Annual Self Evaluation

Training
Purpose of the Self-Evaluation

• A VPP participant **must have** a system for **evaluating** their **S&H** program **annually** to determine if they **meet** the program **goals** and **objectives**.

• This helps to **determine** and **implement** changes that are **needed** to **improve** worker **S&H** protection.
Purpose of the Self-Evaluation

- **VOSH** uses the **information** to:
  - **Update** records and statistics,
  - To **showcase successes** related to **implementation** of the VPP requirements
  - To **verify** that VPP participants are **committed** to **continuously improving** worker S&H at their sites.
New This Year

• Commitment to VPP
  • We are asking you to describe how your site shows commitment to VPP. Include Benchmarking, Attendance at Best Practice Days, SGE’s. What do you do to promote and improve VPP.
  • SGE’s
    • Who are your SGE’s and what did they do to promote and improve VPP.
  • Contractor Table
    • See Slide #20
New This Year

- Industrial Hygiene
  - Has been moved to 2A to streamline and reduce repeating for information
- Activities / Changes / Updates since Last Annual Report
  - Any changes (good or bad) should go here.
- Line Accountability has been added (A7)
  - See report for additional information
Requirements

- **Required** each year
- Due by **February 15**
- Must be submitted in a **Word© Document** Format
- **Emailed** to Crystal Main @ crystal.main@doli.virginia.gov
Element Description Info

• The **effectiveness** of each **element** and **sub-element** needs to be **assessed briefly** in narrative form and should **identify strengths** and **successes** as well as **opportunities** for **improvement** that will **translate** into **specific** and **measurable** goals for the coming year.

• You will need to be **evaluating** your program much **like** the **VOSH VPP evaluation** team does.
Element Description Info

• Include in each element/sub-element if the element is **Effective, Needs Improvement** or **Not effective**, *(use the drop down box)* and **any recommendations** for **improvement** that you plan to **monitor** during the coming year.

• For **each** recommendation for improvement, **assign** a person(s) to be responsible for **completing** each recommendation and meeting **targeted dates**.
Element Info

• **Sub-elements** in the current self-evaluation that are **effective** and **do not** have any **recommendations** for improvement **also** need to be **assigned** to a person(s) who will **evaluate** their **effectiveness** again **before** the **next annual** self-evaluation is due.

• Next to each element is a “**Click here for help**” link that will take you to the **corresponding** section in the **appendix** that will provide **additional** information for that element.
Helpful Websites

- Click here to look up BLS Industry and Illness Rates
- Click here to read OSHA VPP Memo #5
- Click here for Pressure Vessels Information
- Click here for Virginia VPP Information
- US Department of Labor and Industry VPP
- OSHA Federal Register Notice, January 9, 2009 (VPP SHMS and the Elements starting on Page 936)
Attachments

- Each attachment **needs** to be **listed** in the **attachment** section
- Attachments should be **limited** to **2 pages**
  - **Exception of PSM sites**
- Attachments need to be **numbered** according to the list
Site Information

- All information **must** be completed
  - If something **doesn’t apply**, Type **N/A** in the box
- **Links** to the definitions of FEIN and NAICS code information provided in the Appendix (There is a link)
Site Information

- If the **Site** and **Corporation** information is the **same**, select the **drop down** box and select

```
<table>
<thead>
<tr>
<th>Corporate Information (if different)</th>
<th>Choose an item.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>NAICS Code:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Physical Address: (if different)</td>
<td></td>
</tr>
<tr>
<td>FEIN:</td>
<td></td>
</tr>
</tbody>
</table>
```
Additional Site Information

- **Union** Information – Include Union **Rep** and **contact** information - If there is no Union – Enter N/A
Additional Site Information

• Summary Information
  • **Describe** what type of work is **performed** at the site.
  • The **size** of the site (acres, sq. foot, building, etc.)
  • How many **workers** are at the site in **each** of the **categories** listed
  • The **shifts / hours** worked
Special Government Employees (SGE)

- Enter **all** SGE’s **information** at the location.
- Under SGE Activity, use the **drop down** list to select an **activity** that was **performed** during the last **12 months**. (1 SGE per line / 5 activities per SGE)
Significant Events

- **List** and **describe** any **significant** events that have happened

  - **Include:**
    - Management changes, Restructures
    - Corporate buy-outs, layoffs, pay cuts
    - Programs or policy changes
    - Fatalities, accidents, complaints, OSHA enforcement

- **Explain** the **impact** and if it was a **positive** or **negative** effect (use **drop down** to select)
Site Employee Injury Data

- **Double** click on the table to **activate** chart
- Look up your facility BLS rates
  - Click on the Blue Link (Most recently published **BLS Rates) A web site will open with a PDF document.
  - Locate your NAICS Code (**2nd column**)  

Use the Total Recordable Cases (**3rd column**)  

Total Column (DART) (**4th column**)
# Site Employee Injury Data

Enter **your sites data** in the **Yellow cells** for each year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Hours</th>
<th>Total Cases</th>
<th>Total Case Incidence Rate (TCIR)</th>
<th>Days Away, Restricted, Transferred Cases</th>
<th>Days Away, Restricted or Transferred Rate (DART)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td>#DIV/0!</td>
<td></td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td>#DIV/0!</td>
<td></td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td>#DIV/0!</td>
<td></td>
<td>#DIV/0!</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Three Year Average Rates**

**Most recently published** ****BLS rates**

**Percent above / (below) BLS rate**

**White Cells are calculated automatically**

**BLS rates** go in the **Orange cells** (TCIR and DART)

Gray Cells are left blank.

Double Click on Table to activate it.
TCIR or DART Increased?

• If **1 year** TCIR or DART **increased**, you must **identify** & **describe contributing factors** and **corrective actions taken**.

• **Address** these items in the **related** sub-element section.

• If **3 year** rate **exceeds** the **highest** of the **last 3 published years of BLS data**, you must **submit** a separate **rate reduction plan**.
Contractor Rates

• **Double** click on the table to **activate** chart
• Enter the **same** information for each **applicable contractor** you have (contractors who **work 1,000 or more hours** in any calendar **quarter** that your site uses.
• Look up the **contractors BLS rates** (follow previous instructions)
• Each **contractor** has their **own tab** on the chart. **Click on each** tab to complete
Incentive Programs

• Explain any incentive programs the site has.
  • Examples include:
    • Near Missing Reporting
    • Bonus programs
    • Drawings

• Refer to Memo # 5 for additional information
Pressure Vessels

- Do you have any?
  - List whether they are **pneumatic**, **hydraulic** or **reactor** vessels
  - How **many** and where are they **located**.
  - If you have a document you currently use to track this information – **attach it**

- **Click here for Pressure Vessels Information**
The Assessment

- Each element and sub-element sections are designed the same way
- Fields will grow as you type
- Type in between the bracket

<table>
<thead>
<tr>
<th>1. Management Commitment and Leadership</th>
<th>(Click here for help)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Description (This can be copied from your application/last annual report)</td>
<td></td>
</tr>
</tbody>
</table>

Brief overview of the element

<table>
<thead>
<tr>
<th>Activities / Changes / Updates in Last 12 Months</th>
</tr>
</thead>
</table>

Changes / updates / activities over the last 12 months
The Assessment

- Don’t forget the "Click here for help" link for more information on each element

<table>
<thead>
<tr>
<th>A. Management Leadership and Employee Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Management Commitment and Leadership</td>
</tr>
</tbody>
</table>

Program Description (This can be copied from your application/last annual report)

- Add any recommendation to improve
- Use drop down to select

<table>
<thead>
<tr>
<th>Evaluation of Sub-Element</th>
<th>Not Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations for Improvement</td>
<td></td>
</tr>
<tr>
<td>Person Assigned</td>
<td>Target Date</td>
</tr>
</tbody>
</table>

- Enter Target Date (this is a date picker field.)
- Name or committee who is responsible for this element
Tips & Suggestions

• Read the Information for *Conducting a Good Self Evaluation* and *Key Information to Remember* in the Appendix
• Have **multiple employees** involved in the evaluation
• Use **numbers** – how many near misses were turned in? Is that an **increase** or **decrease** from the previous years?
• What **trends** have you discovered?
• What programs need **attention**?
Commitment to VPP

• Describe how the site is committed to VPP.
• List all events that were attended by any employee (Best Practice Days, Benchmarking, Mentor, Conferences, etc.)
• Include the number of employees that attended each event
Success Stories

• Talk about what you feel made your location more **successful** over the last 12 months.
• What programs are the employees **excited** about?
• **Share** the good things your site has done. (Safety Fairs, Hazard Hunts, Employee Involvement Functions)
• What type of **achievements** were **accomplished** in the last 12 months.
• **DON’T BE SHY**
Previous Goals

- **Update** the status on the **goals**
- Did you **reach** them?
- If **yes**, was the **results** what you **wanted**?
- If you **didn’t** reach them, **why**?
  - Are they going to be **carried** over to this **years**?
  - What is your plan to **reach** them this year?
Projected Goals

- **Is it Specific**, primary and important?
  - What will the goal accomplish?

- **Is it Measurable?**
  - How will you measure whether or not the goal has been reach? (Try to have at least two indicators.)

- **Is it Achievable?**
  - Is it possible? Is the knowledge, skills, abilities and resources available to accomplish it? Will it challenge you without defeating you?

- **Is it Results-Focused?**
  - What is the reason, purpose or benefit for accomplishing it?

- **Time** – bound?
  - Establish a completion date that is practical.
Virginia Unique Standards

- Standard can be found at this link: http://www.doli.virginia.gov/vosh_enforcement/vaunique_standards.html
- **Standards include:**
  - Tree trimming Operations,
  - Reverse Signal Operation,
  - Confined Space Standards Telecommunications Industry,
  - Overhead High Voltage Line Safety Act,
  - Fall Protection for Subpart R – Steel Erection,
  - Field Sanitation, Agriculture,
  - Construction Industry Standard for Sanitation,
  - Administrative Regulations Manual,
  - Telecommunications,
  - General Approach Distance,
  - Reporting Fatalities, Hospitalizations, Amputations and Losses of an Eye as a result of Work-Related incidents.
Recap

- **Purpose** – to **evaluate** and **improve** your programs
- VOSH uses the **information** to **update records** and **statics**
- **Required** to be submitted by **February 15th**
- Needs to be in **Word**© format and submitted **electronically**
- **Emailed** to Crystal Main @ crystal.main@doli.virginia.gov
Last Words

- **VPP Assurance** statement signed by Top Management
- **Date Submitted** on Page 1 must be filled in. It is a “Date Picker”
- “Company Name” in the footer must be replaced with your company name.
- Label attachments
- Use the links for help

- **Read the Information for conducting a Good Self Evaluation**
Questions???

Tracy Fitzpatrick
Email: Tracy.Fitzpatrick@doli.virginia.gov
Phone: 804-371-3104 X 120