



*The United States Department of Labor
Occupational Safety and Health Administration*

This is to certify that

CMI, Inc located at **12305 Cutten Road**
Company Name *Location of Worksite*
Houston, TX

*meets the requirements of the Consultation Safety and Health
Achievement Recognition Program
and participation is hereby approved for the term*

1/31/2019 to **1/31/2020**
Date *Date*



**Safety & Health Achievement
Recognition Program**
Consultation: An OSHA Cooperative Program

TX7620

Loren Sweatt
Deputy Assistant Secretary
Occupational Safety and Health Administration



**Occupational Safety
and Health Administration**