](#)

U.S. Department of  
Homeland Security

United States  
Coast Guard



RECEIVED BY  
PORT EVERGLADES DEPT.  
BUSINESS ADMINISTRATION  
2016 AUG 16 AM 10:27

2703 Martin Luther King Jr., Ave., SE  
Stop 7501  
Washington, DC 20593-7501  
Staff Symbol: CG-INV-3  
Phone: (202) 372-1283  
Fax: (202) 372-8354  
Email: Ternia.r.Pipkins@uscg.mil

5720  
FOIA 2016-CGFO-02493  
August 8, 2016

Ms. Angela Osorno-Belleme  
Port Everglades Department  
1850 Eller Dr., Suite 603  
Ft. Lauderdale, FL 33316-4201

Dear Ms. Osorno-Belleme:

This letter is in response to your Freedom of Information Act (FOIA) request of July 26, 2016, for any enforcement records involving U.S. Security Associates Inc. during the period July 1, 2011 to present. This office received your request on August 1, 2016.

A search of the Marine Information for Safety and Law Enforcement (MISLE) database found no records responsive to your request. The search looked for any enforcement documents related to U.S. Security Associates Inc during the period July 1, 2011 to present. The search was conducted on keywords: U.S. Security Associates Inc during the period July 1, 2011 to present. This records search was conducted on August 8, 2016, by Ms. Ternia Pipkins, IT Specialist, of Commandant (CG-INV-3). We conducted a reasonable search for records responsive to your request and conclude there are no responsive records.

This is not a denial. You may appeal the adequacy of our search. Your appeal must be made in writing and you must submit it within 60 days from the date of receipt of this letter. Your letter should indicate that you are making an appeal based on a "no records" determination of a request made under the Freedom of Information Act and the envelope should be prominently marked "FOIA Appeal." Include in your appeal the reason(s) why you believe the search was inadequate and a copy of this letter. Send your appeal to:

Commandant (CG-611)  
U.S. Coast Guard  
Attn: FOIA/PA Officer  
2703 Martin Luther King Jr. Ave., SE, STOP 7710  
Washington, DC 20593-7710

Provisions of the FOIA allow us to recover part of the cost of complying with your request. In this instance, because the cost is below \$14 minimum, there is no charge.

If you have any questions concerning this matter, please contact this office at 202-372-1283 and refer to FOIA NUMBER 2016-CGFO-02493.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Patterson".

D. PATTERSON  
Chief, Data Administration Division  
U.S. Coast Guard  
By direction



*National Accounts*

## Port Everglades Franchise Application: Section R

US Security Associates provides uniformed security, consulting and investigation and specialized security solutions nationally and internationally. It offers award winning training services to its discernly recruited professionals and excels in the Maritime industry.

Since US Security Associates has acquired McRoberts Protective Agency, this new platform has and will provided greater opportunity and resources to expand the already legendary service and performance. With the power and support from one of America's largest security companies, the opportunity to attract and retain business is now more real than ever.

As one of America's largest security companies, U.S. Security Associates (USA) is also leveraging its hiring strength and corporate giving potential to combat veteran unemployment and other challenges facing those who have defended our borders, our freedom, and our way of life. We want to be the top security company for hiring veterans and supporting veteran causes.

***Safe. Secure. Friendly.®***



*National Accounts*



## Port Everglades Franchise Application: Section R

US Security Associates is currently servicing the Maritime security needs for 11 deep water Ports in the continental United States and Puerto Rico.

By joining forces with US Security Associates, the former McRoberts Protective Agency, LTD. has aligned itself with a powerful platform with US Security that has the wherewithal and expertise to attract more Maritime associated business than most other providers. This 1.4 billion company has over 160 offices in the USA and over 50,000 well trained and active associates. We are seeking growth in Port Everglades and are eager to assist in the due north trajectory of Port Everglades.

***Safe. Secure. Friendly.®***