



CITY OF SOMERVILLE, MASSACHUSETTS
INSPECTIONAL SERVICES DEPARTMENT – BUILDING DIVISION
JOSEPH A. CURTATONE - MAYOR

AFFIDAVIT OF WORKPLACE SAFETY

I, _____, do hereby declare the following to be true and accurate to the best of my knowledge.

I. Occupational Safety and Health Administration (OSHA) ☐ **has not issued** / ☐ **has issued**
any notice or violation against my company, as a sole proprietorship, limited partnership, and/or limited liability partnership/corporation, and/or any affiliated business or subsidiary of which I am an owner, manager, officer and/or director in the last five (5) years.

If you selected “**has issued**”, please disclose the following information:

Company _____ Date of Violation _____
Address of Violation _____ Total Fines, if any _____
Check if: ___ Serious ___ Willful ___ Repeat ___ Failure to Abate
Named violation: _____

Company _____ Date of Violation _____
Address of Violation _____ Total Fines, if any _____
Check if: ___ Serious ___ Willful ___ Repeat ___ Failure to Abate
Named violation: _____

****Attach additional pages if necessary**

If any violations are categorized as Willful or Repeat, affidavit must be accompanied by a copy of the Site Safety Plan for the project seeking permit.

II. Is the company currently on the OSHA Severe Violator Enforcement Program (SVEP) Log? Yes ☐ No ☐
Companies in the SVEP are not eligible to receive a permit from the City of Somerville

III. Company's Experience Modification Rating: _____
Available from the MA Workers Compensation Rating and Inspection Bureau

The Licensed Contractor must disclose any subcontractor's OSHA violation history or SVEP designation to the permit reviewing department.

Signed under penalties of perjury:

Signature: _____

Print Name: _____

Date: _____

Company: _____

The Permit Reviewing Authority, or designee, shall have the discretion to issue a stop work order for any open permits and/or deny the issuance of a permit due to failure to disclose any and all OSHA violations or demonstrated history of unsafe, hazardous or dangerous practices.

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