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**Virginia BUILT Application**

**Submit to:**

**Associated Builders and Contractors of Virginia**

**Virginia BUILT Program**

**42680 Trade West Drive**

**Dulles, Virginia 20166**

**Pat@abcva.org**

**Attn: Mr. Pat Dean**

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| **Application Instructions** |
| Please fill in the spaces provided. Each element has a link that will take you to the element requirements. Your answers must meet the requirements.  Previous application forms will not be accepted, only this application form should be used.  The BUILT Assurances at the end of the application must be completed and submitted with the application. |

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| Helpful Websites | |
| **BLS Industry & Illness Rates** | <http://www.bls.gov/iif/oshwc/osh/os/summ1_00_2019.htm> |
| **Virginia BUILT** | <https://www.doli.virginia.gov/virginia-built-program/> |
| **NAICS codes** | <http://www.census.gov/eos/www/naics> |

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| Attachments |
| **Instructions**: List any attachments here. Please list each attachment and label the attachment with the element that is referred to. Add as many as needed. See each individual element for requirements. |

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| **1** | Copy of Top-Level Safety and Health Policy **(Required)** |
| **2** | Organizational Chart **(Required)** |
| **3** | List of Current Job Sites **(Required)** |
| **4** | Signed Statement of Union Support if Applicable **(Required)** |
| **5** | Most Recent Annual Report (current VA BUILT participant applicant) and Self-Assessment **(Required)** |
| **6** |  |
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| **What Tier Level are you apply for?** | Choose an item. |

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| Company Information |

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| **Prepared By** |  | **Title** |  |

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| **Company Name:** |  | | |
| **NAICS Code** |  | **FEIN:** |  |
| **Va. Contractor License Number:** |  | | |
| **Mailing Address:** |  | | |
| **Physical Address: (If different)** |  | | |
| **# of Employees Company Wide:** |  | | |

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| **BUILT Contact Information** | | | | | | |
| **Name:** |  | | **Title** |  | | |
| **E-Mail:** |  | | | | | |
| **Phone:** |  | | | **Length of Time with Company** | |  |
| **Name of Designated Safety Representative (DSR) (if different from Company Contact)** | |  | | | | |
| **Does the DSR meet the following requirements?**   * 5 years of S&H Construction experience with minimum 50% of their responsibility is safety, and at least one of the below qualifications approved by the VBCEC, * A Bachelors or greater degree in an Occupational Safety & Health related field, or * A current professional safety certification form a nationally recognized and accredited organization, or * A combination of construction safety & health training and professional experience | | | | | Choose an item. | |

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| **Company History** | | | | | | | | |
| **In the last 36 months, have there been any of the following at any of the applying company sites?** Check box if applicable | | | | | | | | |
|  | Fatality |  | In-Patient Hospitalization |  | Amputations |  | Loss of an eye | |
| **If you checked yes to any of the above, did the investigation result in serious or willful citations related to the incident?** | | | | | | | |  |
| **In the last 36 months, has there been any willful, repeat or failure to abate violations that became final for the company applying?** | | | | | | | |  |

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| **Consultation Services** | | | | | | | | |
| **Has the company used the VOSH Consultation Services in the past to conduct site inspections?** | | | | | | |  | |
| **If yes, how many times in the last 12 months have they been to any of the company’s sites?** | | |  | | **Date of Last Visit** | | |  |
| **What type of visits were they:** |  | | | | | | | |
| **Name of VOSH Consultant(s)** |  | | | | | | | |
| **Did any of the visits include sampling (noise, air contaminants, etc.?)** | |  | | | | | | |
| **Did any of the visits include Training?** | |  | | **Subject(s)?** | |  | | |

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| **Give a brief history of the company** **and Description of work performed.** |
| (i.e. Ownership, date founded, business conducted in how many states, typical construction activities etc.) |

**If applicable**

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| **Union Information – If more than 1, list each one separately** | | | |
| **Union Name and Local Number:** |  | | |
| **Site Rep and Title** |  | | |
| **Address:** |  | | |
| **Phone:** |  | **E-Mail:** |  |

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| **Union Information – additional** | | | |
| **Union Name and Local Number:** |  | | |
| **Site Rep and Title** |  | | |
| **Address:** |  | | |
| **Phone:** |  | **E-Mail:** |  |

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| **Recordable Injury Plus Illness Case Incident Rates** |
| Table 1 - Records the TCIR (Total Case Incident Rate) and DART (Days Away from work, Restricted work activity, and/or job Transfer). |

**Table 1 – TCIR (Total Case Incident Rate) Employee Data, Past 3 Years**

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| **NAICS:** |  |

(Double Click on chart to activate)



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| **VA BUILT SHMS Self-Assessment** |

(Double Click on Self-Assessment to activate, Fill out the second and third tabs of the worksheet) 

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| Management Leadership and Employee Involvement | |
| Management Leadership | |
| 1. | [Management Commitment and Leadership](#OLE_LINK1) Attach a copy of the company’s Safety & Health ***Vision Statement***.  Attach a copy of the company’s Safety & Health ***Mission Statement*.** |
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| 2. | [Management Resources](#OLE_LINK1)Describe how management commits needed resources to safety & health. |
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| 3. | [Visible Leadership](#OLE_LINK1) Describe how senior management demonstrates visible safety & health leadership. |
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| 4. | [Communications](#_Communications) Please explain how management has developed and communicated annual safety & health objectives that are clear, attainable, and measurable. |
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| 5. | [Responsibility and Authority](#_Responsibility_and_Authority) Define how management has clarified lines of communication & encourages workers to contact senior level management on unresolved health & safety issues. |
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| 6. | [Accountability and Discipline](#_Accountability_and_Discipline) Describe how your company has established accountability for health & safety. (Examples may include safety & health accountability in job descriptions, performance plans for managers, mid-level managers/supervisors and or designated safety & health staff). In addition, please describe how employees are held accountable with the company’s established disciplinary program, to include any stand-alone safety components. |
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| Employee Involvement | | |
| 1. | Perception SurveyHas the company conducted a safety & health perception survey of all employees on safety and health culture & practices? Describe any changes that were initiated in regards to employee perceptions or comments. | Choose an item. |
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| 2. | [Employee Involvement](#_Employee_Involvement_3)Describe how employees, including new hires are involved in the safety and health program. Include how employees have access to the results of inspections, accident investigations, medical records and personal sampling data upon request. | |
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| 3. | [Employee Knowledge and Notification](#_Employee_Knowledge)Describe the methods used to ensure that all employees, including newly hired/transferred employees are initially and annually provided awareness of the company’s participation in Virginia BUILT, an employee’s right to file a complaint with OSHA, and an employee’s right to receive the results of self-inspections and accident investigation, upon request | |
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| 4. | [Rights and Responsibilities](#_Rights_and_Responsibilities) How have all employees and specialty (key) subcontractors been informed of their rights & responsibilities under VOSH laws, standards, regulations and the company’s participation in the Virginia BUILT Program? | |
|  | |
| 5. | [Specialty (Key) Contractors](#_Specialty_(Key)_subcontractor) Explain how the company requires specialty (key) subcontractors to provide safety & health protection equal to that received by your company employees.(Tier II and Tier III only) | |
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| 6. | [Specialty (Key) Contractor Use and Practices](#_Contractor_Injury_and) Explain the companies established process for the selection of specialty (key) subcontractors. In addition, explain how the company ensures specialty (key) subcontractors have a system and process in place to identify, correct, and track uncontrolled hazards in the workplace. | |
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| 7. | [Specialty (Key) Subcontractor Injury and Illness Data](#_Specialty_(Key)_subcontractor_1) Explain the methods used to ensure that all injuries and illnesses occurring during work performed under a contract are recorded and submitted to the company’s safety and health staff. How does the company verify the key subcontractor injury and illness data and ensure it is included in the company’s report? | |
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| **8.** | Mentorship Program Explain if the company has an in-house mentorship program or are in the process of developing one. How many employees are involved in the program? | |
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| **9.** | Union Participation Explain union involvement if any, in the health and safety program. | |
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| Worksite Analysis | | | | |
| 1. | | Initial Analysis Please describe the company’s initial safety & health hazard analysis and any follow-up studies that may have been justified. | | |
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| 2. | | Hazard Analysis of Routine Jobs, Tasks, and Processes State how the company reviews jobs, processes and/or the interaction among activities to  determine safe work procedures at your worksites. | | |
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| 3. | | Hazard Analysis of Significant Changes, New Processes, and Non-Routine Tasks Describe the company’s process for analyzing safety & health hazards, including significant changes to tools, equipment, materials, processes, or new safety and health standards. In addition, explain how the company conducts a pre-use analysis for analyzing safety and health hazards for new equipment, materials and processes. | | |
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| 4. | | Routine Inspections Explain your established routine safety & health inspection program for company worksites and equipment. | | |
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| 5. | | Investigation of Accident and Incidents Please explain the company’s documentation system for accident and incident investigations (including injuries, illnesses, near miss, near hit, property damage, and equipment/vehicle accidents). | | |
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| 6. | | Hazard Reporting Explain the system that allows employees to report hazards. | | |
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| Hazard Prevention and Control | | | |
| 1. | Hazard Control Programs Please describe how the company meets all the minimum requirements outlined by the OSHA standard required programs that has established hazard control programs. | | |
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| 2. | Hierarchy of Controls & Control SelectionDo hazard controls follow the hierarchy of controls? Describe how the company selects the most appropriate hazard elimination & control methods for identified hazards. | | Choose an item. |
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| 3. | Occupational Healthcare Program & Access to Health Care/ Emergency Services Are employees included in any health monitoring programs for exposures to air contaminants or noise? Are there employees that are required to wear respiratory protection during any worksite activity?  Explain how you conduct a thorough review of OSHA 300 logs, insurance claims and incident investigations to ensure all records are complete. Also, describe the access employees have to health care services based on results of initial health surveys to include physician access and how employees are provided emergency medical services at the job site. (First Aid/CPR | | |
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| 4. | Preventative Maintenance Explain how the company ensures all equipment is being maintained in accordance with manufacturer’s preventative maintenance requirements? | | |
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| 5. | Hazard TrackingPlease explain how the company systematically tracks hazards found during routine inspections, reported by employees, and noted by third parties. | | |
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| Does the company require specialty (key) subcontractors to implement an equivalent system? | | Choose an item. |

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| 6. | Emergency Preparedness & Response | |
| If necessary, has the company provided arrangements for emergency medical care? | Choose an item. |
| Has the company established & communicated written emergency procedures? | Choose an item. |
| Does the company conduct emergency drills at least annually, ensuring all employees participate or are at least briefed on each drill? | Choose an item. |
| Is there at least one first aid & CPR trained employee on every jobsite? | Choose an item. |
| If appropriate, are key subcontractors required to participate in emergency drills? | Choose an item. |

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| Safety and Health Training | |
| 1. | Formal and Informal Training Briefly describe the required subject matter and methods for completing safety & health training for your company. Describe the systems in place to ensure employees understand and retain course information and the effectiveness of the training conducted. In addition, describe the frequency of required safety and health training as well as what requirements prompt retraining. |
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| 2. | Evaluation of TrainingDescribe how often and in what way training courses are evaluated and updated? |
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| 3. | Training RecordsWhat format are training records kept for the company? |
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| 4. | Specialty (Key) Subcontractor TrainingDescribe the safety and health orientation provided for specialty (key) subcontractors. |
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| 5. | Hazard Recognition TrainingExplain how company managers, supervisors, and non-supervisory employees have been trained to recognize unsafe conditions or hazards in the workplace. |
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| 6. | Emergency Action TrainingExplain the process to familiarize company managers, supervisors, and non-supervisory employees to understand their duties and responsibilities during emergencies. |
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Letter below

Virginia BUILT Assurances

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| **Company Name** |  | **Date** |

Agrees to comply with the following items as a Virginia BUILT Program participant:

1. **Compliance** 
   1. The company will comply with the Occupational Safety and Health Act (OSH Act) and correct, in a timely manner, all hazards discovered through self-inspections, employee notifications, accident investigations, VOSH onsite reviews, process hazard reviews, annual evaluations, or any other means.
2. **Correction of Deficiencies**
   1. The company will correct safety and health deficiencies related to compliance with VOSH requirements.
3. **Employee Support**
   1. Our employees support the Virginia BUILT application. At sites with contractor employees organized into one or more collective bargaining units, the authorized representative for each collective bargaining unit must submit a signed statement indicating that the collective bargaining agent(s) support BUILT participation. VOSH must receive concurrence from all such authorized agents to accept the application. At non-union sites, the VOSH onsite review team will verify management’s assurance of employee support during employee interviews.
4. **BUILT Elements**
   1. Virginia BUILT elements are in place, and management commits to establishing, meeting, and maintaining the requirements of the elements and the overall Virginia BUILT elements.
5. **Orientation**
   1. Employees, including newly hired employees and contract employees, will receive orientation on the BUILT, including employee rights under Virginia BUILT and under the OSH Act.
6. **Non-Discrimination**
   1. We will protect employees given safety and health duties as part of your safety and health program from discriminatory actions resulting from their carrying out such duties, just as Section 40.1-51.2:1 of the Code of Virginia and protect employees who exercise their rights.
7. **Employee Access**
   1. Employees will have access to the results of self-inspections, accident investigations, and other safety and health data upon request. At sites where they have union representation, this requirement may be met through employee representative access to these results.
8. **Documentation**
   1. We will maintain our safety and health program information and make it available for VOSH review to determine initial and continued approval to the Virginia BUILT. This information will include:
      1. Any agreements between management and collective bargaining agent(s) concerning safety and health.
      2. All documentation enumerated under Section III.J.4 of the July 24, 2000 Federal Register Notice.
9. **Annual Submission**
   1. Each year by February 15, we will submit the following information to the VBCEC - VBC Executive Committee and the Virginia BUILT Coordinator
      1. For the previous calendar year, the TCIR for injuries plus illnesses, and the DART rates.
      2. The total number of cases for each of the above two rates.
      3. Hours worked and estimated average employment for the past full calendar year.
10. **Key Subcontractor Rates**
    1. We will submit data on each applicable key subcontractor. Applicable key subcontractors are those employers who have contracted with your company to perform certain jobs and whose employees worked a total of 1,000 or more hours in at least one calendar quarter at your company’s worksites. The data will consist of:
       1. The company’s TCIR and DART rate for each applicable key subcontractor’s employees.
       2. The total number of cases from which these two rates were derived.
       3. Hours worked and estimated average employment for the past full calendar year.
       4. The appropriate NAICS code for each applicable key subcontractor’s work at the company’s site.
11. **Annual Self-Evaluation**
    1. A copy of the most recent safety and health annual evaluation. Include a description of any success stories, such as reductions in workers’ compensation rates, increased in employee involvement, and improvements in employee morale. Due by February 15 of each year to the Virginia VPP BUILT Coordinator.
12. **Organizational Changes**
    1. Whenever significant organizational or ownership changes occur, we will provide VOSH, within 60 days, a new Letter of Assurance signed by both management and any authorized collective bargaining agents.
13. **Collective Bargaining Changes**
    1. Whenever a change occurs in the authorized collective bargaining agent, we will provide VOSH, within 60 days, a new signed statement indicating that the new representative supports BUILT participation.

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| Signature of Company Official |  | Date |
| (Owner, President, Site Manager, Etc.) | |  |

Appendix

## Definitions

* ***FEIN:*** An Employer identification Number (EIN) is also known as a Federal tax identification Number, and is used to identify a business entity.
* ***NAICS Code:*** The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.
* ***DSR:*** Designated Safety Representative (DSR) Must meet the following requirements to be considered a DSR:
  + 5 years of S&H Construction experience with minimum 50% of their responsibility is safety, and
  + A Bachelors or greater degree in an Occupational Safety & Health related field, or
  + A current professional safety certification form a nationally recognized and accredited organization, or
  + A combination of construction safety & health training and professional experience approved by the VBC
* ***Specialty (Key) Subcontractor:***  Key subcontractors are those employers who have contracted with you to perform certain jobs and whose employees worked a total of 1,000 or more hours in at least one calendar quarter at your worksites.

## ELEMENTS

## Management Commitment and Leadership

## Attached a copy of the company Safety & Health Vision and Mission Statements

## Management Resources

## Describe how your company’s management has committed resources to safety and health. Commitment can be displayed in many different and meaningful ways. Examples could be a budget line item for safety & health, allowing employees to meet during the workday for committee meetings, hiring safety professionals, supporting employees attending offsite training, etc. [(Click here to return)](#_Written_Safety_and_1)

## Visible Leadership

* Describe the ways top management is visibly involved in the safety and health program such as wearing any required personal protective equipment, reporting hazards, reporting injuries and illnesses, following the same safety and health procedures expected for all employees at the workplace, and subjecting managers and employees to the same disciplinary system for infractions. [(Click here to return)](#_Visible_Leadership_1)

## Communications

* Describe the methods used to communicate policies, goals and objectives with all employees and how the company created an environment that allows for reasonable employee access to company management and senior management. How does the company communicate goals and objectives to all employees? [(Click here to return)](#_Communications_1)

## Responsibility and Authority

* Describe how the company has communicated the responsibility and authority to its employees to contact senior management on unresolved safety & health issues. Explain how this has been accomplished. [(Click here to return)](#_Responsibility_and_Authority_1)

## Accountability and Discipline

* Explain how management has established accountability for health & safety. This could be attained by job descriptions, performance plans for managers, mid-level managers/supervisors and or designated safety & health staff).

## Describe the company’s documented disciplinary plan. Also, include any “stand alone” type disciplinary plans for safety & health such as cardinal safety rules, safety work rules, or other safety & health related discipline. [(Click here to return)](#_Planning_1)

**Employee Involvement**

## Employee Perception Survey

* Was a perception survey completed?

## Employee Involvement

* Discuss how employees, including new hires, are involved in the safety and health management system. Do employees have access to the results of inspections, accident investigations, medical records and personal sampling data upon request?
* List at least three active and meaningful ways employees are involved in your program other than hazard reporting.
* Provide specific information concerning employee involvement in decision-making. This would include problem resolution, hazard analyses, accident investigations, safety and health training, or evaluation of the safety and health program.
* [(Click here to return)](#_Employee_Involvement_2)

## Employee Knowledge and Notification

* Describe the methods used to ensure that all employees, including newly hired/transferred employees, are initially and annually provided awareness of the following:
  + The company’s participation in Virginia BUILT
  + An employee’s right to file a complaint with OSHA, and
  + An employee’s right to receive the results of self-inspections and accident investigation, upon request [(Click here to return)](#_Employee_Knowledge_and)

## Rights and Responsibilities

* Explain how all employees and sub-contractors are informed of their rights and responsibilities under VOSH laws, standards, regulations, and participation in the BUILT Program.

## Specialty (Key) Subcontractor

* Explain the oversight and management system for specialty (key) subcontractors to ensure the key subcontractors’ employees are provided effective protection and follow the company’s safety and health policy.
* Discuss the procedure used when a key subcontractor is found in violation of a Safety and Health policy. [(Click here to return)](#_On-Site_Contractor_Programs_1)

## Specialty (Key) Subcontractor Use and Practices

* Discuss how specialty (key) subcontractors are selected to perform work on site? (If using rate, specify the rates used and cut off levels). Describe how their past performance in safety and health is taken into account in the bidding process.

## Describe the means to ensure prompt correction and/or control of hazards, however detected, under specialty (key) subcontractor’s control?

## Specialty (Key) Subcontractor Injury and Illness Data

* Describe the methods used to ensure that all injuries and illnesses occurring during work performed under a contract are recorded and submitted to the company’s site safety and health staff.
* How does the company verify the specialty (key) subcontractor injury and illness data and is it included in the company’s report?
* What happens if the specialty (key) subcontractors TCIR or DART rate increases annually? [(Click here to return)](#_Contractor_Injury_and_1)

## Mentorship Program

* Explain if the company has an in-house mentorship program or are in the process of developing one. How many employees are involved in the program and the tier they are currently in.

## Union Participation

* How is the union(s) involved in the safety program? Do they help with policy development, onsite inspections, etc.?

**Worksite Analysis**

## Annual Self-Evaluation of the SHMS

* The company must complete an annual self-evaluation that includes a written narrative with recommendations for timely improvements, assignment of responsibility for those improvements, and documentation of timely follow-up action or the reason no action was taken. Who conducts the evaluation and how were they trained to perform an evaluation? Are the results shared with employees and how? [(Click here to return)](#_Annual_Self-Evaluation_of_1)

## Indicators Used to Measure Progress

* What indicators does the company use to measure progress toward safety and health goals and objectives, effectiveness of hazard controls and overall effectiveness of the safety and health management system? Explain the rationale behind the selection of indicator, the method, frequency, and responsibility for monitoring or measuring each indicator. The periodic review of the indicator suitability, methods used to keep records, the analysis, interpretation, and communication of results[. (Click here to return)](#_Indicators_Used_to_1)

## Initial Analysis

* Describe the methods used for initial determination of safety and health hazards (noise, air contaminants)
* Include baseline industrial hygiene surveys, comprehensive safety surveys, machine guarding surveys, radiological survey/exposure mapping, etc.
* Provide evidence that the surveyors were qualified to perform the work[(Click here to return)](#_Comprehensive_Safety_and_1)

## Hazard Analysis of Routine Jobs, Tasks, and Processes

* State how the company reviews jobs, processes and/or the interaction among activities to determine safe work procedures at company worksite.
* Describe how results from analyses, such as job hazard analyses, are used in training employees to do their jobs safely and in planning and implementing the hazard correction and control program. Explain how the results improve work practices. Describe the frequency of these analyses and provide supporting documentation
* Describe how you decide which processes to analyze first. [(Click here to return)](#_Hazard_Analysis_of_2)

## Hazard Analysis of Significant Changes, New Processes, and Non-Routine Tasks (Including Pre-Use Analysis and New Baselines)

* Pre-Use Analysis: When considering new equipment, chemicals, or significantly different operations or procedures is, an analysis completed to address any concerns or hazards that might be created. Does the analysis address each step, hazard controls, dates conducted, recommendations for improvements, documented, included in training and the hazard control program? [(Click here to return)](#_Hazard_Analysis_of_3)

## Routine Self-Inspections

* Describe the system used to conduct routine, general worksite safety and health inspections. Include schedules and types of inspections, the qualifications of those conducting the inspections, and how corrections are tracked to completion.
* Describe the system for inspecting the each site weekly. [(Click here to return)](#_Routine_Self-Inspections_1)

## Investigation of Accidents and Near Misses

* Describe the system used to conduct accident and incident investigations.
* Describe training and/or guidance given to investigators; provide criteria used for deciding which accidents/incidents will be investigated.
* Describe how near-miss incidents are handled. How many have been received? Is this information being trended?
* Describe the “lessons learned” process being used and demonstrate root cause analyses.
* Describe method of tracking recommendations and corrections to completion.[(Click here to return)](#_Investigation_of_Accidents_1)

## Hazard Reporting System for Employees

* Describe the system employees use to report hazards. Does it include protection from reprisal, timely and adequate response, and correction of identified hazards? Describe if your program has an anonymous factor.
* Describe how “imminent danger” situations are reported by employees and handled by management.
* Describe how corrections are tracked to completion. [(Click here to return)](#_Hazard_Reporting_System_1)

**Hazard Prevention and Control**

## Hazard Control Programs

* Describes how your company selects the most appropriate methods for identified hazards that meets all the minimum requirements outlined by the OSHA standard required programs that has established hazard control programs

## Hazard Elimination and Control Methods

* Describe the different types of controls that are used at the company and have any follow-up studies been conducted based on incidents, inspections or recommendations from employees?
* **Engineering Controls**
* Engineering controls directly eliminate a hazard by such means as substituting a less hazardous substance, isolating the hazard; these are the most reliable and effective. Describe and provide examples of engineering controls have been implemented at the site?
* **Administrative Controls**
  + Administrative controls significantly limit daily exposure to hazards by control or manipulation of the work schedule or work habits. (Example: job rotation) Describe ways you limit daily exposure to hazards by adjusting work schedules or work tasks.
* **Work Practice Controls**
  + These controls include workplace rules, safe and healthful work practices, personal hygiene, housekeeping and maintenance, OSHA required programs (i.e., PPE, LOTO, Confined Space Entry, etc.). List the written occupational safety and health programs implemented at your company worksites.
  + **Personal Protective Equipment**
  + PPE should only be used when all other hazard controls have been exhausted or more significant hazard controls are not feasible. Describe the requirements for selecting, using, maintaining, and distributing personal protective equipment?
  + Describe if there is a complete PPE hazard assessment completed. [(Click here to return)](#_Hazard_Control_Programs_1)

## Occupational Health Care Program and Access to Health care/ Emergency Services

* Explain how OSHA 300 logs, insurance claims and incidents are reviewed to ensure all records are complete.
* Describe how the company integrates the employee medical program with the safety and health program.
* Describe the availability of both onsite and offsite medical services and physicians.
* Are employees trained in First Aid, CPR, is there an AED on each worksite? What type of training did employee receive?
* Describe how licensed occupational health professionals are involved in routine hazard analyses, in recognizing and treating injuries and illnesses early on, in limiting severity of harm and in managing injury and illness cases.

## Describe how employees have access to health care services based on results of initial health surveys (air contaminant/ noise exposure surveys) to include physician and emergency care at the worksite such as EMS or onsite CPR/First Aid providers. [(Click here to return)](#_Occupational_Health_Care_1)

## Preventive Maintenance of Equipment

* Summarize and briefly describe the procedures in use for preventive maintenance of equipment. Include information on scheduling and describe how the maintenance timetable is followed and adjusted. [(Click here to return)](#_Preventive_Maintenance_of_1)

## Tracking of Hazard Correction

* How does the company track hazards until completion? Does the tracking system assign responsibility, time frames for corrections, interim protection, provide feedback to employees that have reported the hazard? Does the system result in timely correction of hazards? [(Click here to return)](#_Tracking_of_Hazard_1)

## Emergency Preparedness

* Describe the company’s emergency planning and preparedness program. Include information on emergency and annual evacuation drills. How many were completed and what types.
* Describe how credible scenarios are chosen for emergency drills and their relationship to the worksites-specific hazards.
* Describe the review process of the drills/exercises. [(Click here to return)](#_Emergency_Preparedness_1)

**Safety and Health Training**

## Formal and Informal Training

* Describe formal and informal safety and health training programs for employees, supervisors, and managers.
* Is training classroom, hands on, and/or computer based?
* Specifically address how employees are taught to recognize hazards related to their jobs?
* Describe testing in use to ensure that employees understand and retain course information and the effectiveness of the training. Examples include tests and work observations.
* Describe how frequently training is performed and what prompts repeat training.[(Click here to return)](#_Safety_and_Health_1)

## Training Courses

* Describe how often and in what way courses are evaluated and updated? [(Click here to return)](#_Managers_and_Supervisors_1)

## Training Records

* Describe how and where training records are kept. [(Click here to return)](#_Emergencies_1)

## Specialty (Key) Subcontractor Training

* Describe the safety and health orientation provided for key subcontractor(s).[(Click here to return)](#_General_Training_Information_1)

## Hazard Condition Training

* Describe how employees are trained in Hazard Recognition

## Emergency Evacuation Training

* Explain how company managers, supervisors, and non-supervisory employees become familiar with emergency evacuation procedures and their specific responsibilities, when applicable.