

SHARP CONSTRUCTION

SAFETY AND HEALTH ACHIEVEMENT RECOGNITION PROGRAM PACKET



NEW MEXICO
Occupational
Health & Safety Bureau
www.nmenv.state.nm.us/osha/

SHARP Prgm: http://www.nmenv.state.nm.us/Ohsb_Website/Consultation/SHARPS.htm

Revision Date: 11/6/2014

New Mexico OSHA Consultation Section

Dear Potential New Mexico SHARP Construction Company:

We are delighted that you are interested in becoming one of our SHARP Construction Companies. The SHARP Construction Program is one of the most prestigious safety and health recognition programs for the construction industry in New Mexico. This program is designed for construction worksites with comprehensive effective safety and health programs, making them leaders in employee protection. NM OSHA and the Consultative Services continue to work with general contractors in New Mexico and have worked hard to reduce fatalities and costly injuries in the construction industry. We also understand that during tight economic times and limited amount of resources we have to work smarter to ensure meaningful, profitable partnerships. SHARP Construction has been designed to do just that, with both parties being involved in this process. Quarterly reviews provided by your worksite and assistance from our professional safety and health consultants help create the safest worksite possible.

A SHARP Construction package has been provided to you for your worksite. This package will be a useful tool for your company and NM OSHA to evaluate and ultimately track the effectiveness of your safety and health system at your construction worksite.

The top management official must agree to attend the initial opening conference of the SHARP Construction onsite evaluation or have a personal meeting with the consultants to discuss participation in the program.

A deferral from an OSHA Compliance general schedule programmed inspection of up to two years or until the project is completed will be granted provided that all program requirements are in place initially and remain in place. NM OSHA reserves the right to have your company and worksite removed from the SHARP Construction program at any time if requirements are not being met.

By obtaining your SHARP Construction status, you demonstrate to your employees and your sub-contractors that you have successfully implemented an effective quality safety and health system. This commitment makes you a leader in the construction industry in regards to safety and health issues. Your worksite will receive a SHARP Construction banner that you can proudly display. At the conclusion of your project, the entire site, including the general contractor and the participating subcontractors, will be recognized by NM OSHA.

Thank you for your interest in providing your employees a safe and healthy workplace. We look forward to working with you towards the reduction of occupational injuries and illnesses. If you have any questions, please contact me at 505-476-8720.

Sincerely,

Lisa L Spahr

Lisa L. Spahr
Program Manager
Consultation Section

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SHARP INTRODUCTION

The Safety and Health Achievement Recognition Program (SHARP) recognizes small employers who operate an exemplary safety and health management system. Acceptance into the SHARP by OSHA is an achievement of status that will single you out among your business peers as a model for worksite safety and health. Upon receiving SHARP recognition, your worksite will be deferred from programmed inspections during the period that your SHARP certification is valid.

REQUIREMENTS TO APPLY FOR AND SATISFY SHARP

To apply for and be accepted into SHARP, your business must meet the following requirements:

- Have a single fixed worksite with at least one year operating history.
- Employ less than 250 at the site and less than 500 at all sites nationwide.
- Have an injury/illness rate at or below the national average.
- Receive a full-service safety and health consultation visit and a comprehensive review of the safety and health management system with all hazards found by the consultant(s) corrected.
- Involve employees in the consultation process.
- Correct all hazards identified by the consultant.
- Implement and maintain a safety and health management system that addresses OSHA's 1989 Safety and Health Program Management Guidelines.
- Agree to notify the consultation Program Manager (CPM) and request a subsequent on-site consultation visit when changes in working conditions or work processes occur that may introduce new hazards into the workplace.
- Submit Appendix A, B C and E.

After you satisfy all SHARP requirements, the Consultation Program Manager may recommend your worksite for final SHARP approval and certification. The state and OSHA will formally recognize your worksite at a SHARP awards ceremony.

REQUIREMENTS WHILE IN SHARP STATUS

As a certified SHARP site, you will be required to meet the following requirements:

- Submit Quarterly Self-Assessments (Appendix D) and submit to the OHSB Consultant.
- Submit Appendix E "List of Sub-Contractors" when new sub-contractors when changes occur.
- Sub-contractors listed as a high hazard industry (according to NM OSHA Directive 12-10) will submit a Consultation Request Form.
- Report to the Consultant if the General Contractor will be moving to a different site, or any change in operations occur.
- Report any new hazards or accidents that occurred on site to the OHSB Consultant.
- Report to the Consultant when significant changes in working conditions or work processes occur that may introduce new hazards into the workplace; and new hazards or accidents that occurred on site.
- A copy of injury/illness logs for all high hazard sub-contractor hired at the worksite will be provided to the Consultant.
- NM Consultants reserve the right to conduct at least one announced or unannounced site visit annually during the two year SHARP Certification to ensure compliance with SHARP.
- SHARP Certification status may be ended if at any time OHSB determines the organization no longer meets the SHARP requirements.

SHARP RENEWAL

As a certified SHARP site, you will be granted up to a 2-year exemption from OSHA's scheduled inspections. You may request for a renewal of SHARP certification, provided that you:

- Apply for renewal during the last quarter of the exemption period.
- Allow a full service comprehensive visit to ensure that your exemplary safety and health management system has been effectively maintained or improved.
- Continue to meet all eligibility criteria and program requirements.
- Agree to submit quarterly self-assessments.
- Submit an updated list of sub-contractors.
- Sub-contractors must submit new Consultation Visit Requests for renewals.
- DART and TRC must have remained at or below industry average.
- Any new hazards must be corrected in a timely manner.

CONSULTATION PROGRAM RESPONSIBILITIES

- At the conclusion of the initial consultation, an action plan will be developed for the employer's preparatory time to address progress in meeting SHARP requirements.
- A completed Safety and Health Program Assessment Worksheet will be provided for the employer to use as a tool to work toward full safety and health implementation.
- Additional site visits will be conducted if necessary to provide assistance in meeting SHARP requirements.
- Onsite verification during a second visit that all hazards have been corrected and all elements of an effective health & safety program are in place.
- Upon SHARP approval, remove employer from programmed planned enforcement inspection schedule for up to 2 years.

NOT QUITE READY FOR SHARP?

If you meet most, **but not all** of the SHARP eligibility criteria and are committed to working toward full SHARP approval, you may be recommended by your state Consultation Project Manager for PRE-SHARP status and for an inspection deferral of up to 18 months if:

- You prepare a thorough Action Plan outlining the necessary achievements and time frames required for the employer to achieve SHARP status, and is approved by the CPM;
- You are in the process of implementing an effective safety and health management system; and
- You can meet all SHARP requirements during the deferral period.

OSHA SHARP PROGRAM CHECKLIST

Below is a list of items the consultant will ask the employer to have ready for review at the initial visit:

- Safety program and documentation of periodic review.
- Copies of OSHA 300 Logs (the log is a standard form for recording information about work related injury and illness cases) for preceding year and present year.
- First report of injury for preceding calendar year.
- Total hours worked for all employees in preceding calendar year.

- Safety training records for supervisors and employees along with attendance records.
- Self-inspection records for preceding year.
- Minutes of safety meetings for preceding year.
- Accident/incident investigation records for preceding year.
- Documentation of employee reports of safety concerns and evidence of steps taken toward correction.
- Hazard analysis procedures and results with safe work procedures.
- New employee safety orientation records.
- Documentation of recent emergency evacuation drill along with attendance records.
- Injury/illness analysis (to analyze trends).
- Medical program (Description of your on-site and off-site medical service, use of occupational health providers at your site; first aid program.)
- Preventive Maintenance Program for facility equipment and machinery.
- Most recent documentation of supervisors' safety performance.
- Any additional information that shows the quality of the company's safety program.
- Written procedures, certifications, records, if applicable:
 - Hazard Communication Program
 - Lockout/Tagout procedures and annual review.
 - Emergency Action Plan.
 - Fire Prevention Program.
 - Forklift Training Program.
 - Confined Space Program.
 - Electrical Safety-Related Work Practices.
 - Fire Extinguisher Training Records.
 - Emergency Response Plan, if applicable.
 - Bloodborne Pathogen Exposure Control Plan.
 - Hearing Conservation Program.
 - Respiratory Program.
 - Process Safety Management
 - Personal Protective Equipment Program and documentation of P.P.E. hazard assessment and employee training certifications.
 - Regular and periodic overhead crane inspection records for previous year.
 - Mechanical power press inspection records for previous year.

To be considered for Construction SHARP, please fill out all contents of Appendix A, B, C and E, and return via fax, mail or email listed below.

If you have any questions or need additional information, please contact our office.

Telephone No.: (505) 476-8700 or 1-877-610-6742

Fax No.: (505) 476-8734

Email Address: lisa.spahr@state.nm.us



Mail, Email or Fax to:
 State of New Mexico Environment Department
 Occupational Health and Safety Bureau
 PO Box 5469 Santa Fe, NM 87502 – 5469
 Fax: 505-476-8658
 Lisa.spahr@state.nm.us



APPENDIX A: Request for SHARP

REQUEST FOR SHARP SERVICES FORM

SHARP recognizes small employers who operate an exemplary safety and health management system. Acceptance into SHARP by OHSB is an achievement of status that will single you out among your business peers as a model for work site safety and health. Upon receiving SHARP recognition, your work site will be exempt from programmed inspections during your SHARP certification period. New Mexico OSHA has recently instituted a pilot program for utilizing the SHARP program in residential construction. This program is designed to engage general contractors and sub-contractors who are involved in building homes or apartment complexes in new sub-divisions. Contractors who wish to receive the benefits of SHARP recognition are required to ask all sub-contractors working in high hazard activities to request a consultation visit.

PLEASE PRINT OR WRITE LEGIBLY:

EMPLOYER'S INFORMATION:

Corporate Name: _____

Doing Business As (DBA) or Establishment Name: _____

Contact Person: _____ Position / Title: _____

Telephone Number: _____ Fax Number: _____

Cell Phone: _____ E-mail Address: _____

Site or Physical Address: _____ City _____ State _____ Zip Code _____

Mailing Address (if different from site or physical address):
 _____ City _____ State _____ Zip Code _____

Nature of Business / Brief Description of Business: _____

Number of Employees: _____ Type of Employer: Private Site Public Site

FOR APPROVAL BY A COMPANY OFFICER OR SUPERVISOR (MUST BE FILLED OUT):

Establishment Officer's Signature: _____ Date: _____

Print Name of Officer: _____ Position / Title: _____

FOR OHSB USE:

NAICS: _____ RID # _____ CORPORATION _____ LLC _____ OTHER _____

Consultant assigned: _____

Program Manager's signature: _____ Date: _____

APPENDIX B: Letter of Acknowledgment to participate in and be in compliance of SHARP Construction Policies

Company Letterhead

This letter is to acknowledge that [Click here to enter text.](#) has requested to be approved for the NM SHARP Construction Program. We have reviewed the SHARP Construction Program Package and are prepared to make this commitment to fulfill all of the requirements for SHARP Construction status.

A full comprehensive safety and health site visit has been conducted, and we feel that we are now ready for SHARP. We have included/submitted the SHARP Request Form, and are looking forward to the full assessment of our eligibility to meet SHARP status.

In addition to sending you this letter of commitment we are also sending you our Initial Self-Assessment (Appendix C in the SHARP Packet) and list of Sub-contractors (Appendix E in the SHARP Packet), we have also included OSHA 300 log records.

If given SHARP certification, we agree to the following conditions:

- 1) We will complete and submit to the NM OHSB Consultation Program Manager (CPM) our quarterly self-assessments (Appendix D in the SHARP Packet).
- 2) We will complete and submit to the NM OHSB CPM an updated list of Sub-Contractors when changes occur.
- 3) Sub-contractors listed as a high hazard industry (according to NM OSHA Directive 12-10) will submit a Consultation Request Form within one week of hire.
- 4) The geographic location will be approved by the Consultant, and if operations conclude in the specified location, a letter will be submitted within 30 days to NM OHSB specifying the move. Upon vacating the SHARP site, SHARP status will be ended.
- 5) Report to the Consultant when significant changes in working conditions or work processes occur that may introduce new hazards into the workplace; and new hazards or accidents that occurred on site.
- 6) We will provide a copy of injury/illness logs for all high hazard sub-contractor hired at the worksite.
- 7) NM Consultants reserve the right to conduct at least one announced or unannounced site visit annually during the two year SHARP Certification to ensure compliance with SHARP.
- 8) We understand that SHARP Certification status may be ended if at any time OHSB determines the organization no longer meets the SHARP requirements.

Thank you,

Signature: _____

Title: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

APPENDIX C: Initial Self-Assessment

The initial self-assessment is submitted with this application.

Date: [Click here to enter a date.](#) **Company Name:** [Click here to enter text.](#)

Worksite Location: [Click here to enter text.](#)

Project Manager/Company Official Signature: _____

Printed Name: [Click here to enter text.](#) **Title:** [Click here to enter text.](#)

Hazard Anticipation and Detection	
1	<p>Describe the comprehensive baseline hazard surveys that have been conducted within the last five years? (Has anyone inspected your facility other than your employees?) Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2	<p>Describe the documented safety and health self-inspections. (Who perform S&H inspections? How often? Are they documented? Are hazard corrections tracked?) Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3	<p>What hazard controls are in place? What kind of surveillance is conducted on hazard controls? Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
4	<p>Describe the hazard reporting system. (How do employees report hazards? Are employees informed when a hazard is abated?) Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5	<p>Describe the management of change procedure and discuss how it works. Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
6	<p>Describe the accidents investigation procedure. Are root causes determined? (If an accident occurs is an investigation performed? By whom? What type of things are you looking for during the investigation.) Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
7	<p>Are MSDS used? Who keeps them up? Where are they located? Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
8	<p>Discuss the job hazard analysis procedure? When and How is it done? Who does it? What tasks</p>

	<p>are covered? Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
9	<p>Are experts ever used to perform hazard analysis? (Do you ever have anyone come in when new equipment is purchased to train employees? How about just for additional training?) Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
10	<p>Describe the incidents investigation procedure. Are root causes determined? Is your incident procedure the same as your accident procedure? If not please explain. Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Hazard Prevention and Control	
11	<p>What engineering controls in place? Are any others planned or needed? Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
12	<p>What safety and health rules and work practices in place?</p> <p>Does the company have a safety slogan? Or main S&H rules? Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
13	<p>What OSHA mandated programs are in place? Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
14	<p>What PPE is provided, required, and used? Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
15	<p>Discuss the housekeeping procedure. Is it effective? (How often do the employees clean their work spaces?)</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
16	<p>How is the organization prepared for emergencies? Are there a muster points? Have employees been trained on the evacuation procedures? Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
17	<p>How is emergency medical care delivered? (Any first aid/CPR trained employees? Where are first aid kits located? How far is the nearest hospital or urgent care clinic?) Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
18	<p>Describe the PM system? Who does it? Who tracks it? What is included? Click here to enter text.</p>

	Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
19	How is hazard correction tracked? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Planning and Evaluating	
20	Who reviews your OSHA 300 logs? How often? Do look for trends among injuries? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
21	How is incidence data analyzed? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
22	What are the facilities Safety and Health goals and supporting objectives? (Does your company make goals?) Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
23	What is the action plan for accomplishing safety and health objectives? (How do you plan to achieve your goals?) Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
24	Who reviews OSHA mandated programs? How often? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
25	Who reviews the safety and health management system? How is it done? How often? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Administration and Supervision	
26	Who is assigned safety and health tasks? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
27	How are safety assignments communicated? (Verbally, written, etc.?) Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
28	How is accountability ensured for safety and health assignments? (Is there a disciplinary policy in place?) Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
29	What training (SKAs) does the persons with safety and health responsibility have? Click here to enter text.

	Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
30	How much authority does the person with safety and health responsibility have to do their job? (Can you hire and fire? Can you purchase necessary resources?) Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
31	What resources does the person with safety and health responsibility have to do their job? (How much commitment does management provide to you for safety and health?) Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
32	What organizational policies promote safety and health responsibility? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
33	What organizational policies promote correction of S&H non-performance? (Disciplinary policy?) Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Safety and Health Training	
34	What S&H training do employees receive? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
35	What S&H training does new employee orientation include? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
36	What S&H training do supervisors receive? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
37	Describe the training supervisors receive on dealing with the supervisory aspects of safety and health? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
38	What S&H training do managers receive S&H? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
39	What S&H topics are integrated into management training? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Management Leadership	
40	What are the top management policies for safety and health? Click here to enter text.

	Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
41	Who does top management consider is responsible for S&H? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
42	What competent S&H support does top management provide to line managers and supervisors? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
43	Do managers personally follow safety and health rules? (OBSERVE) Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
44	What authority do managers delegate to the employees who are responsible for safety and health to accomplish their jobs? (Do employees have stop work authority?) Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
45	What resources do managers delegate to the employees who are responsible for safety and health to accomplish their jobs? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
46	How do managers insure S&H training is provided? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
47	Discuss the fairness and effectiveness of policies managers support to promote safety and health? (OBSERVE) Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
48	How is top management involved in planning and evaluating S&H performance? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
49	What kind of employee input does top management value into safety and health issues? Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Employee Participation	
50	What process is used to involve employees in safety and health issues? (ex. Open door policy?) Click here to enter text. Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
51	What decisions are employees involved in concerning S&H policy? (Do employees every review company policies and make recommendations?) Click here to enter text.

	Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
52	<p>What decisions are employees involved in concerning allocations of S&H resources? (Can employees recommend better ppe? Make suggestions for safer equipment?)</p> <p>Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
53	<p>What decisions are employees involved in concerning S&H training?</p> <p>Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
54	<p>How do employees participate in hazard detection activities?</p> <p>Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
55	<p>How do employees participate in hazard prevention and control activities?</p> <p>Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
56	<p>How do employees participate in S&H training of coworkers?</p> <p>Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
57	<p>How do employees participate in safety and health planning activities?</p> <p>Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
58	<p>How do employees participate in safety and health program performance evaluation?</p> <p>Click here to enter text.</p> <p>Supporting Documentation: Yes <input type="checkbox"/> No <input type="checkbox"/></p>

APPENDIX D: Quarterly Self-Assessment

Submit the quarterly self-assessment every quarter to the Consultant.

Select one: First quarter Second quarter Third quarter Fourth quarter
 Fifth quarter Sixth quarter Seventh quarter Eighth quarter

Date: [Click here to enter a date.](#) **Company Name:** [Click here to enter text.](#)

Worksite Location: [Click here to enter text.](#)

Project Manager/Company Official Signature: [Click here to enter text.](#)

Printed Name: [Click here to enter text.](#) **Title:** [Click here to enter text.](#)

- 1) Are there any new sub-contractors? Yes No
 If so, provide us with a new sub-contractor list with their contact information and completed Consultation Request Form(s).

- 2) Will your operations on the established geographic location move or terminate within the next 90 days?
 Yes No

3	<p>Briefly describe any updates or improvements of your safety and health training: Click here to enter text.</p>
4	<p>How are employees and subcontractors at your worksite involved with safety and health issues: Click here to enter text.</p>
5	<p>How would you rate your overall housekeeping? <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor How do you ensure that housekeeping is properly maintained at this worksite? Click here to enter text.</p>
6	<p>How would you rate the effectiveness of your safety committee? <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor How are your safety committees involved in conducting audits or inspections of your worksite, and how often? Click here to enter text.</p>
7	<p>How long does it usually take to correct a hazard? <input type="checkbox"/> Immediately <input type="checkbox"/> Within One Week <input type="checkbox"/> One Month <input type="checkbox"/> Other: Click here to enter text.</p> <p>If a hazard cannot be corrected immediately, is there interim protection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List four common hazards at the worksite and how they were corrected: Click here to enter text.</p>

8	<p>How often do you have toolbox meetings? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: Click here to enter text.</p> <p>Please list the toolbox topic for this quarter and how many employees attended these meetings? Click here to enter text.</p>
9	<p>TOP 4 Hazards: Falls - Electrical - Struck-by - Caught In/Between</p> <p>How are these TOP 4 hazards addressed at your worksite? Click here to enter text.</p> <p>How are your sub-contractors held accountable and trained on these TOP 4 hazards? Click here to enter text.</p> <p>How did you make sure that all employees on the worksite were trained on these TOP 4 hazards? Click here to enter text.</p>

APPENDIX F: SHARP Process Flow Chart

