

**Mobile Workforce Participation**

**Phase I and Phase II**

**Evaluation Report**

**Company Name**

**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 SUMMARY**

**I. Purpose and Scope of Review**

An on-site evaluation for Mobile Workforce participation was conducted from **<Date>**, at the **<Organization>** headquarters in **<City, State>**. The purpose of the evaluation was to validate information submitted in the organization’s application for mobile workforce participation in the Occupational Safety and Health Administration’s (OSHA) Voluntary Protection Programs (VPP) within the **<area>** Designated Geographic Area (DGA) and determine qualifications for approval. The evaluation was conducted in two phases: Phase I at the headquarters and Phase II at the randomly selected sites: **<List sites>**

The Phase I VPP Evaluation Team consisted of:

Name, Title/Special Government Employee (SGE), Office, City, State

Name, Title/Special Government Employee (SGE), Office, City, State

Name, Title/Special Government Employee (SGE), Office, City, State

Name, Title/Special Government Employee (SGE), Office, City, State

Name, Title/Special Government Employee (SGE), Office, City, State

The Phase II VPP Evaluation Team consisted of:

Name, Title/Special Government Employee (SGE), Office, City, State

Name, Title/Special Government Employee (SGE), Office, City, State

Name, Title/Special Government Employee (SGE), Office, City, State

Name, Title/Special Government Employee (SGE), Office, City, State

Name, Title/Special Government Employee (SGE), Office, City, State

**NOTE**: If team members are the same, identify their participation in both phases.

**II. Methods of Data Collection**

The Phase I evaluation was based on data and information submitted in the VPP mobile workforce application; document review; and interviews with senior management and safety and health staff.

The Phase II evaluation was based on the VPP mobile workforce application; document review; facility walkthrough and interviews with employees.

**III. Employment (DGA)**

Designated Geographic Area (DGA)

Number of active projects/sites within the DGA (see attached list)

Number of projects scheduled to begin within the coming 12 months

Number of regular employees and temporary employees

Number of contract/subcontract workers

Collective bargaining agent(s) representing the employees

**IV. The Worksites (evaluated sites)**

Employment specifics – number of employees, contractors/sub-contractors

North American Industrial Classification System (NAICS)

Project/Site descriptions

Basic description of processes, products, and applications

Covered under Process Safety Management (PSM) Standard

Housekeeping

**V. Worksite Hazards**

Safety hazards at the sites within the DGA include, but not limited to **<insert hazards>.** Industrial hygiene hazards at the sites with the DGA include, but not limited to **<insert hazards>.** The site **<does or does not>** use chemicals considered to be highly hazardous and in sufficient quantity to place the site under the Process Safety Management (PSM) Standard.

**VI. Injury and Illness Rates**

The three‑year Total Case Incidence Rate (TCIR) and Days Away/Restricted/Transferred Case Incidence (DART) rate for the period **20XX-20XX** are **<XX>** and **<XX>** respectively within the DGA. The DGA TCIR is **<XX%>** below and the DGA DART rate is **<XX%>** below the 20XX Bureau of Labor Statistics (BLS) industry average. The BLS national industry average for NAICS code **<XXXXXX**> for **20XX** are **<XX>** and **<XX>,** respectively.

**Team leader must verify** that a comparison has been conducted against the site’s injury and illness rates reviewed during the evaluation and the site’s injury and illness rates reported in its annual self evaluation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Hours** | **Total # of Cases** | **TCIR Rate** | **Number of Cases Involving Days Away from Work, Restricted Activity or Job Transfer** | **DART Rate** |
| 20XX |  |  |  |  |  |
| 20XX |  |  |  |  |  |
| 20XX  1999 |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| **Three-Year Rate (20XX-20XX)** | | |  |  |  |
| **BLS National Average for 20XX (NAICS XXXXXX) (SIC XXXX)** | | |  |  |  |
|  |  |  |  |  |  |

**VII. OSHA Activity**

There has been **<XXXX>** OSHA inspection activity or fatalities within the DGA within the past <**XX**> years. The sites within the DGA maintain an **<XXXX>** relationship with its local OSHA Area and Regional offices.

**VIII. Elements of the VPP Review**

The evaluation included a review of the DGA’s safety and health management programs elements:

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

Details of the evaluation are available in the attached VPP Mobile Workforce Participation Phase I and Phase II on-site evaluation worksheet.

<**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.

**IX. Areas of Excellence**

Provide description of best practices (e.g., fall protection, machine guarding, ergonomics, lockout/tagout, employee involvement). *NOTE: Do not characterize the safety and health management programs as meeting the high quality expected of VPP participants if the team is recommending One-Year Conditional reapproval.*

**X. Recommendation for Participation**

The VPP Evaluation Team recommends participation of the **<Organization>** sites within the Designated Geographic Area (DGA) as a **<Star or Merit>** Mobile Workforce participant (*add if relevant* but placed on One-Year Conditional status *or* but required to develop an agreed upon Two-Year Rate Reduction Plan).

**XI. Goals (if applicable)**

Merit Goal(s) (if relevant)

One-Year Conditional Goal(s) (if relevant)

Two-Year Rate-Reduction Plan (if relevant)



**Mobile Workforce Participation**

**Phase I**

**Worksheet**

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| A. Eligibility and Commitment to VPP | | | | |
| A1. *Has management oversight established an internal process for pre-screening its sites within a DGA?* **MR⦸** |  |  |  |  |
|  | | | |
| A2. *Is the pre-screening process adequate? Please explain.* |  |  |  |  |
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| B. Leadership & Commitment to Safety and Health | | | | | |
| B1.*Does management demonstrate leadership and commitment for their employees’ safety and health (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 the organization’s philosophy reflect the principles of integrated safety and health management and demonstrate commitment to continual improvement of the management of safety and health?* |  |  |  |  | |
|  | | | | |
| B3. *Is commitment to continuous improvement of safety and health discussed regularly both internally and externally? Please explain.* |  |  |  | |  |
|  | | | | |
| B4. *How is the safety and health management system documented, maintained and communicated to employees within the DGA?* |  |  |  | |  |
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| **C.** **Communication** | | | | |
| C1.*Are**policy statements, memos, and other forms of communication that specify a 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. *Is there a process for communication and dialogue with contractor/sub-contractors? Please describe.* **MR⦸** |  |  |  |  |
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| 1. **Managements’ Knowledge of Safety and Health Hazards** | | | | |
| D1. *Are there processes in place for the assessment of safety and health hazards and risks associated with work tasks? Please describe.* |  |  |  |  |
|  | | | |
| D2. *Are all health and safety related regulations, and their interpretations, that are relevant to the organization’s activities systemically reviewed?* |  |  |  |  |
|  | | | |
| D3. *How does management keep abreast of safety and health hazards and performance at sites within a DGA?* |  |  |  |  |
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| **E. Planning for Safety and Health** | | | | |
| E1. *Is planning for safety and health integrated within the overall management planning process (for example, budget development, resource allocation, or training)?* |  |  |  |  |
|  | | | |
| E2.  *Do sites within a DGA follow a minimally effective safety and heath planning process?* **MR⦸** |  |  |  |  |
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| **F. Accountability/ Responsibility for Safety and Health** | | | | |
| F1. *Does management accept ultimate responsibility for safety and health?* ***MR⦸*** |  |  |  |  |
|  | | | |
| F2. *Are clear definitions of safety and health responsibility and accountability established, assigned, and communicated to sites within a DGA?* |  |  |  |  |
|  | | | |
| F3. *How does management assign, document, and communicate safety and health authority and responsibility to sites within a DGA (for example, organization charts and/or job descriptions)? Please explain.* |  |  |  |  |
|  | | | |
| 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?* **MR⦸** |  |  |  |  |
|  | | | |
| 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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| **G. Goals and Performance Report** | | | | |
| G1. *Is the safety and health performance of sites within a DGA, regularly reviewed (at least annually), against their goals? Please explain.* |  |  |  |  |
|  | | | |
| G2. *Does the safety and health performance review include the investigation of accidents and incidents to determine the root causes of occurrence and develop recommendations for prevention or corrective action?* |  |  |  |  |
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| H. Employee Involvement | | | | |
| H1. *Do the headquarter employees support participation in the VPP*? **MR⦸** |  |  |  |  |
|  | | | |
| H2. *Do the headquarter employees feel free to participate in the safety and health management system without fear of discrimination or reprisal?* |  |  |  |  |
|  | | | |
| H3. *Please describe at least three ways in which management encourages employees to be meaningfully involved in the problem identification and resolution, or evaluation of the safety and health management system (beyond hazard reporting and attending training).* **MR⦸** |  |  |  |  |
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| **I. Contractor Program** | | | | |
| I1. *Describe the process for selecting contractors/sub-contractors to perform jobs at sites within a DGA, if applicable.* |  |  |  |  |
|  | | | |
| I2. *Is there a process to monitor the quality of the safety and health protection of contract/subcontract employees?* |  |  |  |  |
|  | | | |
| I3. *Does the contractor selection process include the review of contractor injury and illness rates and accident/investigation results?* |  |  |  |  |
|  | | | |
| I4. *Is the contractor selection process followed by sites within a DGA adequate*? |  |  |  |  |
|  | | | |
| I5. *Does the contractor/sub-contractor program include a disciplinary program for infractions of safety and health rules and has it been enforced? Please describe.* |  |  |  |  |
|  | | | |
| I6. *Based on the answers to the above items, is the 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.* **MR⦸** |  |  |  |  |
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| J. Safety and Health Management System Evaluation | | | | |
| J1. *Does the annual evaluation template cover the aspects of the safety and health management system, including the elements described in the* ***Federal Register****? If not, please explain.* |  |  |  |  |
|  | | | |
| J2. *Is the annual evaluation an effective tool for assessing the success of the sites within a DGA safety and health management systems? Please explain.* |  |  |  |  |
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| J3. *What evidence demonstrates that sites within a DGA responded adequately to the recommendations made in their annual evaluation? Does the corporation periodically review facility annual evaluations?* |  |  |  |  |
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| Section I: Management Leadership and Employee Involvement |

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| **90 Day Items:** |
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| Best Practices: |
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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 policy and system for identifying and documenting the common safety and health hazards associated with all work tasks at sites within a DGA? Please describe.* **MR⦸** |  |  |  |  |
|  | | | |
| A2. *Is there an 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, if applicable?* **MR⦸** |  |  |  |  |
|  | | | |
| A3. *Does the 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)?* |  |  |  |  |
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| B. Hazard Analysis of Significant Changes | | | | |
| B1. *Is there an adequate 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 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?* |  |  |  |  |
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| B3. *Is the policy for hazard analyses of significant changes utilized by all sites within a DGA*? |  |  |  |  |
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| C. Hazard Analysis of Routine Activities | | | | |
| C1. *Is there a policy describing the hazard analysis system in place for routine operations and activities?* |  |  |  |  |
|  | | | |
| C2. *Does the policy specify that the results of the hazard analysis of routine activities must be adequately documented?* |  |  |  |  |
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| D. Routine Inspections | | | | |
| D1. *Is there a policy describing safety and health inspections associated with operations within a DGA? If not, please explain.* |  |  |  |  |
|  | | | |
| D2. *Does the safety and health inspection policy specify the frequency for conducting inspections? Are contractors/sub-contractors engaged in the inspection process?* |  |  |  |  |
|  | | | |
| D3. *Does management oversight ensure that those personnel conducting inspections at sites within a DGA are adequately trained in hazard identification? If not, please explain*. **MR⦸** |  |  |  |  |
|  | | | |
| D4. *Who provides the hazard identification training?* |  |  |  |  |
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| D5. *Do the written routine inspection reports clearly indicate what needs to be corrected, by whom, and by when? If not, please explain.* |  |  |  |  |
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| **E. Hazard Reporting** | | | | |
| E1. *Is there a policy in writing describing a reliable system for employees to notify appropriate management personnel about safety and health concerns? Please describe.* |  |  |  |  |
|  | | | |
| E2. *Does the employee notification policy include a system for hazard reporting for contractors/sub-contractors?* **MR⦸** |  |  |  |  |
|  | | | |
| E3. *Is there an adequate system in place for reporting hazards created by others?* **MR⦸** |  |  |  |  |
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| **F. Hazard Tracking** | | | | |
| F1. *Is there a policy for a hazard tracking system to address hazards found by employees, contractor/sub-contractors for hazard analysis of routine and non-routine activities, inspections, and accident or incident investigations? Please describe.* **MR⦸** |  |  |  |  |
|  | | | |
| 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.* |  |  |  |  |
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| G. Accident/Incident Investigations | | | | |
| G1. *Is there a policy/template for conducting accident/incident investigations, including near-misses? If not, please explain.* |  |  |  |  |
|  | | | |
| G2. *Does the policy ensure that those conducting the investigations are trained in accident/incident investigation techniques? If not, please explain*. **MR⦸** |  |  |  |  |
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| H. Trend Analysis | | | | |
| H1. *Is there a policy for identifying and assessing trends in accident, incidents and/or near misses?* **MR⦸** |  |  |  |  |
|  | | | |
| H2. *If there have been injury and/or illness trends, what adequate courses of action have been taken?* |  |  |  |  |
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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)* |
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| A. Hazard Prevention and Control | | | | |
| A1. *Is there a policy that specifies when sites select hazard controls, they must follow the preferred hierarchy (engineering controls, administrative controls, work practice controls [e.g.. lockout/tag out, blood borne pathogens, and confined space], and personal protective equipment) to eliminate or control hazards? Please provide examples, such as how exposure to health hazards were controlled.* |  |  |  |  |
|  | | | |
| A2. *Are follow-up studies (where appropriate) conducted by safety and health staff to ensure that hazard controls implemented at sites within a DGA were adequate? If not, please explain.* |  |  |  |  |
|  | | | |
| A3. *Are hazard controls documented and addressed in appropriate procedures, safety and health rules, inspections, training, etc.? Provide examples.* |  |  |  |  |
|  | | | |
| A4.Are jobsite related equipment and materials safely stored in a designated area to prevent or minimize employee exposure to falls, struck by and against, machine guarding, and other hazards?  Please explain. |  |  |  |  |
|  | | | |
| **Disciplinary System** | | | | |
| A5. *Is there a policy for a disciplinary system? Describe the disciplinary system.* |  |  |  |  |
|  | | | |
| A6. *Does the policy specify that the disciplinary system be enforced equally for both management and employees, and contractor/sub-contractors when appropriate? If not, please explain.* |  |  |  |  |
|  | | | |
| A7. *Are safety and health staff and management kept abreast of disciplinary actions taken at sites within a DGA?* |  |  |  |  |
|  | | | |
| **Emergency Procedures** | | | | |
| A8. *Is there a policy describing minimally effective written procedures to be implemented for emergencies? Please describe.* **MR⦸**. |  |  |  |  |
|  | | | |
| A9. *Does the policy specify that emergency drills must be held at least annually?* |  |  |  |  |
|  | | | |
| A10. *Do sites within a DGA utilize the applicant’s emergency response policy?* |  |  |  |  |
|  | | | |
| A11. *Based on your answers, is the emergency response policy adequate?* |  |  |  |  |
|  | | | |
| **Preventative/Predictive Maintenance** | | | | |
| A12. *Is there a written preventative/predictive maintenance system policy? If not, please explain.* |  |  |  |  |
|  | | | |
| A13. *Is there a policy to determine how the sites within a DGA select Personal Protective Equipment (PPE)?* |  |  |  |  |
|  | | | |
| **Process Safety Management (PSM)** | | | | |
| A14. *Is there a policy for compliance with the Process Safety Management Standard (29 CFR 1910.119) for covered sites within a DGA? If not, skip to section B.* |  |  |  |  |
|  | | | |
| A15. *Which chemicals that trigger the Process Safety Management (PSM) standard are present at the covered sites within a DGA?* |  |  |  |  |
|  | | | |
| A16. *What oversight policies are in place to ensure that work performed at sites covered under PSM have performed the necessary emergency evacuation?* |  |  |  |  |
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| B. Occupational Health Care Program and Recordkeeping | | | | |
| B1. *Describe the 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?* |  |  |  |  |
|  | | | |
| B3. *Do medical records indicate that the applicant’s health care policies are followed?* |  |  |  |  |
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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)* |
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| Best Practices: |
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| **Comments including Recommendations:** (optional) |
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| **Documents Referenced, Programs Reviewed:** (optional) |
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|  | | **How**  **Assessed** | | |
| --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | Observation | Doc Review |
| ***Section IV: Safety and Health Training*** |

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| --- | --- | --- | --- | --- |
| A. Safety and Health Training | | | | |
| A1. *How does management oversight ensure that minimally effective training is provided to educate employees regarding the known hazards of the site and their controls? If not, please explain.* **MR⦸** |  |  |  |  |
|  | | | |
| A2. *How are the safety and health training needs for employees determined?* |  |  |  |  |
|  | | | |
| A3. *What are the safety and health training requirements for managers, supervisors, employees, and contractors/sub-contractors?* |  |  |  |  |
|  | | | |
| A4. *What system is in place to ensure that all employees and contractors/sub-contractors have received and understand the appropriate training?* |  |  |  |  |
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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)* |
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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. |



**Mobile Workforce Participation**

**Phase II**

**Worksheet**

**VPP Evaluation Team**

Name, Title

Name, Title

Name, Title

Name, Title

Name, Title

|  | | **How**  **Assessed** | | |
| --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | Observation | Doc Review |
| ***Section I: Management Leadership & Employee Involvement*** |
| A. Written Safety & Health Management System | | | | |
| A1. *Are all the elements (such as Management Leadership and Employee Involvement, Worksite Analysis, Hazard Prevention and Control, and Safety and Health Training) and sub-elements of a basic safety and health management system part of a signed, written document? (For Federal Agencies, include 29 CFR 1960.) If not, please explain.* |  |  |  |  |
|  | | | |
| A2. *Have all VPP elements and sub-elements been in place at least 1 year? If not, please identify those elements that have not been in place for at least 1 year.* |  |  |  |  |
|  | | | |
| A3. *Is the written safety and health management system at least minimally effective to address the scope and complexity of worksite hazards? If not, please explain.* **MR⦸** |  |  |  |  |
|  | | | |
| A4. *Have any VPP documentation requirements been waived (as per FRN, VOL. 74, NO. 6, 01/09/09*  *page 936, IV, A.4.)? If so, please explain.* |  |  |  |  |
|  | | | |

|  | | **How**  **Assessed** | | | |
| --- | --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | | Observation | Doc Review |
| ***Section I: Management Leadership & Employee Involvement*** |
| B. Management Commitment & Leadership | | | | | |
| B1. *Does management overall demonstrate at least minimally effective, visible leadership with respect to the safety and health management system (as per FRN, VOL. 74, NO. 6 01/09/09 page 936, IV. A.5. a-h)? Provide examples.* **MR⦸** |  | |  |  |  |
|  | | | | |
| B2. *How has the site communicated established policies and results-oriented goals and objectives for employee safety to employees?* |  | |  |  |  |
|  | | | | |
| B3. *Do employees understand the goals and objectives for the safety and health management system?* |  | |  |  |  |
|  | | | | |
| B4. *Are the safety and health management system goals and objectives meaningful and attainable? Provide examples supporting the meaningfulness and attainability (or lack there of if answer is no) of the goal(s). (Attainability can either be unrealistic/realistic goals or poor/good implementation to achieve them.)* |  | |  |  |  |
|  | | | | |
| B5. *How does the site measure its progress towards the safety and health management system goals and objectives? Provide examples.* |  | |  |  |  |
|  | | | | |

|  | | **How**  **Assessed** | | |
| --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | Observation | Doc Review |
| ***Section I: Management Leadership & Employee Involvement*** |
| C. Planning | | | | |
| C1. *How does the site integrate planning for safety and health with its overall management planning process (for example, budget development, resource allocation, or training)?* |  |  |  |  |
|  | | | |
| C2. *Is safety and health effectively integrated into the site’s overall management planning process? If not, please explain.* |  |  |  |  |
|  | | | |
| C3. *For* *site-based construction sites, is safety included in the planning phase of each project?* **MR⦸** |  |  |  |  |
|  | | | |

|  | | **How**  **Assessed** | | |
| --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | Observation | Doc Review |
| ***Section I: Management Leadership & Employee Involvement*** |
| D. Authority and Line Accountability | | | | |
| D1. *Does top management accept ultimate responsibility for safety and health? (Top management acknowledges ultimate responsibility even if some safety and health functions are delegated to others.) If not, please explain.* **MR⦸** |  |  |  |  |
|  | | | |
| D2. *How is the assignment of authority and responsibility documented and communicated (for example, organization charts, job descriptions, etc.)?* |  |  |  |  |
|  | | | |
| D3. *Do the 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? If not, please explain****.* MR⦸** |  |  |  |  |
|  | | | |
| D4. *How are managers, supervisors, and employees, held accountable for meeting their responsibilities for workplace safety and health? (Are annual performance evaluations for managers and supervisors required.)* |  |  |  |  |
|  | | | |
| D5. *Are adequate resources (equipment, budget, or experts) dedicated to ensuring workplace safety and health? Provide examples.***MR⦸** |  |  |  |  |
|  | | | |
| D6. *Is access to experts (for example, Certified Industrial Hygienists, Certified Safety Professionals, Occupational Nurses, or Engineers), reasonably available, based upon the nature, conditions, complexity, and hazards of the site? If so, under what arrangements and how often are they used?* |  |  |  |  |
|  | | | |

|  | | **How**  **Assessed** | | | |
| --- | --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | | Observation | Doc Review |
| ***Section I: Management Leadership & Employee Involvement*** |
| E. Contract Employees | | | | | |
| E1. *Does the site utilize contractors? Please explain.* |  |  | |  |  |
|  | | | | |
| E2. *Were there contractors/sub-contractors on-site at the time of the evaluation?* |  |  | |  |  |
|  | | | | |
| E3. *When selecting on-site contractors/sub-contractors, how does the site evaluate the contractor’s safety and health management system and performance (including rates)?* |  |  | |  |  |
|  | | | | |
| E4. *Are contractors and subcontractors required to maintain an effective safety and health management system and to comply with all applicable OSHA and company safety and health rules and regulations? If not, please explain.* |  |  | |  |  |
|  | | | | |
| E5. *Does the site’s contractor program cover the prompt correction and control of hazards in the event that the contractor/sub-contractor fails to correct or control such hazards? Provide examples.* **MR⦸** |  |  | |  |  |
|  | | | | |
| E6. *How does the site document and communicate oversight, coordination, and enforcement of safety and health expectations to contractors?* |  |  | |  |  |
|  | | | | |
| E7. *Have the contract provisions specifying penalties for safety and health issues been enforced, when appropriate? If not, please explain.* |  |  | |  |  |
|  | | | | |
| E8. *How does the site monitor the quality of the safety and health protection of its contract employees?* |  |  | |  |  |
|  | | | | |
| E9. *Do contract provisions for contractors require the periodic review and analysis of injury and illness data? Provide examples* |  |  | |  |  |
|  | | | | |
| E10. *If the contractors’ injury and illness rates are above the average for their industries, describe the site’s procedures that ensure that all employees are provided effective protection on the worksite? If yes, please explain.* |  |  | |  |  |
|  | | | | |
| E11. *Based on your answers to the above items, is the contract oversight minimally effective for the nature of the site? (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.***MR⦸** |  |  |  | |  |
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|  | | | **How**  **Assessed** | | |
| --- | --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | | Observation | Doc Review |
| ***Section I: Management Leadership & Employee Involvement*** |
| **F. Employee Involvement** | | | | | |
| F1. *How were employees selected to be interviewed by the VPP team?* |  |  | |  |  |
|  | | | | |
| F2. *How many employees were interviewed formally? How many were interviewed informally?* |  |  | |  |  |
|  | | | | |
| F3. *Do employees support the site’s participation in the VPP?* **MR⦸** |  |  | |  |  |
|  | | | | |
| F4. *Do employees feel free to participate in the safety and health management system without fear of discrimination or reprisal? If so, please explain.* **MR⦸** |  |  | |  |  |
|  | | | | |
| F5. *Are employees meaningfully involved in the problem identification and resolution, or evaluation of the safety and health management system (beyond hazard reporting).* *(As per FRN page 936 IV, A.6.) For site-based construction sites, does the company encourage strong labor-management communication in the form of supervisor and employee participation in toolbox safety meetings and training, safety audits, incident investigations, etc.?* |  |  | |  |  |
|  | | | | |
| F6. *Are employees knowledgeable about the site’s safety and health management system? If not, please explain.* |  |  | |  |  |
|  | | | | |
| F7. *Are employees knowledgeable about the VPP? If not, please explain.* |  |  | |  |  |
|  | | | | |
| F8. *Are the employees knowledgeable about OSHA rights and responsibilities? If not, please explain.* |  |  | |  |  |
|  | | | | |
| F9. *How were employees informed of the safety and health management system, VPP and OSHA rights and responsibilities? Please explain.* |  |  | |  |  |
|  | | | | |
| F10*. Did management verify employee’s comprehension of the site’s safety and health management system, VPP and OSHA rights and responsibilities?* |  |  | |  |  |
|  | | | | |
| F11. *Do employees have access to results of self-inspection, accident investigation, appropriate medical records, and personal sampling data upon request? If not, please explain.* |  |  | |  |  |
|  | | | | |

|  | | **How**  **Assessed** | | |
| --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | Observation | Doc Review |
| ***Section I: Management Leadership & Employee Involvement*** |
| G. Safety and Health Management System Evaluation | | | | |
| G1. *Briefly describe the system in place for conducting an annual evaluation.* |  |  |  |  |
|  | | | |
| G2. *Does the annual evaluation cover the aspects of the safety and health management system, including the elements described in the* ***Federal Register****? If not, please explain.* **MR⦸** |  |  |  |  |
|  | | | |
| G3. *Does the annual evaluation include written recommendations in a narrative format? If not, please explain.* |  |  |  |  |
|  | | | |
| G4. *Is the annual evaluation an effective tool for assessing the success of the site’s safety and health management system? Please explain.* |  |  |  |  |
|  | | | |
| G5. *What evidence demonstrates that the site responded adequately to the recommendations made in the annual evaluation?* |  |  |  |  |
|  | | | |
| G6. *Is the annual evaluation conducted by competent site, corporate or other trained personnel experienced in performing evaluations?* |  |  |  |  |
|  | | | |

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| Section I: Management Leadership & Employee Involvement |
| **Merit Goals:** *(Include cross- reference to section, subsection, and question, e.g., I.B2)* |
| 1.  2. |

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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. |

|  | | **How**  **Assessed** | | |
| --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | Observation | Doc Review |
| ***Section II: Worksite Analysis*** |
| A. Baseline Hazard Analysis | | | | |
| A1. *Has the site been at least minimally effective at identifying and documenting the common safety and health hazards associated with the site (such as those found in OSHA regulations, building standards, etc., and for which existing controls are well known)? If not, please explain.* **MR⦸** |  |  |  |  |
|  | | | |
| A2. *What methods are used in the baseline hazard analysis to identify health hazards? (Please include examples of instances when initial screening and full-shift sampling were used. See FRN, VOL. 74, NO. 6, 01/09/09 page 937, B.2.b)* |  |  |  |  |
|  | | | |
| A3. *Does the company rely on historical data to evaluate health hazards on the worksite? If so, did the company identify any operations that differed significantly from past experience and conduct additional analysis such as sampling or monitoring to ensure employee protection? If so, please describe.* |  |  |  |  |
|  | | | |
| A4. *Does the site have a documented sampling strategy used to identify health hazards and assess employees’ exposure (including duration, route, and frequency of exposure), and the number of exposed employees? If not, please explain.* **MR⦸** |  |  |  |  |
|  | | | |
| A5. *Do sampling, testing, and analysis follow nationally recognized procedures? If not, please explain.* |  |  |  |  |
|  | | | |
| A6. *Does the site compare sampling results to the minimum exposure limits or are more restrictive exposure limits (PELs, TLVs, etc.) used? Please explain.* |  |  |  |  |
|  | | | |
| A7. *Does the baseline hazard analysis adequately identify hazards (including health) that need further analysis? If not, please explain. For site-based construction sites, does the hazard analysis include studies to identify potential employee hazards, phase analyses, task analyses, etc.?* |  |  |  |  |
|  | | | |
| A8. *Does industrial hygiene sampling data, such as initial screening or full shift sampling data, indicate that records are being kept in logical order and include all sampling information (for example, sampling time, date, employee, job title, concentrated measures, and calculations)? If not, please explain the deficiencies and how they are being addressed.* |  |  |  |  |
|  | | | |
| A9. *For site-based construction sites, are hazard analyses conducted to address safety and health for each phase of work?* |  |  |  |  |
|  | | | |

|  | | **How**  **Assessed** | | |
| --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | Observation | Doc Review |
| ***Section II: Worksite Analysis*** |
| B. Hazard Analysis of Significant Changes | | | | |
| B1. *When purchasing new materials or equipment, or implementing new processes, what types of analyses are performed to determine impact on safety and health, and are these analyses adequate?* |  |  |  |  |
|  | | | |
| B2. *When implementing/introducing non-routine tasks, materials or equipment, or modifying processes, what types of analyses are performed to determine impact on safety and health, and are these analyses adequate?* |  |  |  |  |
|  | | | |

|  | | **How**  **Assessed** | | |
| --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | Observation | Doc Review |
| ***Section II: Worksite Analysis*** |
| C. Hazard Analysis of Routine Activities | | | | |
| C1. *Is there at least a minimally effective hazard analysis system in place for routine operations and activities?* **MR⦸** |  |  |  |  |
|  | | | |
| C2. *Does hazard identification and analysis address both safety and health hazards, if appropriate? If not, please explain.* |  |  |  |  |
|  | | | |
| C3. *What hazard analysis technique(s) are employed for routine operations and activities (e.g., job hazard analysis, HAZ-OPS, fault trees)? Please explain.* |  |  |  |  |
|  | | | |
| C4. *Are the results of the hazard analysis of routine activities adequately documented? If not, please explain.* |  |  |  |  |
|  | | | |
| C5. *For site-based construction sites, are hazard analyses conducted to address safety and health hazards for specialty trade contractors during each phase of work?* |  |  |  |  |
|  | | | |

|  | | **How**  **Assessed** | | | |
| --- | --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | | Observation | Doc Review |
| ***Section II: Worksite Analysis*** |
| D. Routine Inspections | | | | | |
| D1. *Does the site have a minimally effective system for performing safety and health inspections (i.e., a minimally effective system identifies hazards associated with normal operations)? If not, please explain.* **MR⦸** |  | |  |  |  |
|  | | | | |
| D2. *Are routine safety and health inspections conducted monthly, with the entire site covered at least quarterly (construction sites: entire site weekly)?* **MR⦸** |  | |  |  |  |
|  | | | | |
| D3. *For site-based construction sites, are employees required to conduct inspections as often as necessary, but not less than weekly, of their workplace/area and of equipment?* **MR⦸** |  | |  |  |  |
|  | | | | |
| D4. *Does the site incorporate hazards identified through baseline hazard analysis, accident investigations, annual evaluations, etc., into routine inspections to prevent reoccurrence?* |  | |  |  |  |
|  | | | | |
| D5. *Are employees conducting inspections adequately trained in hazard identification? If not, please explain.* |  | |  |  |  |
|  | | | | |
| D6. *Is the routine inspection system written, including documentation of results indicating what needs to be corrected, by whom, and by when? If not, please explain.* |  | |  |  |  |
|  | | | | |
| D7. *Did the VPP team find hazards that were not found/noted on the site’s routine inspections? If so, please explain.* |  | |  |  |  |
|  | | | | |

|  | | | **How**  **Assessed** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | | Interview | | Observation | | Doc Review |
| ***Section II: Worksite Analysis*** |
| **E. Hazard Reporting** | | | | | | | |
| E1. *Is there a minimally effective means for employees to report hazards and have them addressed?**If not, please explain.* **MR⦸** |  | |  | |  | |  |
|  | | | | | | |
| E2. *Does the hazard reporting system have an anonymous component?* |  | |  | |  | |  |
|  | | | | | | |
| E3. *Does the site have a reliable system for employees to notify appropriate management personnel in writing about safety and health concerns? Please describe.* |  | |  | |  | |  |
|  | | | | | | |
| E4. *Do the employees agree that they have an effective system for reporting safety and health concerns? If not, please explain* |  |  | |  | |  | |
|  | | | | | | |

|  | | **How**  **Assessed** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | | | Observation | | Doc Review |
| ***Section II: Worksite Analysis*** |
| **F. Hazard Tracking** | | | | | | | |
| F1. *Does a minimally effective hazard tracking system exist that result in hazards being controlled? If not, please explain.* **MR⦸** |  |  | | |  | |  |
|  | | | | | | |
| F2. *Does the hazard tracking system result in hazards being corrected and provide feedback to employees for hazards they have reported? If not, please explain.* |  |  | | |  | |  |
|  | | | | | | |
| F3. *Does the hazard tracking system result in timely correction of hazards with interim protection established when needed? Please describe.* |  |  | | |  | |  |
|  | | | | | | |
| F4. *Does the hazard tracking system address hazards found by employees, hazard analysis of routine and non-routine activities, inspections, and accident or incident investigations? If not, please explain* |  | |  |  | |  | |
|  | | | | | | |

|  | | **How**  **Assessed** | | |
| --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | Observation | Doc Review |
| ***Section II: Worksite Analysis*** |
| G. Accident/Incident Investigations | | | | |
| G1. *Is there a minimally effective system for conducting accident/incident investigations, including near-misses? If not, please explain.* **MR⦸** |  |  |  |  |
|  | | | |
| G2. *Is the accident/incident investigation policy and procedures documented and understood by all? If not, please explain.* |  |  |  |  |
|  | | | |
| G3. *Is there a reporting system for near-misses that include tracking, etc.? If not, please explain.* |  |  |  |  |
|  | | | |
| G4. *Are those conducting the investigations trained in accident/incident investigation techniques? Please explain what techniques are used, e.g., Fault-Tree, Root Cause, etc.* |  |  |  |  |
|  | | | |
| G5. *Describe how investigators discover and document all the contributing factors that led to an accident/incident or a near-miss.* |  |  |  |  |
|  | | | |
| G6. *Were any uncontrolled hazards discovered during the investigation previously addressed in any prior hazard analyses (e.g., baseline, self-inspection)? If yes, please explain.* |  |  |  |  |
|  | | | |

|  | | **How**  **Assessed** | | |
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|  | **Yes**  **or**  **No** | Interview | Observation | Doc Review |
| ***Section II: Worksite Analysis*** |
| H. Trend Analysis | | | | |
| H1. *Does the site have a minimally effective means for identifying and assessing trends?* **MR⦸** |  |  |  |  |
|  | | | |
| H2. *Have there been any injury and/or illness trends over the last three years? If so, please explain.* |  |  |  |  |
|  | | | |
| H3. *Did the team identify trends that should have been identified by the site? If so, please describe.* |  |  |  |  |
|  | | | |
| H4. *If there have been injury and/or illness trends, what adequate courses of action have been taken? Please explain.* |  |  |  |  |
|  | | | |
| H5. *Does the site assess trends utilizing data from hazard reports and/or accident/incident investigations to determine the potential for injuries and illnesses? If not, please explain.* |  |  |  |  |
|  | | | |
| H6. *Are the results of trend analyses shared with employees and management and utilized to direct resources, prioritize hazard controls and modify goals to address trends? If not, please explain.* |  |  |  |  |
|  | | | |

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| Section II: Worksite Analysis |
| **Merit Goals:** *(Include cross- reference to section, subsection, and question, e.g., II.B2)* |
| 1.  2. |

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| **90-Day Items:**  *(Delete this section for final transmittal to National Office)* |
| 1.  2. |

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| Best Practices: |
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| **Comments including Recommendations:** *(optional)* |
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| **Documents Referenced, Programs Reviewed:** *(optional)* |
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|  | | | How  Assessed | | | | | | |
|  | **Yes**  **or**  **No** | | | | Interview | | Observation | | Doc Review |
| *Section III: Hazard Prevention and Control* |
| A. Hazard Prevention and Control | | | | | | | | | |
| A1. *Does the site select at least minimally effective controls to prevent exposing employees to hazards?* **MR⦸** | |  | |  | |  | |  | |
|  | | | | | | | |
| A2. *When the site selects hazard controls, does it follow the preferred hierarchy (engineering controls, administrative controls, work practice controls [e.g., lockout/tagout, bloodborne pathogens, and confined space programs], and personal protective equipment) to eliminate or control hazards? Please provide examples, such as how exposures to health hazards were controlled.* | |  | |  | |  | |  | |
|  | | | | | | | |
| A3. *Describe any administrative controls used at the site to limit employee exposure to hazards (for example, job rotation).* | |  | |  | |  | |  | |
|  | | | | | | | |
| A4. *Do the work practice controls and administrative controls adequately address those hazards not covered by engineering controls? If not, please explain.* | |  | |  | |  | |  | |
|  | | | | | | | |
| A5. *Are the work practice controls (e.g., lockout/tagout, bloodborne pathogens, and confined space programs) recommended by hazard analyses implemented at the site? If not, please explain.* | |  | |  | |  | |  | |
|  | | | | | | | |
| A6. *Are follow-up studies (where appropriate) conducted to ensure that hazard controls 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.* | |  | |  | |  | |  | |
|  | | | | | | | |

|  |  | **How**  **Assessed** | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Yes**  **or**  **No** | Interview | Observation | | Doc Review | |
| Section III: Hazard Prevention and Control |
| **Disciplinary System** | | | | | | |
| A8. *Are there written employee safety procedures including a disciplinary system? Describe the disciplinary system?* |  |  |  | |  | |
|  | | | | | |
| A9. *Has the disciplinary system been clearly communicated and enforced equally for both management and employees, when appropriate? If not, please explain.* |  |  |  | |  | |
|  | | | | | |
| **Emergency Procedures** | | | | | | |
| A10. *Does the site have minimally effective written procedures for emergencies?* **MR⦸** |  |  |  | |  | |
|  | | | | | |
| A11. *Did the site explain the frequency and types of emergency drills held (including at least an evacuation drill annually)?* |  |  |  | |  | |
|  | | | | | |
| A12. *Is the emergency response plan updated as changes occur in the work areas e.g., evacuation routes or auditory systems?* |  |  |  | |  | |
|  | | | | | |
| A13. *Did the site describe the system used to verify all employees’ participation in at least one evacuation drill each year?* |  |  |  | |  | |
|  | | | | | |
| **Preventative/Predictive Maintenance** | | | | | | |
| A14. *Does the site have a written preventative/predictive maintenance system? If not, please explain.* |  |  |  | |  | |
|  | | | | | |
| A15. *Did the hazard identification and analysis (including manufacturers’ recommendations) identify hazards that could result if equipment is not maintained properly? If not, please explain.* |  |  |  | |  | |
|  | | | | | |
| A16. *Does the preventive maintenance system detect hazardous failures before they occur? If not, please explain. Is the preventive maintenance system adequate?* |  |  |  | |  | |
|  | | | | | |
| **Personal Protective Equipment (PPE)** | | | | | | |
| A17. *How does the site select Personal Protective Equipment (PPE)?* |  |  |  | |  | |
|  | | | | | |
| A18. *Did the site describe the PPE used at the site?* |  |  |  | |  | |
|  | | | | | |
| A19. *Where PPE is required, do employees understand that it is required, why it is required, its limitations, how to use it, and how to maintain it? If not, please explain.* |  |  |  | |  | |
|  | | | | | |
| A20. *Did the team observe employees using, storing, and maintaining PPE properly? If not, please explain.* |  |  |  | |  | |
|  | | | | | |
| **Process Safety Management (PSM)** | | | | | | |
| A21. *Is the site covered by the Process Safety Management standard (29 CFR 1910.119)? If yes, please answer questions A22-A25 below. Additionally, please attach the employer’s responses for either, the on-site evaluation supplement A or B, as well as the on-site evaluation supplement C. If not, skip to section B.* **MR⦸** |  |  |  | |  | |
|  | | | | | |
| A22. *Which chemicals that trigger the Process Safety Management (PSM) standard are present?* **MR⦸** |  |  |  | |  | |
|  | | | | | |
| A23. W*hich process’ were followed from beginning to end and used to verify answers to the questions asked in the PSM application supplement, the PSM Questionnaire, and/or the Dynamic Inspection Priority Lists?* **MR⦸** |  |  |  | |  | |
|  | | | | | |
| A24. *Verify that contractor employees who perform maintenance, repair, turnaround, major renovation or specialty work on or adjacent to a covered process have received adequate training and demonstrate appropriate knowledge of hazards associated with PSM, such as non-routine tasks, process hazards, hot work, emergency evacuation procedures, etc.? Please explain.* **MR⦸** |  |  | |  | |  |
|  | | | | | |
| A25. *Is the PSM program adequate in that it addresses the elements of the PSM standard and the PSM directive? Please explain.* **MR⦸** |  |  | |  | |  |
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|  | | | How  Assessed | | | |
|  | **Yes**  **or**  **No** | | | Interview | Observation | Doc Review |
| Section III: Hazard Prevention and Control |
| B. Occupational Health Care Program | | | | | | |
| B1. *Describe the occupational health care program (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?* | |  | |  |  |  |
|  | | | | |
| B3. *Is the occupational health program adequate for the size and location of the site, as well as the nature of hazards found here? If not, please explain.* | |  | |  |  |  |
|  | | | | |
| **C. Recordkeeping** | | | | | | |
| C1. *Are OSHA required recordkeeping forms being maintained properly in terms of accuracy, form completion, etc.? If not, please explain.* **MR⦸** | |  | |  |  |  |
|  | | | | |
| C2*. Is the recordkeeper knowledgeable of 29 CFR 1904, OSHA’s recordkeeping standard?* **MR⦸** | |  | |  |  |  |
|  | | | | |
| C3. *What records were reviewed to determine compliance with the recordkeeping standard?* | |  | |  |  |  |
|  | | | | |
| C4*. Do the injury and illness rates accurately reflect work performed by contractors/sub-contractors at the site evaluated? Please explain.* **MR⦸** | |  | |  |  |  |
|  | | | | |
| C5. *Was there any evidence of recordable injuries/illnesses not being reported due to management pressure, production concerns, incentive programs, etc.? If yes, please explain.* | |  | |  |  |  |
|  | | | | |

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| Section III: Hazard Prevention and Control |
| **Merit Goals:** *(Include cross reference to section, subsection, and question, e.g., I.B2)* |
| 1.  2. |

|  |
| --- |
| **90-Day Items**: *(Delete this section for final transmittal to National Office)* |
| 1.  2. |

|  |
| --- |
| Best Practices: |
| 1.  2. |

|  |
| --- |
| **Comments including Recommendations:** (optional) |
| 1.  2. |

|  |
| --- |
| **Documents Referenced, Programs Reviewed:** (optional) |
| 1.  2. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | | How **Assessed** | | |
|  | Yes  **or**  **No** | | | Interview | Observation | Doc Review |
| Section IV: Safety and Health Training |
| A. Safety and Health Training | | | | | | |
| A1. *What are the safety and health training requirements for managers, supervisors, employees, and contractors? Please explain.* | |  | |  |  |  |
|  | | | | |
| A2*. Is the training delivered by qualified instructors?* | |  | |  |  |  |
|  | | | | |
| A3*. Does the training provided to managers, supervisors, and non-supervisory employees (including contract employees) adequately address safety and health hazards?* **MR⦸** | |  | |  |  |  |
|  | | | | |
| A4. *Does the company/site operate an effective safety and health orientation program for all employees including new hires? Please explain.* | |  | |  |  |  |
|  | | | | |
| A5. *How are the safety and health training needs for employees determined? Please explain.* | |  | |  |  |  |
|  | | | | |
| A6*. Does the site provide minimally effective training to educate supervisors and employees (including contract employees) regarding the known hazards of the site and their controls? If not, please explain.* **MR⦸** | |  | |  |  |  |
|  | | | | |
| A7*. Are managers, supervisors, and non-supervisory employees (including contract employees) taught the safe work procedures to follow in order to protect themselves from hazards during initial job training and subsequent reinforcement training?* | |  |  | |  |  |
|  | | | | |
| A8*. Who is trained in hazard identification and analysis?* | |  |  | |  |  |
|  | | | | |
| A9*. Is training in hazard identification and analysis adequate for the conditions and hazards of the site? If not, please explain.* | |  |  | |  |  |
|  | | | | |
| A10*. Does management have a thorough understanding of the hazards of the site? Provide examples that demonstrate their understanding.* | |  |  | |  |  |
|  | | | | |
| A11*. Do managers, supervisors, and non-supervisory employees (including contract employees) and visitors on the site understand what to do in emergency situations? Please explain.* | |  |  | |  |  |
|  | | | | |

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| Section IV: Safety and Health Training |
| **Merit Goals:** *(Include cross reference to section, subsection, and question, e.g., I.B2)* |
| 1.  2. |

|  |
| --- |
| **90-Day Items:**  *(Delete this section for final transmittal to National Office)* |
| 1.  2. |

|  |
| --- |
| **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. |

**VPP Participant and On-site Evaluation Team Data Sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VPP Participant Information: | | | | | |
| Company Name: | | | | | |
| Site Address: | | | | | |
| Mailing Address: | | | | | |
| Site Manager Name: | | | | | |
| Site Manager Phone: | | | Site Manager E-mail Address: | | |
| VPP Contact Name: *if same as Site Manager, state “same as above”* | | | | | |
| VPP Contact Phone: | | | VPP Contact E-mail Address: | | |
| Small Employer (<250 employees on-site AND <500 employees corporate-wide: Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ | | | | | |
| NAICS Code: | | No. of site employees: | | | No. of site contract employees: |
| **Union Information** | | | | | |
| Union Name & Local No.: |  | | | | |
| Site Representative: |  | | | | |
| Mailing Address: |  | | | | |
| Telephone Number: |  | | | | |
| **Union Information** | | | | | |
| Union Name & Local No.: |  | | | | |
| Site Representative: |  | | | | |
| Mailing Address: |  | | | | |
| Telephone Number: |  | | | | |
| On-site Evaluation Team Information: | | | | | |
| Evaluation Start Date: | | | Evaluation End Date: | | |
| Type of Visit:  Initial Approval: \_\_\_\_\_\_\_\_\_\_\_\_ Reevaluation: \_\_\_\_\_\_\_\_\_\_\_ | | | Participation:  Site-based: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile Workforce: \_\_\_\_\_\_\_\_\_\_\_  Corporate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| MAO Requested: Yes\_\_\_\_\_ No\_\_\_\_\_\_\_  If Yes, Date: | | MAO Rec’d Before On-site:  Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ | | Date MAO Rec’d: | |
| 90/30 Day Items: Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ | | | Date 90/30 Day Items Completed: | | |
| TCIR/DART 3-Year Rate Change: Yes\_\_\_\_\_ No\_\_\_\_\_\_ (On-site vs. Annual Submission) | | | If Yes, Explain: | | |
|  | | |  | | |
|  | | |  | | |
| Team Members | | | Discipline of Members | | |
| Team Leader (TL):  Back-Up Team Leader:  Team Member 2:  Team Member 3:  Team Member 4:  Team Member 5: | | | Team Leader:  Back-Up Team Leader:  Team Member 2/or indicate if SGE:  Team Member 3/or indicate if SGE:  Team Member 4/or indicate if SGE:  Team Member 5/or indicate if SGE: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARTICIPANT AREAS OF EXCELLENCE/BEST PRACTICES CHECKLIST** | | | | | |
|  | Ergo Program |  | Confined Space Program |  | LO/TO Program |
|  | PSM |  | Hazard Analysis |  | Contractor Program |
|  | Medical Program |  | Self-Inspections |  | Accountability |
|  | Industrial Hygiene |  | Employee Involvement |  | Tracking of Hazards |
|  | Pre-Job Analysis |  | Other: | | |
| STRATEGIC PLAN | | | | | |
| **High Hazard Industries** | | | | | |
|  | Landscaping – 078 |  | Oil/Gas – 138 |  | Fruits/Vegetables 203 |
|  | Concrete/Gypsum/Plaster – 327 |  | Blast Furnace/Steel Production – 331 |  | Ship/Boat Building/Repair – 373 |
|  |  |  | Wholesale Storage – 422 |  |  |
| **Hazards** | | | | | |
|  | Ergo |  | Lead |  | Silica |
|  | Amputations – Construction |  | Amputations – General Industry |  |  |

VPP CORPORATE TRACKING

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Application Review | On-site Prep | On-site | Report Writing | Total |
| Team Hours Spent (Est) |  |  |  |  |  |