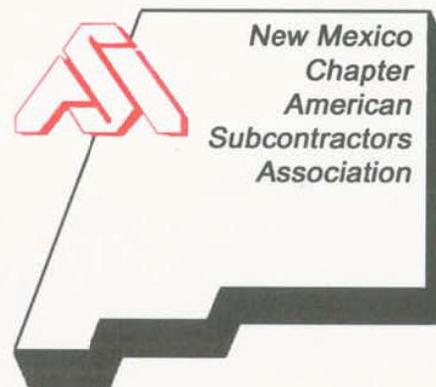


# **SAFETY & HEALTH INITIATIVE PARTNERS (SHIP) AGREEMENT**

Between the  
**Occupational Health and Safety Bureau  
New Mexico Environment Department**  
&  
**American Subcontractor's Association of  
New Mexico**



# ***Safety and Health Initiative Partners (SHIP) Agreement***

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- 2 – SHIP Program - Commitment Agreement
- 3 - SHIP Program - Participants' Self Evaluation Form
- 4 - SHIP Program - Time Line



**NM OSHA**



**ASA-NM**

## ***Safety and Health Initiative Partners (SHIP) Agreement***

**between the**

**Occupational Health and Safety Bureau  
New Mexico Environment Department**

**&**

**American Subcontractors Association of New Mexico**

### **Section A - Preamble**

The American Subcontractors Association of New Mexico (ASA-NM), and the Occupational Health and Safety Bureau of New Mexico (NM OSHA), also referred to as New Mexico 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. This partnership does not apply to Residential Construction. Residential contractors may apply for the NM OSHA CARES Program.

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 injuries, occupational illnesses, diseases and fatalities in New Mexico's workplaces;

- 1.3 Foster and encourage the implementation and maintenance of best practice safety and training programs;
  - 1.4 Foster and encourage the implementation and maintenance of effective safety program incentive and enforcement policies;
  - 1.5 Focus primarily on the common job site hazards related to falls, electrocution, and accidental impact injuries;
  - 1.6 To mitigate, to the extent possible, the negative economic impacts of workplace injuries, illnesses and occupational diseases, including especially the cost of worker's compensation insurance.
- 2.0 Our primary strategies include:
- 2.1 Building partnerships 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;
  - 2.3 Providing recognition and rewards for companies and workers that demonstrate a consistent, proactive approach to safety and health program management.
- 3.0 The term of this Partnership Agreement shall be three years. Renewal of the Agreement at the end of the three year period is assumed by the Parties signatory below. The Parties further assume that withdrawal from the Agreement would be for cause, after a mutual, good-faith effort to resolve any issues of concern.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Butch Tongate  
Bureau Chief, NM OSHA

\_\_\_\_\_  
Beverly Besedick  
Executive Director, ASA-NM

\_\_\_\_\_  
Bill Green  
President, ASA-NM

## ***Safety and Health Initiative Partners (SHIP) Agreement***

### **SECTION B – Terms of the Agreement**

- 1.0 Employee/Employer Rights
  - 1.1 The Safety and Health Initiative Partners (SHIP) 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.
    - 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 medical records.
    - 1.1.2 The SHIP Agreement supports maximum employee involvement in company safety programs, employer self-audits, safety inspections, job hazard analysis, and accident and near-miss investigations, reviews, and evaluations.
  - 1.2 The SHIP 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 SHIP 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 SHIP Program through job site signs, advertisements and other appropriate means.
  - 1.5 A SHIP Program Committee shall be established in accordance with the constitution and by-laws of ASA-NM and shall be authorized to act as an advocate for a subcontractor member in any contest or dispute with NM OSHA if requested to do so by the member.
- 2.0 ASA-NM STAR Awards Program: The ASA Safety Training Advancement Recognition (STAR) Program recognizes four program achievement levels, each with attendant requirements and rewards. Achievement levels are based on objective criteria and a ranking system based on points.
  - 2.1 Bronze STAR Level:
    - 2.1.1 Bronze STAR participants will receive Certificates of Recognition as SHIP Program participants from NM OSHA. A contractor may remain at the Bronze level for a maximum of three years. If the contractor has not advanced to the Silver STAR level by the end of the third year, they will be dropped from the program.
    - 2.1.2 Bronze STAR participants will not receive citations for other-than-serious

violations that are abated within the period prescribed by NM OSHA.

2.2 Silver STAR Level:

2.2.1 Silver STAR participants will receive Certificates of Recognition as SHIP Program participants from NM OSHA.

2.2.2 Silver STAR participants will not receive citations for other-than-serious violations that are abated within the period prescribed by NM OSHA.

2.2.3 If citations are issued for OSHA violations, Silver STAR participants will receive the maximum good faith penalty reductions authorized by NM OSHA policy.

2.3 Gold STAR Level:

2.3.1 Gold STAR participants will receive Certificates of Recognition as SHIP Program participants from NM OSHA.

2.3.2 Gold STAR participants will not receive citations for other-than-serious or serious violations that are abated within the period prescribed by NM OSHA.

2.3.3 NM OSHA will allow resolution of all referrals via telephone or fax, except where serious injury or death is involved. If an unprogrammed inspection should be necessary, a summary of the complaint or referral and any resulting actions will be provided to the SHIP Program Committee by NM OSHA.

2.3.4 If cited by NM OSHA, Gold STAR participants will receive maximum good faith and history penalty reductions authorized by NM OSHA policy.

2.4 Platinum STAR Level:

2.4.1 Contingent upon the successful conclusion of the NM OSHA validation procedure and the timely filing of monthly self-audits described in Attachment 1 of this Partnership Agreement, SHIP Program participants at the Platinum STAR level:

2.4.1.1 Shall receive the same benefits as Gold STAR level participants;

2.4.1.2 Shall be exempt from NM OSHA programmed plan inspections for one year;

2.4.1.3 Shall be excluded from NM OSHA programmed plan inspections conducted at non-participant's job sites unless cause for their inclusion can be demonstrated; and

2.4.1.4 Shall be given special recognition by NM OSHA designating the subcontractor as a Platinum STAR level participant in the SHIP Program.

2.4.2 Subject to budget availability, NM OSHA will present Platinum STAR level participants with a banner recognizing participation in the SHIP Program. The banner shall be on display at all appropriate job sites. The subcontractor displaying the banner will have exceeded minimal acceptable safety standards by demonstrating a proactive approach to job safety. The same proactive

approach must then be consistently maintained in order to retain Platinum STAR level status.

- 3.0 SHIP Program Participation Requirements
  - 3.1 Each subcontractor wishing to participate in the SHIP Program at the Platinum, Gold, Silver or Bronze STAR award level, shall submit to ASA-NM a SHIP Program application consisting of four parts:
    - 3.1.1 Part One shall be a Commitment Agreement signed by an authorized company official (owner, chief operating officer, or general manager). (See Attachment 2.)
    - 3.1.2 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.
    - 3.1.3 Part Three shall be performance data from the company's OSHA 300 logs from the preceding three years.
    - 3.1.4 Part Four shall be the applicant's self-evaluation of its safety and health program. (See Attachment 3).
    - 3.1.5 The completed application shall be submitted to ASA-NM no later than September 30<sup>th</sup> of the year prior to the calendar year for which participation is sought. (See Attachment 4.)
    - 3.1.6 ASA-NM shall provide a copy of the completed applications and recommended award levels to NM OSHA no later than November 15<sup>th</sup>. (See Attachment 4.)
  - 3.2 Bronze STAR Level. In order to be designated a Bronze STAR Level participant in the SHIP Program, the applicant must:
    - 3.2.1 Verify to NM OSHA that the company actively implements its written health and safety program;
    - 3.2.2 Actively encourage employee involvement in the company health and safety program;
    - 3.2.3 Conduct weekly safety meetings;
    - 3.2.4 Implement a responsible approach to job site safety, as indicated by past performance (OSHA 300 logs) and self-evaluation score; and
    - 3.2.5 Attain a self-evaluation score of at least 50.
  - 3.3 Silver STAR Level. In order to be designated a Silver STAR Level participant in the SHIP Program, the applicant must:
    - 3.3.1 Meet the requirements for the Bronze STAR Level, plus;

- 3.3.2 Conduct and document safety training for its general workforce in the five focused-hazard inspection areas:
  - 3.3.2.1 Falls from elevation;
  - 3.3.2.2 Struck-by falling or other moving objects;
  - 3.3.2.3 Crushed-by or pinched-in between objects; and
  - 3.3.2.4 Electrical hazards;
  - 3.3.2.5 Wheeled vehicle hazards; includes driving and proper operation of all wheeled vehicles and equipment;
- 3.3.3 Designate a competent person(s) (i.e., an individual employed by the applicant that is authorized to identify and correct hazards) in the four focused-hazard inspection areas who has a minimum OSHA 10-hour certification;
- 3.3.4 Maintain a written list of the company's competent persons on-site that identifies areas of expertise and provide the list to the general contractor at the start of every project; and
- 3.3.5 Attain a self-evaluation score of at least 75.
- 3.4 Gold STAR Level. In order to be designated a Gold STAR Level participant in the SHIP Program, the applicant must:
  - 3.4.1 Meet the requirements for the Silver STAR Level, plus;
  - 3.4.2 Conduct monthly self-audits for each of its job sites and submit reports to ASANM reflecting a consistent practice of identifying and correcting hazards. (See Attachment 1, Participant's Monthly Self-Evaluation and Job Site Report for the required information.);
  - 3.4.3 Ensure that all construction site supervisors have OSHA 10-hour certification. Prior to the end of the first year at the Silver STAR Level, ensure that all construction site supervisors have OSHA 30-hour certification; and
  - 3.4.4 Attain a self-evaluation score of at least 130.
- 3.5 Platinum STAR Level. In order to be designated a Platinum STAR Level participant in the SHIP Program, the applicant must:
  - 3.5.1 Meet the requirements for the Gold STAR Level, plus;
  - 3.5.2 Have achieved the Gold level in the previous year of participation;
  - 3.5.3 Have achieved a recordable occupational injury and illness rate (total case per BLS formula) that is at least 25 percent below the most recent national average for the contractor's North American Industry Classification System code;

- 3.5.4 Have a workers compensation insurance modification rate of 1.0 or less;
- 3.5.5 Attain a self-evaluation score, verified by ASA-NM, of at least 175;
- 3.5.6 Arrange for at least one active job site visit by representatives of the SHIP Program Partners Committee;
- 3.5.7 Ensure that all construction site supervisors have OSHA 30-hour certification;
- 3.5.8 Provide evidence of employee involvement in company safety program activities, such as self-audits, site inspections, safety training, safety committees, and mishap and close call investigations;
- 3.5.9 Not have been cited for willful or repeat serious violations in the prior three years; and
- 3.5.10 Not have been cited for a serious, repeat, or willful violation related to a fatality or catastrophe in the prior three years.
- 4.0 NM OSHA Validation Procedures
  - 4.1 SHIP Program designations and benefits will be conferred annually. Subject to validation by NM OSHA that all applicable requirements have been met, participants' benefits will take effect on February 1<sup>st</sup> each year and will expire on January 31<sup>st</sup> of the following year.
  - 4.2 NM OSHA shall have the authority to validate information submitted by STAR Program applicants and participants prior to benefits taking effect, and on a quarterly basis thereafter, through job site visits and other means.
  - 4.3 Information obtained by NM OSHA in connection with its SHIP Program validation activities shall not be used for compliance purposes and should not be shared with other entities, including other government agencies.
  - 4.4 Participants in the SHIP Program shall have designated safety personnel participate in NM OSHA validation activities at their job sites.
- 5.0 SHIP Program Governance
  - 5.1 Information submitted by subcontractors as part of their STAR Program application shall be held in strict confidence by members of the SHIP Program Committee. However, information normally provided by an employer for purposes of a NM OSHA inspection or investigation shall be provided upon request by NM OSHA.
  - 5.2 Any SHIP Program participant may terminate their participation at any time by notifying ASA-NM 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 SHIP Program under 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 validation process;
  - 6.1.2 The company is found to have falsified information on its SHIP 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 willful disregard for the occupational health and safety of its employees.
- 6.2 NM OSHA shall notify the SHIP Program Committee in writing when downgrading or terminating a company's participation under the SHIP Program. The notification will include an explanation as to why the action is being taken.
- 6.3 A contractor whose participation under the SHIP Program is downgraded or terminated may not reapply to participate the following year at the Gold or Platinum STAR level.
- 6.4 A participant's involvement under the SHIP Program shall be terminated by ASA-NM if it fails to maintain its status as a member in good standing of ASA-NM.
- 6.5 A participant's STAR Program achievement level shall not be transferable to another OSHA Partnership Program.
- 7.0 SHIP Partners Program Committee Oversight
  - 7.1 The SHIP Program Committee shall oversee activities under the Partnership, and shall be comprised of occupational safety and health representatives from designated ASA-NM member companies. The bureau chief of NM OSHA shall appoint a member of the bureau to serve as advisor to the SHIP Program Committee.
  - 7.2 The SHIP Program Committee shall:
    - 7.2.1 Verify each SHIP Platinum award application by confirming the applicant's qualifications, including:
      - 7.2.1.1 The letter from its insurance carrier reporting the company's EMOD's;
      - 7.2.1.2 The company's recordable occupational injury and illness rate based on its OSHA 300 Logs;
      - 7.2.1.3 The qualifications of the company's occupational safety and health professionals;

- 7.2.2 Review all reports of complaints and referrals issued to SHIP Program participants;
- 7.2.3 Recommend changes to the SHIP Program, as warranted.
- 7.2.4 Prepare documents to support the program, including an explanation of the SHIP Program for distribution to supervisory personnel of contractors participating in the Partnership.
- 7.3 The SHIP Program Committee shall have the authority to recommend reinstatement of any participant of the SHIP 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 validation visit and either confirm or reverse its initial decision in the matter.
- 8.0 SHIP Program Review
  - 8.1 NM OSHA and the ASA-NM SHIP Program Committee will review the Partnership each year in July. The review will include, among other things, a discussion of the success of the Partnership in meeting its stated objectives and any recommended improvements.
  - 8.2 Participant's performance in protecting employees from the four focused-hazards listed in Section 3.3.2 will be measured and compared to a baseline established in the first year of the program.

**Attachments**

- 1 – SHIP Program – Participant's Monthly Self-Audit and Job-Site Report
- 2 – SHIP Program – Commitment Agreement
- 3 – SHIP Program – Participant's Self Evaluation Form
- 4 – SHIP Program – Time Line

OSHA and ASA-NM SHIP Partnership

Participant's Monthly Self-evaluation and Job-site Report

Complete for each job site on which work was performed during the prior month. Reports must be submitted to ASA by the 1st of the following month. (Yes = No Hazards Noted; No = Hazards Noted, Comments to Follow)

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_ GC: \_\_\_\_\_
Job Site: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1926 Regulations Complied With:
Yes No N/A

1926 Regulations Complied With:
Yes No N/A

1926 Regulation Complied With:
Yes No N/A

Subpart "C" General

- Safety Plan on Location
Employee Training for Location
Housekeeping
Emergency Action Plan (EAP)
Postings
Other - See Comments

Subpart "D" Health & Environment

- First Aid Supplies
Eye Wash
Portable Water
Drinking Cups
Toilet Facilities
Gases, Vapors, Fumes, Dust, etc.
MSDS's on site
Other - See Comments

Subpart "E" PPE

- Foot Protection
Head Protection
Hearing Protection
Eye & Face Protection
Respiratory Protection
Other - See Comments

Subpart "F" Fire Protection

- Sufficient Extinguishers
Fire Prevention Plan
Flammables Storage
Safety Cans
LP-Gas Storage
Other - See Comments

Subpart "G" Signs, Signals, Etc.

- Accident Prevention Signs & Tags
Barricades
Proper Signaling
Other - See Comments

Subpart "H" Material Handling

- Material storage
Egress Paths
Waste Disposal
Other - See Comments

Subpart "I" Tools

- Hand Tools
Power Tools
Abrasive Wheel Tools
Air Receivers
Other - See Comments

Subpart "J" Welding & Cutting

- Torch Safety Services
Regulator Safety
Hose Safety
Cylinders Secured
Welder Ground
Welder Lead
Fire Watch
Fire Prevention
Ventilation
Other - See Comments

Subpart "K" Electrical

- Suitability for Use
Clear/Working Space
GFCI Program
Temporary Lighting
Lockout/Tagout Program
Open Elect. Warning Signs
Other - See Comments

Subpart "L" Scaffolds

- Capacity
Planking
Plumb
Cross Bracing
Access
Daily Inspection Documentation
Physical Damage
Guardrails
Toe boards
Training
Competent Person
Other - See Comments

Subpart "M" Fall Protection

- Training
Positioning Device
Harness & Lanyard
Warning Line
Other - See Comments

Subpart "N" Cranes, Derricks, Etc.

- Load Rating
Swing Radius Guarded
Fire Extinguisher
Back-up Alarms
Lights & Flashers
Seat Belt
Brakes
Operator Certification
Other - See Comments

Subpart "O" Motor Vehicles & Heavy Eqpt.

- Lights & Flashers
Windshield & Windows
Tires
Other - See Comments

Subpart "N" Forklifts

- Operator Certification
Back-up Alarms
Tires
Other - See Comments

Subpart "P" Trenching & Excavation

- Shoring or Sloping
Entry/Egress, Means
Traffic Control
Daily Inspection
Spoil Piles
Soil Classification
Competent Person
Other - See Comments

Subpart "Q" Concrete & Masonry

- Rebar Cap
Other - See Comments

Subpart "R" Steel Erection

- Temporary Flooring
Fall Protection
Tag Line Use
Other - See Comments

Subpart "S" Underground Construction

- Other - See Comments

Subpart "T" Demolition

- Other - See Comments

Subpart "X" Stairways & Ladders

- Stair Construction
Stair Railings
Platform Railings
Ladder Load Rating
Proper Ladder Use
Training
Other - See Comments

OTHER

- Confined Space Entry
Asbestos
Sandblasting
Traffic Control
See Comments

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

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

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

**Attachment 2**

**OSHA and ASA-NM SHIP 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 Name

\_\_\_\_\_  
Date

## OHSA and ASA-NM SHIP Partnership Verification Level Criteria

Company \_\_\_\_\_ SIC \_\_\_\_\_

Corporate Office Contact

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Eligibility:** To determine at which level of the SHIP Partnership a contractor can qualify as a participant, the contractor must provide the ASA SHIP committee with evidence of meeting each requirement listed below. After one year, the contractor may renew his or her participation in the Partnership.

### Self Evaluation by Participant

**PART I of III:** Beginning from the left-most column, check all items that apply under each section heading. If all items in left-most column are checked, proceed to next section. If all items in left column are not checked proceed to next column(s) to right until all items in column under the section heading can be checked.

| <b>A. Employer Commitment. 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>  |   |   |  |       |
|---|---|---|--|-------|
| 10  | 5   | 2   | 0  | Score |
| Employer<br><input type="checkbox"/> participates in safety program<br><input type="checkbox"/> sets objectives for safety<br><input type="checkbox"/> requires feedback on program<br><input type="checkbox"/> provides necessary funds  | Management<br><input type="checkbox"/> participates in safety program<br><input type="checkbox"/> requires feedback on safety program<br><input type="checkbox"/> provides funds for safety | Management<br><input type="checkbox"/> wants and supports safety but does not participate | Management<br><input type="checkbox"/> not included<br><input type="checkbox"/> has a hand-off approach (leaves safety to safety coordinator or supervisory personnel) |       |
| Comments:   |   |   |  |       |
| <b>B. Employer Policy Statement on Safety. Review documents, such as policy statements, safety manuals, and letters from management regarding safety.</b>   |   |   |  |       |
| 10  | 5   | 2   | 0  | Score |
| Safety policy<br><input type="checkbox"/> is in writing<br><input type="checkbox"/> is known to all employees<br><input type="checkbox"/> is part of safety manual<br><input type="checkbox"/> defines purpose and scope of safety program<br><input type="checkbox"/> emphasizes employer approach<br><input type="checkbox"/> is signed and supported by top person(s) in company | Safety policy<br><input type="checkbox"/> exists/is in writing<br><input type="checkbox"/> has not been explained to employees, but is posted   | <input type="checkbox"/> Safety policy exists but is not known by employees               | <input type="checkbox"/> No policy exists  |       |
| Comments:   |   |   |  |       |

**Attachment 3**

| <b>C. Responsibility for Safety Defined. Review documents such as policy statements, safety manuals, policy and procedure manuals, company organizational chart, supervisors' and safety directors' job descriptions.</b>          |  |   |   |       |
|--|--|---|---|-------|
| 20   | 10   | 5   | 0   | Score |
| Responsibility for safety<br>___ defined for everyone in company<br>___ in writing and part of safety manual<br>___ Supervisors/foremen have key responsibilities<br>___ Designated Safety Manger/Director                         | Responsibility for safety<br>___ defined for everyone in company<br>___ is not in writing<br>___ Supervisors/foremen have key responsibilities   | ___ Responsibility for safety rests solely with designated safety coordinator<br>___ Supervisory personnel to not assist with safety program implementation             | ___ Responsibility for safety is not defined within the company             |       |
| Comments:  |  |   |   |       |
| <b>D. Experience Modification Rate (EMR). Review documentation that supports company's EMR.</b>  |  |   |   |       |
| 10   | 5  | 2   | 0   | Score |
| ___ EMR is below 0.85 for each of last three years<br>___ Employer reviews the costs of accidents and how EMR affects company  | ___ EMR is between 1.0 & 0.85 for each of last three years<br>___ The cost of accidents is reported to the project manager   | ___ EMR has decreased two of the last three years   | ___ EMR is unknown<br>___ EMR has increased each of the past three years    |       |
| Comments:  |  |   |   |       |
| <b>E. Resources for Safety. Review company's annual budget or other supporting documents. (Note: Company may provide annotated budget information in order to preserve confidentiality.)</b>                                       |  |   |   |       |
| 10   | 5  | 2   | 0   | Score |
| ___ Resource needs are established annually for safety<br>___ Resource needs are based on planned programs   | ___ An annual safety allocation is established but not necessarily based on planned activities<br>___ The item is adjusted based on previous years' expenses   | ___ Money for safety is taken from general funds as needed  | ___ Adequate resources are not made available for safety.                   |       |
| Comments:  |  |   |   |       |
| <b>F. Safety Program Goal Setting. Review documents such as policy statements, meeting notes, safety performance documents, company Continuous Improvement Program documents, and goals of the safety director.</b>                |  |   |   |       |
| 10   | 5  | 2   | 0   | Score |
| ___ Needs analysis is used to set safety program goals/objectives<br>___ An action plan is developed to accomplish goals/objectives<br>___ Feedback is required from those assigned tasks<br>___ Long and short term goals are set | ___ Safety program goals and objectives are set annually<br>___ Feedback is required from those assigned tasks   | ___ Informal goals are set for accomplishment through the safety program<br>___ Results are discussed at least annually   | ___ No goals or objectives for the safety program are established           |       |
| Comments:  |  |   |   |       |
| <b>G. Employer Supervisory Meetings. Review documents such as meeting agendas, notes and minutes where safety items are noted.</b>   |  |   |   |       |
| 10   | 5  | 2   | 0   | Score |
| ___ Employer conducts bi-monthly supervisor meetings where safety is on the agenda<br>___ Employer gives an overview of safety activity<br>___ Serious accidents are reviewed  | ___ At least quarterly supervisor meetings are held with supervisors where safety is on the agenda<br>___ Supervisors give a status report on job site safety activities<br>___ Serious accidents are reviewed | ___ Annual meetings are held with supervisors at which safety is on the agenda<br>___ Supervisors are given safety information<br>___ Serious accidents may be reviewed | ___ Employer holds no supervisor meetings at which safety is an agenda item |       |
| Comments:  |  |   |   |       |

| <b>H. Pre-Planning for Job-Site Safety. Review documents relating to job safety and/or job hazard analysis sheets, project check lists.</b>  |  |  |   |       |
|--|--|--|---|-------|
| 10   | 5  | 2  | 0   | Score |
| ___Pre-job safety planning is required prior to mobilization<br>___A check list is used to assure all exposures are considered<br>___Necessary equipment is provided and precautions are taken prior to or at the start of the job, not after problems have been encountered<br>___Job supervisors are trained in planning for safety  | ___Pre-job safety planning is required prior to mobilization<br>___Safety equipment and safety procedures are provided when needed<br>___Training in pre-job safety planning is not required<br>___A check list is used as a guide   | ___No formal pre-job safety planning program but some planning is done<br>___No check list is used in pre-planning   | ___No pre-job safety planning is done       |       |
| Comments:  |  |  |   |       |
| <b>I. Employee Participation. Review documents including copies of programs in safety manuals and/or employee policies and procedures manuals, training records, safety toolbox talks sign-in sheets, employee incentive programs, and employee suggestion boxes.</b>  |  |  |   |       |
| 10   | 5  | 2  | 0   | Score |
| ___Employee participation program in place<br>___Supervisors trained to facilitate employee participation<br>___Procedures set up for employees to participate in activities in tool box talks, hazard recognition/reporting, site inspections, safety rule development/revision, new hire & formal safety training, and accident investigations   | ___Supervisors trained to facilitate employee participation<br>___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  | ___Employee participation is encouraged<br>___Information is given to supervisors on how to involve employees<br>___Employee suggestion/ comment program implemented | ___No employee participation program        |       |
| Comments:  |  |  |   |       |
| <b>J. New Employee Orientation. Review documents such as orientation agendas and program materials, SHIPs rosters, safety manuals and/or employee handbooks.</b>   |  |  |   |       |
| 10-15  | 5  | 2  | 0   | Score |
| ___Formal orientation program is in effect for all new or transferred employees<br>___Orientation includes training on safety rules, HAZCOM, major job hazard exposures, PPE, and emergency reporting procedures<br>___Employer concern for safe job performance is stressed<br>___Orientation is offered to non English speaking employees in their native language (Add 5 additional points) | ___Orientation that includes information on safety is given to new employees<br>___Documentation showing items covered is maintained<br>___Orientation includes training on safety rules, HAZCOM, major job hazard exposures, PPE, and emergency reporting procedures<br>___Job safety requirements are stressed | ___Orientation is given to employees but no training records are maintained  | ___No orientation is given to new employees |       |
| Comments:  |  |  |   |       |
| <b>K. Safety Rules. Review documents such as job-site rules, safety manuals, contracts, employee handbooks.</b>  |  |  |   |       |
| 10   | 5  | 2  | 0   | Score |
| ___Rules are in writing and are communicated to all employees<br>___Rules are enforced equally among all employees<br>___Rules are updated on a regular basis<br>___Subcontractors must follow safety rules.   | ___Rules are in writing and are communicated to all employees<br>___Copies of rules are posted or available to all employees<br>___Supervisors enforce most of the rules   | ___There are some general rules<br>___Rules are enforced most of the time<br>___Rules have not been updated within past two years                                    | ___There are no safety rules                |       |
| Comments:  |  |  |   |       |

| <b>L. Employee Safety Training. Review the safety training records.</b>   |  |  |  |       |
|---|--|--|--|-------|
| 15-20   | 10   | 5  | 0  | Score |
| ___ 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, heavy equipment safety, driving safety and trade specific safety (such as electrical safety)<br>___ Formal safety training conducted by competent or qualified safety instructors<br>___ Employee training comprehension/ understanding is verified and documented<br>___ Training is offered to non English speaking employees in their native language (Must include OSHA 10hr., Add 5 additional points) | ___ Some formal safety training provided and documented in areas such as first aid/CPR and hazard recognition, specifically; falls from elevation, stuck by, caught in/between and electrical hazards.<br>___ Formal training needs assessment conducted for workforce<br>___ Informal safety training conducted by competent or qualified safety instructors<br>___ Employee training comprehension/ understanding is verified and documented | ___ Formal safety training, with verifiable records provided in hazard recognition<br>___ Some informal safety training provided | ___ No formal safety training provided       |       |
| Comments:   |  |  |  |       |
| <b>M. Toolbox Safety Meetings. Review documents such as copies of safety tool box talks and respective date and sign-in sheets.</b>   |  |  |  |       |
| 10  | 5  | 2  | 0  | Score |
| ___ Meetings held weekly<br>___ Conducted by supervisors<br>___ Attendance and topic documentation kept<br>___ Employees participate  | ___ Supervisors hold meetings at least monthly<br>___ Attendance and topic documentation kept  | ___ Employer conducts meetings with all employees less than once a month   | ___ No meetings held with employees          |       |
| Comments:   |  |  |  |       |
| <b>N. Inspections. Review inspection records.</b>   |  |  |  |       |
| 10  | 5  | 2  | 0  | Score |
| ___ Weekly job site inspections are made by the site supervisor<br>___ Critical safety hazards are identified and checked<br>___ A report is submitted on the results of the inspection<br>___ Hazards are SHIPsified according to seriousness<br>___ Dates are set for assed corrective action effectiveness   | ___ Monthly job site inspections are made by an employer representative<br>___ A report on the results is filed<br>___ Follow-up corrective action is taken  | ___ Informal job site inspections made occasionally by the site supervisor with no reports submitted                             | ___ No inspections are required              |       |
| Comments:   |  |  |  |       |
| <b>O. Supervisory Training. Review documentation of supervisory training.</b>   |  |  |  |       |
| 15  | 10   | 5  | 0  | Score |
| Supervisory training includes:<br>___ First Aid/CPR<br>___ Hazard Recognition<br>___ Emergency Reporting Procedures<br>___ OSHA 10 Hour or Greater<br>___ Conducting Meetings<br>___ Supervisory Skills<br>___ Accident Investigation<br>___ Job Safety Analysis<br>___ Job Safety Planning<br>___ Train-the-trainer<br>___ Job Site Safety Inspections   | Most supervisors receive training in:<br>___ Hazard Recognition<br>___ First Aid/CPR<br>___ OSHA 10 hr.<br>___ Emergency Reporting Procedures<br>___ Human Relations<br>___ Supervisory Skills<br>___ Accident Investigation<br>___ Job Site Safety Inspections  | ___ Some supervisors are sent to outside training courses  | ___ The firm has no training for supervisors |       |

Attachment 3

|  |  |  |  |  |
|--|--|--|--|--|
| <p><input type="checkbox"/> Human Relations</p> <p><input type="checkbox"/> Company has in-house facilities for training or has good outside training source</p> <p><input type="checkbox"/> Professional development courses offered</p> <p><input type="checkbox"/> Supervisors have access to a safety professional</p> |  |  |  |  |
|--|--|--|--|--|

Comments:

**P. Accident Investigation.** Review documents such as accident investigation and near miss forms, recommendation reports written following an accident investigation, materials company publishes following accidents, etc.

| 10  | 5   | 2   | 0   | Score |
|---|---|---|---|-------|
| <p><input type="checkbox"/> Accidents and near misses are investigated by site supervisor</p> <p><input type="checkbox"/> All supervisors are trained in the techniques of accident investigation</p> <p><input type="checkbox"/> Reports are completed for all accidents</p> <p><input type="checkbox"/> Employer reviews all accidents</p> <p><input type="checkbox"/> The basic causes of all accidents are determined</p> <p><input type="checkbox"/> Information learned is shared with all job sites</p> <p><input type="checkbox"/> There are follow-up steps to assure corrective action is taken</p> | <p><input type="checkbox"/> All accidents are investigated with a report written</p> <p><input type="checkbox"/> Supervisors are trained to make investigations</p> <p><input type="checkbox"/> Employer reviews all investigation reports</p> <p><input type="checkbox"/> Information on "serious" incidents is shared with employees on all job sites</p> | <p><input type="checkbox"/> Informal investigations are made with no written report</p> <p><input type="checkbox"/> Some supervisory personnel know how to investigate an accident</p> <p><input type="checkbox"/> Information gained is not shared on other job sites</p> <p><input type="checkbox"/> Persons other than the site supervisor conduct most investigations</p> | <p><input type="checkbox"/> Accidents are not investigated to determine cause</p> |       |

Comments:

**Q. Use of Personal Protective Equipment (PPE).** Review documents such as training agendas, safety manuals, safety policies, job-hazard analysis where PPE is identified, invoices, etc. At job site, concentrate on housekeeping, wearing of PPE, location of MSDS books.

| 10   | 5   | 2   | 0  | Score |
|--|---|---|--|-------|
| <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><input type="checkbox"/> Use of PPE is left to the discretion of each employee, resulting in rare use</p> |       |

Comments:

**R. 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.

| 10   | 5   | 2  | 0  | Score |
|--|---|--|--|-------|
| <p><input type="checkbox"/> Safety programs is reviewed at least semi-annually to determine if it is producing desired results</p> <p><input type="checkbox"/> Criteria against which performance is measured are established</p> <p><input type="checkbox"/> Results of performance review become part of overall rating of supervisors</p> | <p><input type="checkbox"/> Safety programs is reviewed annually to determine if it is producing desired results</p> <p><input type="checkbox"/> Performance criteria exist for more than half of the areas measured</p> <p><input type="checkbox"/> Results are discussed with individuals supervisors</p> | <p><input type="checkbox"/> Subjective review of safety activities made to judge if they are effective</p> <p><input type="checkbox"/> Rating given to each area audited</p> | <p><input type="checkbox"/> No review of safety performance made</p> |       |

Comments:

**Attachment 3**

| <b>S. Substance Abuse Policy. Review documents such as safety manuals and/or employee manuals that provide the policy, employee assistance program, etc.</b>   |  |   |   |       |
|--|--|---|---|-------|
| 10   | 5  | 2   | 0   | Score |
| ___ Company policy contains strict rules regarding drug and alcohol use<br>___ Company does drug testing for pre-hire, post accident and for cause<br>___ Company keeps counseling and testing records<br>___ Company has an Employee Assistance Program | ___ Company has substance abuse verbiage in company policy<br>___ Supervisors are trained in hazards of drugs and alcohol on the job | ___ Company has policy but makes no effort to enforce policy                  | ___ Company has no policy regarding drugs, or alcohol abuse |       |
| Comments:  |  |   |   |       |
| <b>T. Record-keeping. Review documents such as Summary OSHA 300 Logs, employee attendance records, and records of first aid cases.</b>   |  |   |   |       |
| 10   | 5  | 2   | 0   | Score |
| Records are kept on:<br>___ Inspections<br>___ Training<br>___ Orientations<br>___ Accident Investigations<br>___ First Aid Treatment<br>___ OSHA Log-Forms 300 and 300A<br>___ Hazard Communication Program<br>___ Employee Absences                    | Records are kept on:<br>___ OSHA Log-Forms 300 and 300A<br>___ Accident Investigations<br>___ Inspections<br>___ First Aid Treatment | ___ OSHA Log-Forms 300 and 300A are maintained according to OSHA requirements | ___ No records are kept on safety related activities        |       |
| Comments:  |  |   |   |       |

**PART II of III:** For each item, indicate whether company has provided documentation. (YES/NO)

- \_\_\_ 1) Company provided evidence of construction site supervisors receiving training equivalent to the OSHA 10-hour construction safety course?
- \_\_\_ 2) Company provided evidence that designated safety personnel, through training and experience, are able to recognize work hazards and have the authority to take prompt corrective action? (Evidence of completion of training equivalent to the OSHA 30-hour Construction Safety course fulfills this requirement.)
- \_\_\_ 3) Company provided evidence of having written site specific safety and health program based on the ANSI A-10.38 guidelines or the OSHA 1989 Safety and Health Program Management Guidelines?
- \_\_\_ 4) Company provided evidence of employee involvement in the safety and health program (e.g., participation in self-audits, tool box talks, site inspections, job hazard analyses, safety and health program reviews, safety training, and mishap investigations)?
- \_\_\_ 5) Company provided evidence of effective employee training for avoidance of hazards specific to the contractor's job site(s)?
- \_\_\_ 6) Company provided evidence of implementing a fall protection program using conventional fall protection (i.e., the use of personal fall arrest systems, safety net systems or guardrail systems, as defined in 29 CFR 1926.502, is required and enforced when employees of the contractor or its subcontractors are performing work in excess of 6 feet above a lower level)?
- \_\_\_ 7) Company provided evidence of having no willful violations and no repeated serious violations in the last three years?

\_\_\_ 8) Company provided evidence of having no fatalities or catastrophes in the last three years that resulted in serious, willful or repeat citations related to the incident?

**TO BE COMPLETED BY ASA SHIP COMMITTEE**

**Yes/No**

- \_\_\_ Satisfactory filing of all requested material to validate self-evaluation score?
- \_\_\_ Company submitted copy of Summary OSHA 300 Log?
- \_\_\_ Summary OSHA 300 Log shows occupational injury and illness recordable rate (total case per BLS formula) below 7.9 or 25% below national average?
- \_\_\_ Submission of EMOD (EMR) from Work Comp Insurance carrier for prior 3 year period?

|    |  | Self-evaluation Score | ASA Committee Verification Score |
|----|--|-----------------------|----------------------------------|
| A. | Employer Commitment                        |                       |                                  |
| B. | Employer Policy Statement on Safety        |                       |                                  |
| C. | Responsibility for Safety Defined          |                       |                                  |
| D. | Experience Modification Rate/Loss Ratio    |                       |                                  |
| E. | Resources for Safety                       |                       |                                  |
| F. | Safety Program Goal Setting                |                       |                                  |
| G. | Employer Supervisory Meetings              |                       |                                  |
| H. | Pre-planning for Job Site Safety           |                       |                                  |
| I. | Employee Participation                     |                       |                                  |
| J. | New Employee Orientation                   |                       |                                  |
| K. | Safety Rules                               |                       |                                  |
| L. | Employee Safety Training                   |                       |                                  |
| M. | Toolbox Safety Meetings                    |                       |                                  |
| N. | Inspections                                |                       |                                  |
| O. | Supervisory Training                       |                       |                                  |
| P. | Accident Investigation                     |                       |                                  |
| Q. | Use of Personal Protective Equipment (PPE) |                       |                                  |
| R. | Performance Review                         |                       |                                  |
| S. | Substance Abuse Policy                     |                       |                                  |
| T. | Recordkeeping                              |                       |                                  |
|    | <b>TOTAL</b>                               |                       |                                  |

Award Levels based on point system:

|                 |                  |
|-----------------|------------------|
| <b>Platinum</b> | <b>230 - 175</b> |
| <b>Gold</b>     | <b>174 - 130</b> |
| <b>Silver</b>   | <b>129 - 75</b>  |
| <b>Bronze</b>   | <b>74 - 40</b>   |

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

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|--|-----------------------|
| Date Received by Committee: _____            |                       |
| Date Reviewed by Committee: _____            | Level Assigned: _____ |
| Review Committee Present: (Name & Signature) |                       |
| _____  | _____                 |
| _____  | _____                 |
| _____  | _____                 |
| _____  | _____                 |
| _____  | _____                 |
| _____  | _____                 |
| _____  | _____                 |
| _____  | _____                 |
| Date Applicant Contacted: _____              | Spoke to: _____       |