

2015



NM OSHA

MCA OF NM WCGF

***MCA of NM Safety, Ownership, Awareness, Respect and Success  
(SOARS) Agreement***

between the

Occupational Health and Safety Bureau  
New Mexico Environment Department

and the

Mechanical Contractors Association of New Mexico  
Workers' Compensation Group Fund

## Purpose

The Mechanical Contractors Association of New Mexico Workers' Compensation Group Fund (MCA of NM WCGF) and the Occupational Health and Safety Bureau of New Mexico, also referred to as New Mexico OSHA (NM OSHA), hereby commit to a cooperative partnership, the purpose of which is to foster, maintain and improve the safety and health conditions and requirements for New Mexico's commercial construction workers and workplaces. The Parties signatory below, mutually commit and dedicate ourselves to this Agreement, particularly on behalf of New Mexico's working families, with a full realization that success in this endeavor will benefit all the people, the businesses and the political institutions of our state.

## Goals

- 1.0 We are Committed to:
  - 1.1 Provide leadership in creating a culture of full respect for the lives and sound health of New Mexico's construction workforce;
  - 1.2 Continually seek better methods and technologies for reducing occupational injuries, illnesses, diseases and fatalities in New Mexico's workplaces; by providing data to NM OSHA.
  - 1.3 Foster and encourage the implementation and maintenance of best practice safety and training programs; by providing resources to focus on safety training programs.
  - 1.4 Foster and encourage the development and implementation of a safety program that promotes and supports the prevention of occupational injuries and illnesses.
  - 1.5 Focus on job site hazards related to power tools, ladder safety, eye and hand injuries, and vehicle safety, as well the OSHA Focus Four hazards related to falls, caught in or between, struck by, and electrocution.

- 1.6 Mitigate, to the extent possible, the negative economic impacts of workplace injuries, illnesses and occupational diseases, including especially the cost of workers' compensation insurance.
  
- 2.0 Our primary strategies include:
  - 2.1 Building partnership and employer/employee relationships based on fairness, good faith and mutual respect maintained through honest and open communication;
  - 2.2 Continually striving to improve the science of workplace safety through the adoption of new technologies and improved management practices; and
  - 2.3 Providing recognition and rewards for companies and workers that demonstrate a consistent, proactive approach to safety and health program management.

### Implementation

The SOARS Agreement will be effective immediately after signing by signatories. Effective 2015, new applications and level advancement requests will be accepted January 1<sup>st</sup> to March 31<sup>st</sup>.

The verification committee will review all applications April 1, through June 30. Membership/Advancement will be effective upon receipt of certificate.

***Safety, Ownership, Awareness, Respect and Success (SOARS)  
Agreement***

**SECTION B – Terms of the Agreement**

**1.0 Employee/Employer Rights**

- 1.1 The Safety, Ownership, Awareness, Respect and Success (SOARS) Agreement does not affect the rights of employees under the Occupational Health and Safety Act (hereinafter referred to as "the Act") and NM OSHA regulations. This partnership does not preclude employees or employers from exercising any right provided under the Act (or, for federal employees, 29 CFR 1960), nor does it abrogate any responsibility to comply with the Act.
- 1.1.1 Employee rights cited above include, but are not limited to: walk-around rights; the right to file complaints; rights to all pertinent safety and health program information, including OSHA 300 logs and 300 A summaries; and their own medical records.
- 1.1.2 The SOARS Agreement supports maximum employee involvement in company safety programs, employer self-audits, safety inspections, job hazard analyses, and accident and near-miss investigations, reviews, and evaluations.
- 1.2 The SOARS Agreement does not affect the rights employers are guaranteed under the Act, including the right to appeal or contest violations issued by NM OSHA.
- 1.3 Participation in the SOARS Program does not abrogate an employer's responsibility to comply with the rules and regulations adopted under the Act, nor does it abrogate the employer's responsibility to comply with commitments negotiated via separate agreements with NM OSHA.

1.4 Contractors may publicize their participation in the SOARS Program through job site signs, advertisements and other appropriate means.

1.5 MCA of NM WCGF SOARS Program: The MCA of NM WCGF Safety, Ownership, Awareness, Respect and Success (SOARS) program recognizes three program achievement levels, each with attendant requirements and rewards. Achievement levels are based on objective criteria and a ranking system based on points.

## **2.0 SOARS Partnership Levels and Benefits**

### **2.1 Par Level:**

2.1.1 Par participants will receive yearly Certificates of Recognition as SOARS Program participants from NM OSHA.

2.1.2 Par participants will not receive citations for other-than-serious violations, provided hazards are abated at the time of inspection and verified by compliance personnel.

2.1.3 Par participants will receive an additional 1% discount on premium.

### **2.2 Birdie Level:**

2.2.1 Birdie participants will receive yearly Certificates of Recognition as SOARS Program participants from NM OSHA.

2.2.2 Birdie participants will not receive citations for other-than-serious violations, provided the hazards are abated at the time of inspection and verified by compliance personnel.

2.2.3 If citations are issued for OSHA violations, Birdie participants may receive a good faith penalty reduction as outlined in the OSHA Field Operations Manual (FOM).

2.2.4 Birdie participants will receive an additional 2% discount on premium

**2.3 Eagle Level:**

2.3.1 Contingent upon the successful conclusion of the NM OSHA Verification procedure, SOARS Program participants at the Eagle level:

2.3.1.1 Shall receive the same benefits as Birdie level participants;

2.3.1.2 Eagle level participant may receive un-programmed inspections in response to reports of imminent danger, formal complaints, fatalities, reportable accidents, referrals alleging a serious injury has occurred, or failure to provide a satisfactory response to an inquiry. NM OSHA will investigate other referrals by inquiry.

2.3.1.3 Shall receive deferral from NM OSHA programmed planned inspections as long as they remain an Eagle level participant;

2.3.1.4 During programmed and referral inspections, Eagle level participant will not be inspected at worksites which are not under their control unless one or more of the following conditions exists: the participant is covered by a referral allegation; a serious injury or illness is being investigated; or the NM OSHA Compliance Program Manager deems inclusion necessary to investigate a serious hazard already identified during the inspection.

2.3.1.5 Shall be given special recognition by NM OSHA designating the Member as an Eagle level participant in the SOARS Program.

2.3.2 NM OSHA will present MCA of NM WCGF Eagle level participants with a banner recognizing participation in the SOARS Program. The banner may be on display at all appropriate job sites. A walk through by the partnership's NM OSHA Representative shall be conducted prior to the banner being displayed on any job site. The Member displaying the banner will have exceeded minimally

acceptable safety standards by demonstrating a proactive approach to job safety. The same proactive approach must then be consistently maintained in order to retain Eagle level status.

2.3.3 Eagle participants will receive an additional 3% discount on premium.

### **3.0 SOARS Program Participation**

#### **3.1 General Requirements:**

3.1.1 Each Member wishing to participate in the SOARS Program at the Eagle, Birdie, or Par level, shall submit to MCA of NM WCGF a SOARS Program application consisting of four parts:

3.1.1.1 Part One shall be a Commitment Agreement signed by an authorized company official (owner, chief operating officer, or general manager).

3.1.1.2 Part Two shall be a copy of the company's written health and safety program, which shall address, at a minimum, the following elements: Management Commitment; Employee Involvement; Worksite Analysis; Hazard Prevention and Control; and Safety and Health Training. The health and safety program shall pertain specifically to the type of work performed by the company.

3.1.1.3 Part Three shall be performance data from the company's OSHA 300 logs, 300A summaries and experience modifiers from the preceding three years.

3.1.1.4 Part Four shall be the applicant's self-evaluation of its safety and health program.

3.1.2 The completed application shall be submitted to MCA of NM WCGF as defined by the selection committee.

3.1.3 MCA of NM WCGF shall maintain a copy of the completed applications and recommended award levels to NM OSHA.

## 3.2 Level Requirements for Program Participation

3.2.1 Par participants: In order to be designated a Par Level participant in the SOARS Program, the applicant must:

3.2.1.1 Verify to NM OSHA that the company actively implements its written health and safety program;

3.2.1.2 Actively encourage employee involvement in the company health and safety program;

3.2.1.3 Conduct weekly safety meetings;

3.2.1.4 Implement a responsible approach to job site safety, as indicated by past performance (OSHA 300 logs and 300 A summaries) and self-evaluation score;

3.2.1.5 Be represented by the Company Owner and the Company Safety Director at an annual meeting at which the Group Fund's protocols, benefits and requirements will be discussed;

3.2.1.6 Have the Company Owner and Company Safety Director participate in a meeting with the MCA of NM WCGF every ninety days;

3.2.1.7 Conduct and document at least one tailgate meeting per week and/or pre task plan daily in accordance with an approved protocol, and provide documentation for review during quarterly audits completed by the MCA of NM WCGF;

- 3.2.1.8 Conduct at least two employee safety training sessions each year, to be led by a qualified and credentialed instructor;
  - 3.2.1.9 Participate in at least five job site visits from the MCA of NM WCGF;
  - 3.2.1.10 Have the Company Owner or principal designate an employee to attend the MCA of NM WCGF's safety committee meeting held every other month. Each member company's designee is required to attend a minimum of three meetings per year;
  - 3.2.1.11 Conduct and document safety training for wheeled vehicle hazards, including driving and proper operation of all wheeled vehicles and equipment;
  - 3.2.1.12 Designate a competent person or persons, i.e., an individual employed by the applicant that is authorized to identify and correct workplace hazards; and
- 3.2.2 **Birdie Level:** In order to be designated a Birdie Level participant in the SOARS Program, the applicant must:
- 3.2.2.1 Meet the requirements for the Par Level, plus;
  - 3.2.2.2 Participate in monthly job site visits by the MCA of NM WCGF, which will submit reports of the visits to MCA of NM WCGF;
  - 3.2.2.3 Ensure that all construction site supervisors have obtained OSHA 10-hour certification; and
- 3.2.3 **Eagle Level:** In order to be designated an Eagle Level participant in the SOARS Program, the applicant must:
- 3.2.3.1 Meet the requirements for the Birdie Level, plus;

- 3.2.3.2 DART (Days away/Restricted or Job Transfer Rate)rate must be at or below the Bureau of Labor Statistics (BLS) published national average for their specific industry classification. In the event of a member's single or relatively small number of incidences effect on the DART calculation an alternate rate calculaton will be available.
- 3.2.3.3 Arrange for at least one active job site visit by representatives of the SOARS Verification Committee, this visit is to include NM OSHA and they will conduct their own site visits annually as well. Please note an active job site cannot be a fixed site.
- 3.2.3.4 Ensure that all construction site supervisors have obtained OSHA 30-hour certification;
- 3.2.3.5 Provide evidence of employee involvement in company safety program activities, such as self-audits, site inspections, safety training, safety committees, near misses;
- 3.2.3.6 Not have been cited by NM OSHA for a serious, repeat, or willful violation in the prior three years; and

#### **4.0 NM OSHA Verification Procedures**

- 4.1 SOARS Program designations and benefits will be conferred annually, subject to Verification by NM OSHA that all applicable requirements have been met.
- 4.2 NM OSHA shall have the authority to validate information submitted by SOARS Program applicants and participants prior to benefits taking effect, and on a periodic basis, at least annually, thereafter, through job site visits and other means.
- 4.3 Information obtained by NM OSHA in connection with the SOARS Program Verification activities shall not be used for compliance purposes and shall not be

shared with other entities, including other government agencies without the foreknowledge of the SOARS Program and the participant.

- 4.4 Participants in the SOARS Program shall have designated safety personnel participate in NM OSHA Verification activities at their job sites.

## **5.0 SOARS Program Governance**

- 5.1 Information submitted by Members as part of their SOARS Program application shall be held in strict confidence by members of the SOAR Verification Committee. Notwithstanding, information normally provided as part of an OSHA investigation must be provided to NM OSHA upon request.

- 5.2 Any SOARS Program participant may terminate their participation at any time by notifying MCA of NM WCGF in writing.

## **6.0 Loss of Benefits and Termination of Participation**

- 6.1 NM OSHA retains the right to downgrade or terminate a company's participation under the SOARS Program due to the following conditions:

- 6.1.1 Information provided as part of the application does not meet the participation criteria, as demonstrated during NM OSHA's Verification process;

- 6.1.2 The company is found to have falsified information on its SOARS Program application or supporting records;

- 6.1.3 The company's injury/illness rate rises above the minimum required for the receipt of benefits under the program; or

- 6.1.4 The company demonstrates a pattern of deficiencies evidencing blatant disregard for the occupational health and safety of its employees.

- 6.2 NM OSHA shall notify the SOARS Verification Committee in writing whenever it proposes to downgrade or terminate a company's participation under the SOARS Program. The notification will include an explanation as to why the action is being taken.
- 6.3 In the event a Participant is downgraded by NM OSHA, the member will be placed on probation, with the loss of the additional premium discount.
- 6.4 A participant's involvement under the SOARS Program shall be terminated by MCA of NM WCGF if it fails to maintain its status as a member in good standing of MCA of NM WCGF.
- 6.5 A participant's SOARS Program achievement level shall be transferable to another OSHA Partnership Program. MCA of NM WCGF will notify NM OSHA in writing of member's participation levels in order to verify with other recognized NM OSHA Partnership Programs.

## **7.0 SOARS Verification Committee & Measurement System**

- 7.1 The SOARS Verification Committee shall oversee activities under the Partnership and shall be comprised of occupational safety and health representatives from designated MCA of NM WCGF member companies. The Bureau Chief of NM OSHA shall appoint a member of the bureau to serve as advisor to the SOARS Verification Committee.
- 7.1.1 Each Participant's information will be reviewed and verified annually. Applications are required by participants who wish to upgrade a level.
- 7.2 The SOARS Verification Committee shall:
- 7.2.1 Verify each application by confirming the applicant's qualifications, including:

7.2.1.1 Verification of Experience Modifiers;

7.2.1.2 The company's recordable occupational injury and illness rate based on its OSHA 300 Logs; and 300 A Summaries.

7.2.1.3 The qualifications of the company's occupational safety and health professionals;

7.2.2 Review the NM OSHA inspection history for SOARS Program participants;

7.2.3 Recommend changes to the SOARS Program, as warranted; and

7.2.4 Prepare documents to support the program, including an explanation of the SOARS Program for distribution to supervisory personnel of contractors participating in the Partnership;

7.3 The SOARS Verification Committee shall review and make recommendations to the Trustees of the MCA of NM WCGF to recommend reinstatement of any participant of the SOARS Program whose involvement has been terminated or reduced if it determines the contractor's experience was unusual and not necessarily inconsistent with a sound occupational safety and health program. In these cases, NM OSHA will conduct a follow-up verification visit and either confirm or reverse its initial decision in the matter.

## **8.0 SOARS Program Performance Measures**

8.1 Each year the MCA of NM WCGF will review OSHA recordable injuries and illnesses to determine the total lost workday injury and illness rate for the participants and participant sites compared to the national average for specific industrial classifications (SIC/NAICS).

8.2 The review activity measures shall include as a minimum:

8.2.1 The number of construction workers trained, and

8.2.2 Experience modifiers and incident rates of Partnership members

8.3 Annual evaluation will be completed in accordance with Appendix C of CSP 03-02-003 OSHA Strategic Partnership Program for Worker Safety and Health.

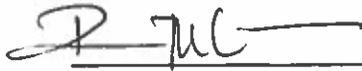
## **9.0 SOARS Program Review and Term of Agreement**

9.1.1 NM OSHA and the MCA of NM WCGF SOARS Verification Committee will review the SOARS Program annually. The review will include, among other things, a discussion of the success of the Partnership in meeting its stated objectives and any recommended improvements.

9.1.2 Participant incidence of the focused four construction hazards falls/ladder safety, caught in or between, struck by, and electrocution, as well as power tools, eye and hand injuries, and vehicle safety will be measured and compared against a baseline established in the first year of the Partnership.

9.1.3 The Partnership will have a term of two years and may be renewed. It may be amended from time to time based on the agreement of both parties. Either party may withdraw from the Partnership upon thirty days notice to the other party.

Agreed to this July 14, 2015.



Robert Genoway  
Bureau Chief  
New Mexico OSHA



Ronda Gilliland  
Assistant Administrator  
MCA OF NM WCGF



Mark Henderson  
Chairman  
MCA OF NM WCGF

#### Attachments

- 1 - SOARS Program - Commitment Agreement
- 2 - SOARS Program - Participant's Self Evaluation Form (Revised 2011)
- 3 - SOARS Program - Verification Committee Sheet per section 7.0
- 4 - SOARS Program - Letter of Termination or Downgrade
- 5 - SOARS Letter of Recognized Levels and Verification  
(to provide to other recognized NM OSHA Partnership Programs.)

# Attachment 1

## OSHA-NM and MCA OF NM WC SOARS Partnership

### COMMITMENT AGREEMENT

We \_\_\_\_\_ as a company are Committed to:

- To provide leadership in creating a culture of full respect for the lives and sound health of New Mexico's construction workforce,
- To continually seek better methods and technologies for reducing injuries, occupational illness, disease and fatalities in New Mexico's workplaces,
- To foster and encourage the implementation and maintenance of best practices for safety, training and education programs,
- To foster and encourage the implementation and maintenance of effective safety program incentives and enforcement policies,
- To focus primarily on the common job site hazards related to falls, electrocution, and accidental impact injuries,
- To mitigate the negative economic impacts of workplace injuries, illnesses and occupational disease, including especially the cost of worker's compensation insurance, in so far as is possible.

\_\_\_\_\_  
Owner/Officer Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

## Attachment 2

# NM OHSB and MCA SOARS Partnership Self-evaluation Report

Company \_\_\_\_\_

Corporate Office Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Ten key components of company safety programs are listed below (see tabs A through J). Each component contains columns that describe three levels of the partnership program.

Complete only the column that **BEST** describes your company's performance.

<i>Superior</i> <b>Eagle</b>	<i>Intermediate</i> <b>Birdie</b>	<i>Entry</i> <b>Par</b>
<b>Tab A Management Commitment</b>		
<b>Review documents such as policy statements, company surveys or survey results on safety, employee suggestion letters, and financial records showing safety expenditures (e.g., cancelled checks or invoices).</b>		
Management <input type="checkbox"/> participates in safety program <input type="checkbox"/> sets objectives for safety <input type="checkbox"/> requires feedback on program <input type="checkbox"/> provides necessary funds <input type="checkbox"/> includes safety as part of company-wide performance appraisals	Management <input type="checkbox"/> participates in safety program <input type="checkbox"/> requires feedback on safety program <input type="checkbox"/> provides funds for safety	Management <input type="checkbox"/> supports safety <input type="checkbox"/> provides funds for safety activities
<input type="checkbox"/> Needs analysis is used to set safety program goals/objectives <input type="checkbox"/> An action plan is developed to accomplish goals/objectives <input type="checkbox"/> Feedback is required from those assigned tasks <input type="checkbox"/> Audits are made to assess action plan effectiveness	<input type="checkbox"/> Safety program goals and objectives are set annually <input type="checkbox"/> Employees are aware of the goals and objectives <input type="checkbox"/> Feedback is required from those assigned tasks	<input type="checkbox"/> Informal goals are set for accomplishment through the safety program <input type="checkbox"/> Results are discussed at least annually

Long and short term goals are set		
Comments:		
<b>Tab B Written Safety and Health Program</b>		
<b>Review documents, such as policy statements, safety manuals, and letters from management regarding safety.</b>		
<p>Safety policy</p> <p><input type="checkbox"/> is in writing</p> <p><input type="checkbox"/> is known to all employees</p> <p><input type="checkbox"/> is part of safety manual</p> <p><input type="checkbox"/> defines purpose and scope of safety program</p> <p><input type="checkbox"/> emphasizes employer approach</p> <p><input type="checkbox"/> is signed and supported by top person(s) in company</p>	<p>Safety policy</p> <p><input type="checkbox"/> is in writing</p> <p><input type="checkbox"/> has not been explained to employees, but is posted</p> <p><input type="checkbox"/> authorizes loss prevention activities</p>	<p><input type="checkbox"/> Safety policy exists</p>
<p>Responsibility for safety</p> <p><input type="checkbox"/> defined for everyone in company</p> <p><input type="checkbox"/> in writing and part of safety manual</p> <p><input type="checkbox"/> Supervisors/foremen have key responsibilities</p>	<p>Responsibility for safety</p> <p><input type="checkbox"/> defined for everyone in company</p> <p><input type="checkbox"/> is not in writing</p> <p><input type="checkbox"/> Supervisors/foremen have key responsibilities</p>	<p><input type="checkbox"/> Responsibility for safety rests solely with designated safety coordinator</p>
<p><input type="checkbox"/> Safety rules are in writing and are communicated to all employees</p> <p><input type="checkbox"/> Safety rules are concise and easy to understand</p> <p><input type="checkbox"/> Safety rules are enforced equally among all employees</p> <p><input type="checkbox"/> Safety rules are updated on a regular basis</p> <p><input type="checkbox"/> Subcontractors must follow safety rules.</p>	<p><input type="checkbox"/> Safety rules are in writing and are communicated to all employees</p> <p><input type="checkbox"/> Copies of safety rules are posted or available to all employees</p> <p><input type="checkbox"/> Supervisors enforce most of the safety rules</p> <p><input type="checkbox"/> Subcontractors must follow safety rules.</p>	<p><input type="checkbox"/> There are some general safety rules</p> <p><input type="checkbox"/> Safety rules are enforced most of the time</p> <p><input type="checkbox"/> Safety rules have not been updated within past two years</p>
<p><input type="checkbox"/> Assessments made to determine PPE needs</p> <p><input type="checkbox"/> Employees trained in use and maintenance of PPE</p> <p><input type="checkbox"/> Approved PPE used</p> <p><input type="checkbox"/> PPE provided for employees</p> <p><input type="checkbox"/> Employees aware of disciplinary consequences of not using PPE</p> <p><input type="checkbox"/> PPE needs assessed annually</p>	<p><input type="checkbox"/> PPE is provided and use is required</p> <p><input type="checkbox"/> Employees trained in use and maintenance of PPE</p> <p><input type="checkbox"/> Employees informed of PPE requirements for each job</p>	<p><input type="checkbox"/> PPE is provided and its use encouraged</p> <p><input type="checkbox"/> Some training is given in use and maintenance of PPE</p>
<p>Substance Abuse</p> <p><input type="checkbox"/> Company has a written substance abuse policy</p> <p><input type="checkbox"/> Company policy contains strict rules regarding drug and alcohol use</p> <p><input type="checkbox"/> Company does drug testing for pre-hire, post accident and for cause</p> <p><input type="checkbox"/> Company keeps counseling and testing records</p> <p><input type="checkbox"/> Company has an Employee Assistance Program</p>	<p>Substance Abuse</p> <p><input type="checkbox"/> Company has substance abuse verbiage in company policy</p> <p><input type="checkbox"/> Supervisors are trained in hazards of drugs and alcohol on the job</p>	<p>Substance Abuse</p> <p><input type="checkbox"/> Company has policy</p>

Comments:
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**Tab C Total Incident Rates (TIR)**

**Incident Rate. Review documentation that supports the company's Total Incident Rate. Company must have a recordable occupational injury and illness rate (total case per Bureau of Labor Statistics formula) that is at or below the national average for the contractor's SIC code as determined by the BLS; (The 3-year TIR rates must be below at least 1 of the 3 most recent years of specific industry national averages for non fatal injuries and illness at the level published by the BLS.) Review OSHA 300 and 300A reports.**

<input type="checkbox"/> TIR is at or below the national average for at least one of the three most recent years as published by the BLS. <input type="checkbox"/> Employer reviews the costs of accidents and how the TIR affects the company	<input type="checkbox"/> TIR is at or below the national average for at least one of the three most recent years as published by the BLS. <input type="checkbox"/> The cost of accidents is reported to the project manager	<input type="checkbox"/> TIR is at or below the national average for at least one of the three most recent years as published by the BLS.
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<input type="checkbox"/> maintains OSHA Log-Forms 300 and 300A according to OSHA requirements	<input type="checkbox"/> maintains OSHA Log-Forms 300 and 300A according to OSHA requirements	<input type="checkbox"/> maintains OSHA Log-Forms 300 and 300A according to OSHA requirements
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Comments:
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**Tab D Safety Meetings**

**Review documents such as meeting agendas, notes, minutes where safety items are noted, copies of toolbox talks. Include topics and sign-in sheets.**

<input type="checkbox"/> Employer conducts weekly supervisor meetings where safety is on the agenda <input type="checkbox"/> Employer gives an overview of safety activity <input type="checkbox"/> Serious accidents are reviewed	<input type="checkbox"/> At least monthly supervisor meetings are held with supervisors where safety is on the agenda <input type="checkbox"/> Supervisors give a status report on job site safety activities <input type="checkbox"/> Serious accidents are reviewed	<input type="checkbox"/> Occasional meetings are held with supervisors at which safety is on the agenda <input type="checkbox"/> Supervisors are given safety information <input type="checkbox"/> Serious accidents may be reviewed
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<b>Toolbox safety meetings</b> <input type="checkbox"/> Meetings held weekly <input type="checkbox"/> Conducted by supervisors <input type="checkbox"/> Attendance and topic documentation kept <input type="checkbox"/> Employees participate <input type="checkbox"/> Employer attends occasionally	<b>Toolbox safety meetings</b> <input type="checkbox"/> Supervisors hold meetings at least monthly <input type="checkbox"/> Attendance and topic documentation kept	<b>Toolbox safety meetings</b> <input type="checkbox"/> Employer conducts meetings with all employees less than once a month
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Comments:
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**Tab E Pre-planning for Job Safety**

**Review documents relating to job safety and/or job hazard analysis sheets, Project checklists.**

<input type="checkbox"/> Pre-job safety planning is required at	<input type="checkbox"/> Pre-job safety planning is required	<input type="checkbox"/> No formal pre-job safety
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<p>the bid stage</p> <p><input type="checkbox"/> A check list is used by the supervisor to assure all exposures are considered</p> <p><input type="checkbox"/> Necessary equipment is provided and precautions are taken prior to or at the start of the job, not after problems have been encountered</p> <p><input type="checkbox"/> Job supervisors are trained in planning for safety</p>	<p>prior to mobilization</p> <p><input type="checkbox"/> Safety equipment and safety procedures are provided when needed</p> <p><input type="checkbox"/> Training in pre-job safety planning is not required</p> <p><input type="checkbox"/> A check list is used as a guide</p>	<p>planning program but some planning is done</p> <p><input type="checkbox"/> No check list is used in pre-planning</p>
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Comments:

### Tab F New Employee Orientation

**Review documents such as orientation agendas and program materials, class rosters, safety manuals and/or employee handbooks.**

<p><input type="checkbox"/> Formal orientation program is in effect for all new or transferred employees</p> <p><input type="checkbox"/> Records maintained showing date, person doing orientation and items covered</p> <p><input type="checkbox"/> Orientation includes training on safety rules, HAZCOM, major job hazard exposures, PPE, and emergency reporting procedures</p> <p><input type="checkbox"/> Employer concern for safe job performance is stressed</p> <p><input type="checkbox"/> Employee signs record sheet</p>	<p><input type="checkbox"/> Orientation that includes information on safety is given to new employees</p> <p><input type="checkbox"/> Documentation showing items covered is maintained</p> <p><input type="checkbox"/> Orientation includes training on safety rules, HAZCOM, major job hazard exposures, PPE, and emergency reporting procedures</p> <p><input type="checkbox"/> Job safety requirements are stressed</p>	<p><input type="checkbox"/> Orientation is given to employees but no training records are maintained</p>
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Comments:

### Tab G Safety Training

**Review safety training records. (Both for employees and supervisors if separate)**

<p><input type="checkbox"/> Based on training needs assessment, formal safety training is provided and documented in areas such as hazard recognition, first aid/CPR, hazard/standard specific OSHA topics, hazard communication, heavy equipment safety and trade specific safety (such as electrical safety)</p> <p><input type="checkbox"/> Formal safety training conducted by competent or qualified safety instructors</p> <p><input type="checkbox"/> Employee training comprehension/ understanding is verified and documented</p>	<p><input type="checkbox"/> Some formal safety training provided and documented in areas such as first aid/CPR, hazard communication and hazard recognition</p> <p><input type="checkbox"/> Formal training needs assessment conducted for workforce</p> <p><input type="checkbox"/> Informal safety training conducted by competent or qualified safety instructors</p> <p><input type="checkbox"/> Employee training comprehension/ understanding is verified and documented</p>	<p><input type="checkbox"/> Formal safety training, with verifiable records provided in hazard recognition and hazard communication</p> <p><input type="checkbox"/> Some informal safety training provided for categories found in far left column</p>
<p>Supervisory training includes:</p> <p><input type="checkbox"/> First Aid/CPR</p> <p><input type="checkbox"/> Hazard Recognition</p> <p><input type="checkbox"/> Hazard Communication</p>	<p>Most supervisors receive training in:</p> <p><input type="checkbox"/> Hazard Recognition</p> <p><input type="checkbox"/> Hazard Communication</p> <p><input type="checkbox"/> First Aid/CPR</p>	<p><input type="checkbox"/> Some supervisors are sent to outside training courses</p>

<input type="checkbox"/> Emergency Reporting <input type="checkbox"/> Procedures <input type="checkbox"/> OSHA 10 Hour or Greater <input type="checkbox"/> Conducting Meetings <input type="checkbox"/> Supervisory Skills <input type="checkbox"/> Accident Investigation <input type="checkbox"/> Job Safety Analysis <input type="checkbox"/> Job Safety Planning <input type="checkbox"/> Train-the-trainer <input type="checkbox"/> Job Site Safety Inspections <input type="checkbox"/> Human Relations <input type="checkbox"/> Company has in-house facilities for training or has good outside training source <input type="checkbox"/> Professional development courses offered	<input type="checkbox"/> Emergency Reporting <input type="checkbox"/> Procedures <input type="checkbox"/> Human Relations <input type="checkbox"/> Supervisory Skills <input type="checkbox"/> Accident Investigation <input type="checkbox"/> Job Site Safety Inspections	
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Comments:

**Tab H Accident Investigation**

**Review documents such as investigation reports, near miss forms, recommendation/corrective action reports and materials the company publishes following an accident.**

<input type="checkbox"/> Accidents and near misses are investigated by site supervisor <input type="checkbox"/> All supervisors are trained in the techniques of accident investigation <input type="checkbox"/> Reports are completed for all accidents <input type="checkbox"/> Employer reviews all accidents that exceed a set cost <input type="checkbox"/> The basic causes of all accidents are determined <input type="checkbox"/> Information learned is shared with all job sites <input type="checkbox"/> There are follow-up steps to assure corrective action is taken	<input type="checkbox"/> All accidents are investigated with a report written <input type="checkbox"/> Supervisors are trained to make investigations <input type="checkbox"/> Employer reviews all investigation reports <input type="checkbox"/> Information on "serious" incidents is shared with employees on all job sites	<input type="checkbox"/> Informal investigations are made with no written report <input type="checkbox"/> Some supervisory personnel know how to investigate an accident <input type="checkbox"/> Information gained is not shared on other job sites <input type="checkbox"/> Persons other than the site supervisor conduct most investigations
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Comments:

**Tab I Performance Audits**

**(Performance audits are not site inspections, but audits to evaluate segments (or all) of a safety program.) Review documents such as quality improvement materials, safety benchmarking reports, reports of an activity that was modified and its safety-related results.**

<input type="checkbox"/> Safety program is reviewed at least semi-annually to determine if it is producing desired results <input type="checkbox"/> Criteria against which performance is measured are established	<input type="checkbox"/> Safety program is reviewed annually to determine if it is producing desired results <input type="checkbox"/> Performance criteria exist for more than half of the areas measured	<input type="checkbox"/> Subjective review of safety activities made to judge if they are effective <input type="checkbox"/> Rating given to each area audited
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<input type="checkbox"/> Results of performance review become part of overall rating of supervisors <input type="checkbox"/> Strong points and shortcomings are discussed with individual supervisors	<input type="checkbox"/> Results are discussed with individuals supervisors	
Comments:		
<b>Tab J Employee Participation</b>		
<b>Review documents including copies of programs in safety manuals, employee policies and procedures manuals, training records, safety toolbox talks sign-in sheets, employee incentive programs and employee suggestion boxes.</b>		
<input type="checkbox"/> Employee participation program in place <input type="checkbox"/> Supervisors trained to facilitate employee participation <input type="checkbox"/> Procedures set up for employees to participate in activities (e.g., see next column) ranging from training to accident investigations	<input type="checkbox"/> Supervisors trained to facilitate employee participation <input type="checkbox"/> Employees encouraged to participate in tool box talks, hazard recognition/reporting, site inspections, safety rule development/revision, new hire & formal safety training, and accident investigations	<input type="checkbox"/> Employee participation is encouraged <input type="checkbox"/> Information is given to supervisors on how to involve employees <input type="checkbox"/> Employee suggestion/comment program implemented
Comments:		

**NOTE: When compiling the partnership binder for the Verification Committee, ensure the tabs match this document. Place this document in front of tab A and ensure documents of proof are inserted into each tab. (e.g., sign-in sheets for training, meeting minutes with signatures and dates, etc.) NO BLANK FORMS. Turn the binder into the association office.**

Attachment 3

Name of Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

MCA OF NM SOARS PARTNERSHIP VERIFICATION COMMITTEE

Level of Partnership:

Applicant meets requirements for a partnership:

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Level:

Eagle 200 - 180

Birdie 179 - 150

Par 149 - 60

Verification Committee Members performing the evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

## Attachment 3

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Appeal Process ~ The participant has 30 days to appeal the downgrade or termination.

Recommendations:

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## Attachment 4

**MCA OF NM WORKERS' COMPENSATION GROUP FUND  
SAFETY OWNERSHIP AWARENESS RESPECT AND SUCCESS (SOARS)  
PARTNERSHIP**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Allow this letter to serve as notification of your termination and / or downgrade of to the \_\_\_\_\_ level in the SOARS partnership. The decision is based on:

Validation activities reveal a significant deviation from participation

Was found to have falsified application information

Injury / Illness rate increased over the acceptable ratios of the agreements

Demonstrated a culture of willful disregard for the occupational health and safety of its employees

Has failed to attend 3 of the 6 safety committee meetings

If you disagree with this decision you have 30 days to appeal the termination or downgrade.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign below to confirm you understand the decision and the appeal process.

\_\_\_\_\_  
Signature by owner

## Attachment 5

To Whom It May Concern:

Subject: Partnership Verification

The partnership verification committee has completed the verification process for \_\_\_\_\_, a member of the Mechanical Contractors Association (MCA) of New Mexico WCGF that have applied for membership in the MCA SOARS partnership.

The verification was completed by the verification committee whose membership is composed of members of a MCA staff member, MCA of NM WCGF members and the NM OSHA representative. The self evaluation checklist provided by each member company requesting membership in the partnership was reviewed by a team for its accuracy, completeness and implementation of their safety and health programs in the field. As an Eagle level the team visited and evaluated for their performance based on the checklist and their actions during the site visit.

The Compliance Assistance Specialist (CAS) along with other members of the MCA Verification Team has met with company management and discussed their commitment to the partnership program. The CAS has also visited a jobsite for each company represented during the past year. The CAS was also a team member during the verification process.

MCA of New Mexico WCGF recommends \_\_\_\_\_, with the following participation in the SOARS partnership:

COMPANY NAME

LEVEL

It is believed the company received a complete and unbiased audit. The team was required to unanimously concur with the assignment of level.

If you have questions or concerns please feel free to contact me at 505-341-9033.

Ronda Gilliland  
Assistant Administrator  
Mechanical Contractors Association  
Workers' Compensation Group Fund (WCGF)