

**VPP Corporate Participation**

**Evaluation Report**

Recommending

Acceptance of

**XXXXXXX Corporation**

**City, State**

**On-site Evaluation Date**

Month - Start/End Dates, 20XX

**VPP Evaluation Team**

Name, Title

Name, Title

Name, Title

Name, Title

Name, Title

**EXECUTIVE SUMARY**

**I. Purpose and Scope of Review**

An on-site evaluation for corporate participation was conducted from **<Date>**, at the **<Organization Name>** corporate headquarters in **<City, State>**. The purpose of the evaluation was to validate information submitted in the **<Organization Name>** corporate application and determine qualifications for acceptance into the Occupational Safety and Health Administration’s (OSHA) Voluntary Protection Programs (VPP) for corporate participation.

The VPP Corporate Evaluation Team consisted of:

Name, Title, Office, City, State

Name, Title, Office, City, State

Name, Title, Office, City, State

Name, Title, Office, City, State

Name, Title, Office, City, State

**II. Methods of Data Collection**

This evaluation was based on data and information submitted in the corporate application; document review; and interviews with senior executives, corporate safety and health staff, and facility supervisors and employees from existing **<Organization Name>** VPP sites as well as sites preparing for VPP. **<Add union information, if applicable.>**

**III. Employment**

As a corporation, **<Organization Name>** has approximately **<XX>** sites operating under Federal OSHA jurisdiction and **<XX>** under State Plan jurisdiction. **<Organization Name>** has approximately <**XX>** employees in the United States.

**NOTE**: Insert additional applicable information.

**IV. The Worksites**

**<Corporate Name>** sites are classified under North American Industrial Classification System (NAICS) Code. Much of their work falls under **NAICS <XXXXXX>.**

**<Organization Name>** operates under a variety of names **<list other names if applicable>.** Additionally, **<Organization Name>** has several wholly-owned subsidiaries **<list if applicable>** that are fully incorporated into **<Organization Name>** management structure and safety and health management system. These subsidiaries may also participate in the VPP Corporate Facility Application Process (C-FAP) and Corporate Facility On-site Processes (C-FOP).

**<Organization Name>** **<does/does not>** not perform work at sites covered under OSHA’s Process Safety Management (PSM) Standard.

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| **Type of Work Performed and Products Produced**. List below all major subsidiary companies or business units that are covered by the application. | North American Industry Classification System(NAICS) Code: |
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**V. VPP Activity**

**<Organization Name >** has **<XX>** active OSHA VPP sites. Additionally, **<XX>** employees serve as Special Government Employees (SGEs). These SGEs have assisted OSHA on **<XX>** VPP on-site evaluations.

**VI. Elements of the Corporate Evaluation**

The evaluation included a review of corporate safety and health policies and procedures covering the VPP elements:

* + Management Leadership, and Employee Involvement
	+ Worksite Analysis
	+ Hazard Prevention and Control
	+ Safety and Health Training

<**Incentive Programs**>The site utilizes an incentive program which meets the requirements of revised Memorandum #5: Further Improvements to the Voluntary Protection Programs (VPP) dated 8/14/14. **OR** The site does not utilize an incentive program.

<**Whistleblower Activity**> Briefly document the site’s policy on anti-retaliation/ discrimination. Indicate whether the site has had or not had any whistleblower activity within the past **<XX>** years. If so, include brief description and findings/outcome.

Specific safety and health programs reviewed include: **<List programs reviewed e.g., Lockout/ Tagout, Hazard Communication, Respiratory Protection, etc.>**

Details of the evaluation are available in the attached VPP Corporate on-site evaluation worksheet.

**VII. Areas of Excellence**

Provide a description of best practices.

**VIII. Recommendation for Participation**

The VPP Corporate Evaluation Team determined that all requirements for VPP Corporate participation are met, and therefore recommends that **Organization Name>** be accepted as a VPP Corporate participant. **<Organization Name>** eligible sites will be allowed to use the Corporate-Facility Application Process (C-FAP), and undergo on-site evaluations under the Corporate-Facility On-site Process (C-FOP) to attain VPP status.



**VPP Corporate Participation**

**Worksheet**

Recommending

Acceptance of

**XXXXXXX Corporation**

**City, State**

**On-site Evaluation Date**

Month – Start/End Dates, 20XX

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| A. Corporate Eligibility and Commitment to VPP |
| A1. *Does the corporation have or support strong participation in VPP and have plans to implement VPP corporate-wide and/or within a designated geographic area (DGA)? Provide examples.*  |  |  |  |  |
|  |
| A2. *Has the corporation established an internal process for pre-screening its potential VPP sites, and/or sites within a DGA including a process for reviewing site applications prior to submission and for conducting a corporate VPP audit of the candidate facility prior to the OSHA on-site evaluation?*  |  |  |  |  |
|  |
| A3. *Is the pre-screening process adequate? Please explain.*  |  |  |  |  |
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| A4. *Describe the corporation’s outreach and mentoring activity over the past 2-3 years.*  |  |  |  |  |
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| A5. *Does the corporation demonstrate VPP commitment to support employees/SGEs to training and certification and employee participation on VPP on-site evaluation teams?*  |  |  |  |  |
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| B. Corporate Leadership & Commitment to Safety and Health  |
| B1.*Does senior management demonstrate leadership and commitment for their organization (by active participation in the creation and implementation of a clear and visible safety and health policy that is relevant to the nature and scale of the organization’s products and processes?) Please describe.*  |  |  |  |  |
|  |
| B2.*Does corporate commitment include a commitment to comply with relevant legislation and regulations? Provide examples.* |  |  |  |  |
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| B3. *Does the corporate philosophy reflect the principles of integrated safety and health management and demonstrate commitment to continual improvement? Provide examples.* |  |  |  |  |
|  |
| B4. *Is commitment to continuous improvement of safety and health discussed regularly both internally and externally? Please explain.*  |  |  |  |  |
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| B5. *How is the corporate safety and health management system documented, maintained and communicated to employees?*  |  |  |  |  |
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| **C.** **Corporate Communication** |
| C1.*Are**policy statements, memos, and other forms of communication that specify a corporate commitment to occupational safety and health signed by a corporate executive or senior manager?* |  |  |  |  |
|  |
| C2. *Do oral and written communications recognize the importance of workplace safety and health? Provide examples.*  |  |  |  |  |
|  |
| C3. *Does the corporation have an effective and efficient process for communication and dialogue with internal and external stakeholders? Please describe.*  |  |  |  |  |
|  |
| C4. *How does the corporation foster openness in communicating with stakeholders and take into account public and employee inputs?*  |  |  |  |  |
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| C5**.** *Does the corporation provide to employees regular messages about safety and health in site newsletters, quarterly reports, annual reports, etc.? Provide examples.* |  |  |  |  |
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| 1. **Senior Managements’ Knowledge of Safety and Health Hazards**
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| D1. *Does the corporation have processes in place for the assessment of safety and health hazards and risks associated with their products, processes and distribution activities? Please describe.*  |  |  |  |  |
|  |
| D2. *Does the corporation incorporate a safety and health risk evaluation process into the research and development of new products and processes, when applicable? Please describe.*  |  |  |  |  |
|  |
| D3. *Does the corporation create and maintain a product information system related to safety and health risks?*  |  |  |  |  |
|  |
| D4. *Does the corporation systematically review all health and safety related regulations/ interpretations that are relevant to the organization’s activities?*  |  |  |  |  |
|  |
| D5. *How does senior management keep abreast of safety and health hazards and performance at individual facilities and/or sites within a DGA?*  |  |  |  |  |
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| D6. *How do senior managers ensure that their CEO and Board of Directors understand the safety and health management system and receive regular progress reports? Please describe.* |  |  |  |  |
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| **E. Corporate Planning for Safety and Health**  |
| E1. *Does the corporation include safety and health as a key component in their strategic plan?*  |  |  |  |  |
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| E2. *Is planning for safety and health integrated with overall management planning process (for example, budget development, resource allocation, or training)?*  |  |  |  |  |
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| E3. *How does the corporation set a framework for reviewing and establishing safety and health objectives and goals which have clear means, time frames, and responsibilities for accomplishment?*  |  |  |  |  |
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| E4. *Are the corporate safety and health goals meaningful, attainable and measureable?* |  |  |  |  |
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| E5. *Does the corporation establish and track specific plans for safety and health with timetables for implementing safety and health programs, and does senior management personally review progress of the plans?*  |  |  |  |  |
|  |
| E6. *Does senior management regularly compare the corporation’s safety and health performance against others?*  |  |  |  |  |
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| E7. *Do individual facilities and/or sites within a DGA follow an effective corporate safety and health planning process?*  |  |  |  |  |
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| **F. Corporate Accountability/Responsibility for Safety and Health**  |
| F1. *Does top management accept ultimate responsibility for safety and health in the organization?* |  |  |  |  |
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| F2. *Are clear definitions of responsibility and accountability for safety and health tasks established, assigned, and communicated to individual facilities and/or sites within a DGA?*  |  |  |  |  |
|  |
| F3. *How does the corporation assign, document, and communicate safety and health authority and responsibility at the corporate, facility, and/or sites within a DGA levels (for example, organization charts, job descriptions)? Please explain.* |  |  |  |  |
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| F4. *Do individuals assigned responsibility for safety and health have the authority to ensure that hazards are corrected or necessary changes to the safety and health management system are made?* *
 |  |  |  |  |
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| F5. *Describe how senior managers, supervisors, and employees are held accountable for meeting their responsibilities for workplace safety and health. (Are annual performance evaluations for managers and supervisors required?)*  |  |  |  |  |
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| F6. *Do individual facilities and/or sites within a DGA utilize an effective corporate performance evaluation process? Please explain.* |  |  |  |  |
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| **G. Corporate Resource Management for Safety and Health** |
| G1. *Are adequate resources (equipment, budget, or experts) dedicated to ensuring workplace safety and health at the corporate level? Provide examples.* |  |  |  |  |
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| G2. *Describe the corporate system utilized to allocate resources for safety and health to individual facilities and/or sites within a DGA.*  |  |  |  |  |
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| G3. *Describe the system for funding capital expenditures for eliminating safety and health hazards at individual facilities and/or sites within a DGA*. |  |  |  |  |
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| G4. *Does the corporation regularly evaluate the adequacy of resources assigned to safety and health management programs, and the organization’s performance?*  |  |  |  |  |
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| **H. Corporate Goals and Performance Report** |
| H1. *Does the corporation regularly review (at least annually) the safety and health performance of individual facilities and/or sites within a DGA against their goals? Please explain.*  |  |  |  |  |
|  |
| H2. *Does the review include the investigation of accidents and incidents that get to the root causes?*  |  |  |  |  |
|  |
| H3. *Are recommendations developed, implemented and tracked for prevention or corrective action of accidents and incidents?*  |  |  |  |  |
|  |
| H4. *Does the corporation maintain sufficient data files to enable analysis of trends and performance against goals?*  |  |  |  |  |
|  |
| H5. *Does the corporation conduct a review of compliance with regulations and company procedures for their facilities and/or sites within a DGA? Provide examples.*  |  |  |  |  |
|  |
| H6. *Are there consequences for poor performance? Provide examples.*  |  |  |  |  |
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| H7. *Describe the method used to report the organization’s safety and health results to stakeholders, employees and communities.*  |  |  |  |  |
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| **I. Corporate Environmental, Safety and Health Certifications and Award**s |
| I1. *Describe, if applicable, any other types of certifications the corporation maintains that demonstrates excellence in environmental, safety and health such as accreditation with the International Organization for Standardization (ISO).* |  |  |  |  |
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| J. Employee Involvement |
| J1. *Describe any uniform, corporate-wide policies that apply across all facilities and/or sites within a DGA that prescribe how employees should be meaningfully involved in safety and health management systems at those locations.* |  |  |  |  |
|  |
| J2. *Do the employees support participation in the VPP?*  |  |  |  |  |
|  |
| J3. *Do employees feel free to participate in the safety and health management system without fear of discrimination or reprisal?*  |  |  |  |  |
|  |
| J4. *Describe at least three ways in which the corporation encourages employees to be meaningfully involved in the problem identification and resolution, or evaluation of the safety and health management system (beyond hazard reporting).*  |  |  |  |  |
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| **K. Notification** |
| K1. *Describe any uniform, corporate-wide policies that apply across all facilities and/or sites within a DGA that describe how employee notification takes place at those locations or for facilities new to VPP describe how notification will be conducted.*  |  |  |  |  |
|  |
| K2. *Are employees knowledgeable about the sites’ and/or within the DGA safety and health management system and VPP? If not, please explain.* |  |  |  |  |
|  |
| K3. *Are employees knowledgeable about their rights under the OSH Act? If not, please explain.*  |  |  |  |  |
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| K4. *Do employees have access to results of self-inspections, accident investigations, appropriate medical records, and personal sampling data upon request? If not, please explain.* |  |  |  |  |
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| **L. Contractor Program**  |
| L1. *Do individual facilities and/or sites within a DGA follow the corporate contractor program?*  |  |  |  |  |
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| L2. *Describe any corporate process for selecting contractors to perform jobs throughout the corporation (all facilities including sites within a DGA).* |  |  |  |  |
|  |
| L3. *Is there a corporate process to monitor the quality of the safety and health protection of its contract/subcontract employees?*  |  |  |  |  |
|  |
| L4. *Does the corporate monitoring process include the review of contractor injury and illness rates?* |  |  |  |  |
|  |
| L5. *Is this corporate monitoring process followed by individual facilities and/or sites within a DGA?* |  |  |  |  |
|  |
| L6. *Is the corporate monitoring process adequate?*  |  |  |  |  |
|  |
| L7. *Does the corporate contractor program specify penalties for infractions of safety and health rules by contractors/subcontractors? Please describe.*  |  |  |  |  |
|  |
| L8. *Based on your answers to the above items, is the corporate policy for contract oversight minimally effective? (Inadequate oversight is indicated by significant hazards created by the contractor, employees exposed to hazards, or a lack of host audits.) If not, please explain.* |  |  |  |  |
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|  Section I: Management Leadership and Employee Involvement |

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| **90-Day Items:**  *(Delete this section for final transmittal to National Office)* |
| 1.2. |

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| Best Practices: |
| 1. 2. |

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| **Comments including Recommendations:** *(optional)* |
| 1.2. |

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| **Documents Referenced, Programs Reviewed:** *(optional)* |
| 1.2. |

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| A. Baseline Hazard Analysis |
| A1. *Is there a corporate policy for identifying and documenting the common safety and health hazards associated with each facility and/or sites within a DGA? Please describe.*  |  |  |  |  |
|  |
| A2. *Does the corporate policy include methods to be used in the baseline hazard analysis for individual facilities and/or sites within a DGA to identify health hazards?*  |  |  |  |  |
|  |
| A3. *Does the corporation have a corporate Industrial Hygiene program defining a sampling strategy used to identify health hazards and assess employees’ exposure (including duration, route, and frequency of exposure), and the number of exposed employees?*  |  |  |  |  |
|  |
| A4. *Does the corporate Industrial Hygiene program specify that sampling, testing, and analysis must follow nationally recognized procedures? If not, please explain.* |  |  |  |  |
|  |
| A5. *Does the corporate Industrial Hygiene program provide guidance to the facilities and/or sites within a DGA on what exposure limits to utilize? For example, compare sampling results to the minimum exposure limits or more restrictive exposure limits (PELs, TLVs, etc.) used? Please explain*. |  |  |  |  |
|  |
| A6. *Does the corporate Industrial Hygiene program specify methods for maintaining records of sampling data, such as initial screening or full shift sampling data, and include all sampling information (for example, sampling time, date, employee, job title, concentrated measures, and calculations)?*   |  |  |  |  |
|  |
| A7. *Is the corporate Industrial Hygiene program utilized by all facilities and/or sites within a DGA?* |  |  |  |  |
|  |
| A8. *Based on your answers to the above questions, is the corporate Industrial Hygiene program adequate to ensure identification and correction of all health hazards? Please explain.* |  |  |  |  |
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| B. Hazard Analysis of Significant Changes |
| B1. *Is there an adequate corporate policy describing what types of analyses are to be performed when purchasing new materials or equipment, or implementing new processes, to determine their impact on safety and health?*  |  |  |  |  |
|  |
| B2. *Is there an adequate corporate policy describing the types of analyses to be performed when implementing/introducing non-routine tasks, materials or equipment, or modifying processes, to determine their impact on safety and health?*  |  |  |  |  |
|  |
| B3. *Is the corporate policy for hazard analyses of significant changes utilized by all facilities and/or sites within a DGA?*  |  |  |  |  |
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| C. Hazard Analysis of Routine Activities |
| C1. *Is there a corporate policy describing the hazard analysis system in place for routine operations and activities?*  |  |  |  |  |
|  |
| C2. *Does the policy for hazard identification and analysis address both safety and health hazards, if appropriate? If not, please explain.* |  |  |  |  |
|  |
| C3. *What adequate hazard analysis technique(s) are employed for routine operations and activities (e.g., job hazard analysis, HAZ-OPS, fault trees)?*  |  |  |  |  |
|  |
| C4. *Does the policy specify that the results of the hazard analysis of routine activities must be adequately documented?*  |  |  |  |  |
|  |
| C5. *Is the corporate level policy for hazard analysis utilized by all facilities and/or sites within a DGA?*  |  |  |  |  |
|  |
| C6. *Based on your answers above, is the hazard analysis policy adequate to identify and analyze safety and health hazards?* |  |  |  |  |
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| D. Routine Inspections |
| D1. *Does the corporation have a policy describing how safety and health inspections are conducted (i.e., a minimally effective system identifies hazards associated with normal operations)? If not, please explain.* |  |  |  |  |
|  |
| D2. *Does the safety and health inspection policy specify the frequency for conducting routine inspections? If yes, please explain.*  |  |  |  |  |
|  |
| D3. *Does the corporation ensure that those personnel conducting inspections at individual facilities and/or sites within a DGA are adequately trained in hazard identification? If not, please explain.* *
 |  |  |  |  |
|  |
| D4. *Who provides the hazard identification training?*  |  |  |  |  |
|  |
| D5. *Does the corporation provide a template for the written routine inspection system, including documentation of results? If yes, please explain.* |  |  |  |  |
|  |
| D6. *Do the written routine inspection reports clearly indicate what needs to be corrected, by whom, and by when? If not, please explain.* |  |  |  |  |
|  |
| D7. *Do all facilities and/or sites within a DGA utilize the corporate policy for self-inspections*?  |  |  |  |  |
|  |
| D8. *Based on your answers to the questions above, is the corporate policy adequate?*  |  |  |  |  |
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| **E. Hazard Reporting**  |
| E1. *Does the corporation have a corporate level policy describing a reliable system for employees to notify appropriate management personnel in writing about safety and health concerns? Please describe.* |  |  |  |  |
|  |
| E2. *Does the employee notification policy include a system for hazard reporting for contractors?* |  |  |  |  |
|  |
| E3. *Is there a system in place for reporting and correcting hazards created by others?* |  |  |  |  |
|  |
| E4. *Do the employees agree that they have an effective system for reporting safety and health concerns? If not, please explain.* |  |  |  |  |
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| **F. Hazard Tracking** |
| F1. *Does the corporation provide a policy for a hazard tracking system to address hazards found by employees, hazard analysis of routine and non-routine activities, inspections, and accident or incident investigations?*  |  |  |  |  |
|  |
| F2. *Does policy specify methods for the tracking system to result in hazards being corrected and to provide feedback to employees for hazards they have reported. If not, please explain.* |  |  |  |  |
|  |
| F3. *Does the policy specify methods to ensure timely correction of hazards with interim protection established when needed? Please describe.**
 |  |  |  |  |
|  |
| F4. *Do all facilities and/or sites within a DGA utilize the corporate policy for hazard tracking*?  |  |  |  |  |
|  |
| F5. *Based on your answers to the above question, is the policy adequate?*   |  |  |  |  |
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| G. Accident/Incident Investigations |
| G1. *Is there a corporate policy/template for conducting accident/incident investigations, including near-misses? If not, please explain.* |  |  |  |  |
|  |
| G2. *Does the policy specify that the corporation ensure that individuals conducting the investigations are trained in accident/incident investigation techniques? If not, please explain.* |  |  |  |  |
|  |
| G3. *Describe how investigators discover and document all the contributing factors that led to an accident/incident.*  |  |  |  |  |
|  |
| G4. *Do all facilities and/or sites within a DGA utilize the corporate accident investigation policy*?  |  |  |  |  |
|  |
| G5. *Based on your answers above, is the accident/incident policy adequate?* |  |  |  |  |
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| H. Safety and Health Management System Evaluation |
| H1. *Is there a corporate policy/template for conducting an annual evaluation of the safety and health management system?*  |  |  |  |  |
|  |
| H2. *Does the annual evaluation template cover all aspects of the safety and health management system, including the elements described in the* ***Federal Register****? If not, please explain.* |  |  |  |  |
|  |
| H3. *Does the annual evaluation provide for written recommendations in a narrative format? If not, please explain.* |  |  |  |  |
|  |
| H4. *Is the annual evaluation an effective tool for assessing the safety and health management system of individual facilities’ and/or sites within a DGA? Please explain.*  |  |  |  |  |
|  |
| H5. *What evidence demonstrates that the facilities and/or sites within a DGA responded adequately to the recommendations made in their annual evaluation?* |  |  |  |  |
|  |
| H6. *Does the corporation periodically review facility annual evaluations?*  |  |  |  |  |
|  |
| H7. *Do all facilities and/or sites within a DGA utilize the corporate policy for conducting an annual evaluation?*  |  |  |  |  |
|  |
| H8. *Based on the answers above, is the annual evaluation process adequate?*  |  |  |  |  |
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| I. Trend Analysis |
| I1. *Does the corporation have a policy for identifying and assessing injury and illness trends?* |  |  |  |  |
|  |
| I2. *Is the corporate safety and health staff kept abreast of any trends?*  |  |  |  |  |
|  |
| I3. *Have there been any injury and/or illness trends at any facilities and/or sites within a DGA over the last three years? If so, please explain.* |  |  |  |  |
|  |
| I4. *If there have been injury and/or illness trends, have adequate courses of action been taken*?  |  |  |  |  |
|  |
| I5. *Do all facilities and/or sites within a DGA utilize an adequate corporate policy for trend analysis?*   |  |  |  |  |
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|  Section II: Worksite Analysis |

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| **90-Day Items:**  *(Delete this section for final transmittal to National Office)* |
| 1.2. |

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| Best Practices: |
| 1. 2.  |

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| **Comments including Recommendations:** *(optional)* |
| 1.2. |

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| **Documents Referenced, Programs Reviewed:** *(optional)* |
| 1.2. |

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| A. Hazard Prevention and Control |
| A1. *Does the corporation have a policy specifying hazard controls to prevent exposing employees to hazards?*  |  |  |  |  |
|  |
| A2. *Does the corporate policy specify that when sites select hazard controls, they must follow the preferred hierarchy (engineering controls, administrative controls, work practice controls [e.g. lockout/tag out, bloodborne pathogens, and confined space programs], and personal protective equipment) to eliminate or control hazards? Please provide examples, such as how exposure to health hazards were controlled.*   |  |  |  |  |
|  |
| A3. *Are there corporate policies for required OSHA programs (e.g., lockout/tag out, bloodborne pathogens, and confined space, and personal protective equipment)?*  |  |  |  |  |
|  |
| A4. *Does the corporate hazard control policy cover all required elements?*  |  |  |  |  |
|  |
| A5. *Is the corporate policy for hazard controls utilized by all facilities and/or sites within a DGA?*  |  |  |  |  |
|  |
| A6. *Are follow-up studies (where appropriate) conducted by corporate safety and health staff to ensure that hazard controls implemented at a facility and/or sites within a DGA were adequate? If not, please explain.* |  |  |  |  |
|  |
| A7. *Are hazard controls documented and addressed in appropriate procedures, safety and health rules, inspections, training, etc.? Provide examples.* |  |  |  |  |
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| **Disciplinary System** |
| A8. *Is there a corporate level policy for a disciplinary system? Describe the disciplinary system.* |  |  |  |  |
|  |
| A9. *Does the policy specify that the disciplinary system be enforced equally for both management and employees, when appropriate? If not, please explain.*  |  |  |  |  |
|  |
| A10. *Is the corporate safety and health staff kept abreast of disciplinary actions taken at the facilities and/or sites within a DGA?*  |  |  |  |  |
|  |
| A11. *Do all facilities and/or sites within a DGA follow the corporate disciplinary policy?*  |  |  |  |  |
|  |
| A12. *Based on the answer above, is the disciplinary policy adequate?*  |  |  |  |  |
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| **Emergency Procedures** |
| A13. *Does the corporation have a policy describing minimally effective written procedures to be implemented for emergencies? Please describe.*  |  |  |  |  |
|  |
| A14. *Does the policy specify that emergency drills must be held at least annually?* |  |  |  |  |
|  |
| A15. *Do all facilities and/or sites within a DGA utilize an adequate corporate emergency response policy?*  |  |  |  |  |
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| **Preventative/Predictive Maintenance** |
| A16. *Does the corporation have a written preventative/predictive maintenance system policy? If not, please explain.* |  |  |  |  |
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| A17. *Do all facilities and/or sites within a DGA utilize the corporate preventive maintenance policy?*  |  |  |  |  |
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| A18. *Does the preventive maintenance system policy describe methods to adequately detect hazardous failures before they occur? If not, please explain.* |  |  |  |  |
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| **Personal Protective Equipment** |
| A20. *Does the corporation have a policy to determine how the facilities and/or sites within a DGA select Personal Protective Equipment (PPE)?*  |  |  |  |  |
|  |
| A21. *Do employees understand the limitations and uses of PPE? If not, please explain.* |  |  |  |  |
|  |
| A22. *Do all facilities and/or sites within a DGA utilize an adequate corporate PPE policy*?  |  |  |  |  |
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| **Process Safety Management (PSM)** |
| A23. *Does the corporation have a policy for compliance with the Process Safety Management Standard (29 CFR 1910.119) for those facilities and/or sites within a DGA that are covered? If not, skip to section B.* |  |  |  |  |
|  |
| A24. *Which chemicals that trigger the Process Safety Management (PSM) standard are present at the covered facilities and/or sites within a DGA?* |  |  |  |  |
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| A25. *Do all covered facilities and/or sites within a DGA utilize the corporate PSM policy?*  |  |  |  |  |
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| A26. *Are all elements of the PSM standard covered*?  |  |  |  |  |
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| B. Occupational Health Care Program and Recordkeeping |
| B1. *Describe the corporate policy for occupational health care (including availability of physician services, first aid, and CPR/AED) and special programs such as audiograms or other medical tests used.* |  |  |  |  |
|  |
| B2*.* *How are licensed occupational health professionals used in the site’s hazard identification and analysis, early recognition and treatment of illness and injury, and the system for limiting the severity of harm that might result from workplace illness or injury? Is this use appropriate?* |  |  |  |  |
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| B3. *Do medical records indicate that corporate health care policies are followed?*  |  |  |  |  |
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| B4. *Do all facilities and/or sites within a DGA follow an adequate corporate occupational health care policy?* |  |  |  |  |
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| Section III: Hazard Prevention and Control |

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| **90-Day Items**: *(Delete this section for final transmittal to National Office)* |
| 1.2. |

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| Best Practices: |
| 1.2. |

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| **Comments including Recommendations:** (optional) |
| 1.2. |

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| **Documents Referenced, Programs Reviewed:** (optional) |
| 1.2. |

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| A. Safety and Health Training |
| A1. *What are the safety and health training requirements for managers, supervisors, employees, and contractors?*  |  |  |  |  |
|  |
| A2. *Who delivers the training and how are they qualified?**
 |  |  |  |  |
|  |
| A3. *How are the safety and health training needs for employees determined*?  |  |  |  |  |
|  |
| A4. *Does the corporation ensure that minimally effective training is provided to educate employees regarding the known hazards of the site and their controls? If not, please explain.*   |  |  |  |  |
|  |
| A5. *What system is in place to ensure that all employees and contractors/sub-contractors have received and understand the appropriate training?* |  |  |  |  |
|  |
| A6. *Who is trained in hazard identification and analysis?*  |  |  |  |  |
|  |
| A7. *Do all facilities and/or sites within a DGA follow corporate level policies for safety and health training?*  |  |  |  |  |
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| A8. *Based on the answers above, is the safety and health training policy adequate?*  |  |  |  |  |
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| Section IV: Safety and Health Training |

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| 90-Day Items:  *(Delete this section for final transmittal to National Office)* |
| 1.2. |

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| Best Practices: |
| 1. 2. |

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| Comments including Recommendations: *(optional)* |
| 1.2. |

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| Documents Referenced: *(optional)* |
| 1.2. |