



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.



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

Commitment



New This Year

- Industrial Hygiene 2F  2A
 - 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

Requirements

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

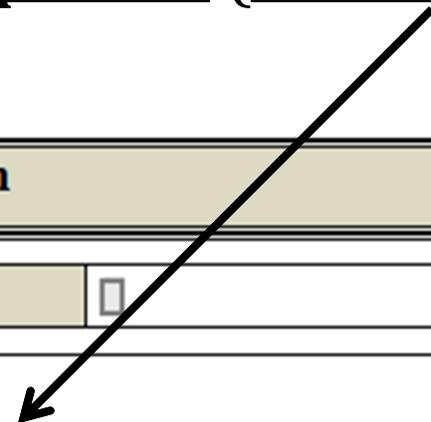
- Each attachment **needs** to be **listed** in the **attachment** section
- Attachments should be **limited** to **2 pages**
 - **Exception of PSM sites**
- Attachments need to be **numbered** according to the list



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			
Prepared By	<input type="text"/>	Title	<input type="text"/>
Name:	<input type="text"/>		
Click here for help with FEIN and NAICS information			
NAICS Code :	<input type="text"/>	FEIN:	<input type="text"/>
Mailing Address:	<input type="text"/>		



Site Information

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

Corporate information is same as site

Corporate Information (if different)		Choose an item.	
Name:	<input type="text"/>		
NAICS Code:	<input type="text"/>	FEIN:	<input type="text"/>
Mailing Address:	<input type="text"/>		
Physical Address: (if different)	<input type="text"/>		

Additional Site Information

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

Union Information			
Union Name and Local Number:	<input type="text"/>		
Site Rep:	<input type="text"/>		
Address:	<input type="text"/>		
Phone:	<input type="text"/>	Fax: <input type="text"/>	E-Mail: <input type="text"/>

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

Employee Breakdown Give current breakdown of the number of employees.	
Salaried Employees I.E. - Exempt employees in management or supervisory positions.	<input type="text"/>
Salaried Non-Management I.E. - Engineers, Sales Reps, Etc.	<input type="text"/>
Hourly I.E. - Non-Exempt	<input type="text"/>
Employee Hours and Shift Instructions	Describe the hours and shifts that employees work in the facility. Add as needed by tabbing.

Shifts	Hours
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



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)

Special Government Employees			
Instructions: Please provide a list of all active SGEs at your site. Include the name, phone number, email address and SGE activity completed during the year for each SGE.			
SGE Name	Phone Number	Email Address	SGE Activity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Choose an item. Choose an item. Choose an item. Choose an item. Choose an item."/>



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)

Event or Program Change		Event or Program Impact	Positive or Negative
1	<input type="text"/>	<input type="text"/>	Choose an item.
2	<input type="text"/>	<input type="text"/>	Choose an item.
3	<input type="text"/>	<input type="text"/>	Choose an item.
4	<input type="text"/>	<input type="text"/>	Choose an item.
5	<input type="text"/>	<input type="text"/>	Choose an item.



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 (TCIR) (**3rd column**)

Total Column (DART) (**4th column**)

TABLE 1. Incidence rates¹ of nonfatal occupational injuries and illnesses by industry and case types, 2015 -- Continued

Industry ²	NAICS code ³	Total recordable cases	Cases with days away from work, job transfer, or restriction			Other recordable cases
			Total	Cases with days away from work ⁴	Cases with job transfer or restriction	
Asphalt paving, roofing, and saturated materials manufacturing	32412	2.3	1.6	0.6	1.0	0.7
Asphalt paving mixture and block manufacturing	324121	3.0	2.0	0.7	1.3	1.1
Asphalt shingle and coating materials manufacturing	324122	1.6	1.3	0.5	0.8	0.3



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)

Table 1 - Site Employee Data (See instructions)

Year	Hours	Total Cases	Total Case Incident Rate (TCIR)	Days Away, Restricted, Transferred Cases	Days Away, Restricted or Transferred Rate (DART)
2015			#DIV/0!		#DIV/0!
2016			#DIV/0!		#DIV/0!
2017			#DIV/0!		#DIV/0!
TOTAL	0	0		0	
Three Year Average Rates			#DIV/0!		#DIV/0!
Most recently published **BLS rates					
Percent <i>above</i> / (<i>below</i>) BLS rate			#DIV/0!		#DIV/0!

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



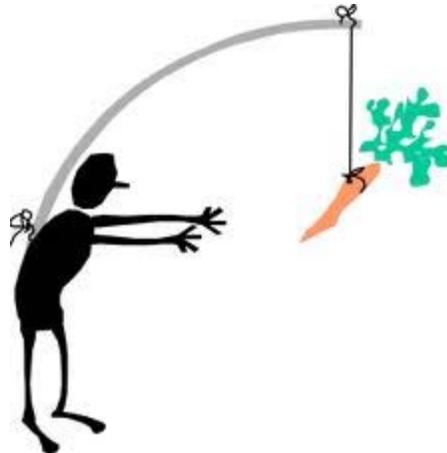
6	Year Average Rates	#DIV/0!		#DIV/0!
7	published **BLS rates			
8	ave / (below) BLS rate	#DIV/0!		#DIV/0!
9				

Contractor 1 Contractor 2 Contractor 3 Contractor 4 Contractor 5 Contrad



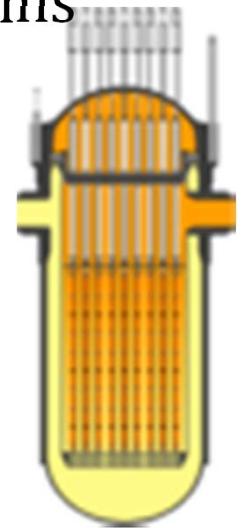
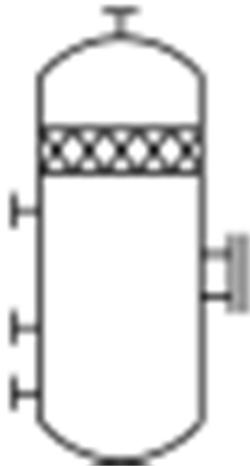
Incentive Programs

- 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	(Click here for help)
Program Description (This can be copied from your application/last annual report)		
<input type="text"/>		
Activities / Changes / Updates in Last 12 Months		
<input type="text"/>		

Element Name

Link for help

Brief overview of the element

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

Management Leadership and Employee Involvement	
A.	Management Leadership
1.	Management Commitment and Leadership (Click here for help)
Program Description (This can be copied from your application/last annual report)	

Add any recommendation to improve

Use drop down to select

Evaluation of Sub-Element	Not Effective
Recommendations for Improvement	
Person Assigned	Target Date 6/29/2017

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 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**

Report for Calendar Year: 2017
Date Submitted 7/5/2017

Footer

Company Name



Questions???

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