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](mailto: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 **Corporate information is same as site**.
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.

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

Gray Cells are left blank.

White Cells are calculated automatically.

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

1. Management Commitment and Leadership
   - Program Description (This can be copied from your application/last annual report)
   - Brief overview of the element
   - Changes / updates / activities over the last 12 months

   (Click here for help)
   - Element Name
   - Link for help
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)

<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 [6/29/2017]</td>
</tr>
</tbody>
</table>

Add any recommendation to improve
Use drop down to select

Name or committee who is responsible for this element
Enter Target Date (this is a date picker field.)
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 15**\(^{th}\)
• 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???

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