



New Mexico Occupational Safety & Health Cooperative Compliance Partnership For the Construction Industry

CCP



NM OSHA and Industry Working Together For a Safer New Mexico

May 2007

Cooperative Compliance Partnership (CCP) Program Description

The Cooperative Compliance Partnership (CCP) is a new way for employers in the State of New Mexico and New Mexico Occupational Safety and Health (NM OSHA) to partner together, outside the scope of traditional compliance enforcement, to ensure safe and healthful working conditions for the workers in New Mexico.

The purpose of a CCP is to recognize employers with proactive safety and health programs and, in turn, have NM OSHA work with the employer to ensure employees are not exposed to hazards. The program has been running for several years in construction activities, and has exceeded our expectations as a way to ensure safe workplaces while improving employer relationships.

In general, a company or partnership requests a CCP through NM OSHA for a specific project in construction. NM OSHA then reviews the required information submitted by the company to ensure a CCP agreement is appropriate. If a CCP appears feasible, an initial site visit will be conducted. During that site visit, NM OSHA compares the written Safety and Health Program to actual worksite conditions and work methods. A general walk through of the site is made to determine if the company is truly proactive and that their program has evolved to the point where a cooperative agreement with NM OSHA, instead of a traditional enforcement relationship, is deserved. If NM OSHA determines that the company is qualified, a CCP agreement will be offered to the company.

Basically the signed agreement consists of Terms and Conditions between NM OSHA and the company. NM OSHA will conduct worksite visits that are scheduled with the company in lieu of programmed inspections. The company **will not** receive citations if any alleged hazards found during the visit are corrected immediately and the appropriate abatement information forwarded to NM OSHA. If numerous safety and/or health concerns are found on the worksite, the CCP could be terminated according to the agreement and NM OSHA may then need to respond in an enforcement mode. Traditional enforcement can occur to any other employer/subcontractor working on the site without affecting the CCP agreement. Un-programmed inspections, such as accidents and employee complaints are covered in the Terms and Conditions of the Agreement.

This agreement is for companies whose Safety and Health Program and work methods are above industry standards. This is not a “free pass” from inspections. CCPs have rigorous requirements and only apply to one worksite per agreement. NM OSHA expects the best and needs to be able to place a great deal of trust in a company. Those companies that qualify, have a CCP Agreement they can be proud of and are encouraged to advertise.

What is expected of the company?

- Report all accidents or safety or health related problems to NM OSHA immediately
- Keep promises for deadlines for abatement and addressing concerns
- Continue to improve and maintain the company’s set safety and health goals
- Submit annual site reports to include injury/illness rates and training data
- Ensure all employees on their sites are provided with a safe and healthful workplace

What can a company expect from NM OSHA?

- To be treated with the respect they have earned

- To have scheduled site visits where NM OSHA representatives walk with the company representatives to observe the site and offer suggestions and compliance assistance
- Reduced site work interruptions or delays from general scheduled inspections
- An agreement the company can show clients that demonstrates their commitment to safety and health and their relationship with NM OSHA
- Once contract is awarded, the company is welcome to send a representative to sit on the CCP Networking Board to share concerns/solutions, receive safety and health regulatory updates, and work on common problems with NM OSHA and their peers.

Employers and employees benefit from a CCP by working with NM OSHA to reduce the costs of illnesses and injuries and providing safe and healthful workplaces. If you feel a CCP is right for your company and would like to apply for one of your sites, follow the CCP Application Instructions.

Cooperative Compliance Partnership (CCP) Qualification Criteria

To Qualify for a Construction CCP:

- The Applicant Information Form must be fully completed with all requested attachments.
- The OSHA Forms 300 must be submitted and reviewed. The results of the review must show that the company does not have excessive injuries or illnesses in relation to the type of work performed.
- The Safety and Health Program must be submitted and reviewed. The review must show a complete program that includes employee participation, management commitment, training, self inspection, disciplinary action plan, applicable work rules for work performed, and methods to ensure subcontractors are following safe work practices (e.g., requesting and reviewing safety and health programs as part of bid process and having means in contract to force subcontractors to work safely).
- A site specific Safety and Health Program to ensure unique situations of the site are addressed before work is begun (e.g., 25' excavations, traffic control, environmental factors, new construction techniques, etc.) and that a predictable schedule of work concerns are followed.
- A list of contractors to be performing work needs to be submitted. Histories will be run on applying company and subcontractors. Any willful violations or excessive repeats will be investigated and may preclude the company or subcontractor.
- All employees and all subcontractors' employees entering site must go through a safety orientation/training for that particular site, before that employee can begin work. This documentation must be maintained.
- A system must be in place to identify each contractor on site, including second, third, etc., tier contractors to ensure NM OSHA and the General Contractor are aware of each actual contractor performing or responsible for work on site and to ensure all employees complete the initial orientation.
- The site description will be reviewed. If the construction activities will be completed in less than 12 months, the CCP may be infeasible. The site must fall under NM OSHA jurisdiction.
- Expectations of the site visit include:
 - The site visit must not result in excessive safety or health hazard concerns.
 - The site visit must show that the employer is proactive and not just meeting the NM OSHA requirements, but going above and beyond minimum compliance.
 - The site visit must show an employer and employee disposition that is conducive to having a cooperative agreement with NM OSHA. (For example, a company that focuses on eliminating any potential hazards, whether or not it may violate a specific standard).

Finally, the company must agree to the terms of CCP Agreement contract.

Note: If an unprogrammed inspection must be made at the site, the inspection will be handled in traditional enforcement mode. If serious hazards, technically unrelated to the unprogrammed activity are noted, they will be addressed and appropriate citations and any applicable penalties may result if not immediately corrected.

Cooperative Compliance Partnership (CCP) Construction Application Instructions

**In order to process your request for a CCP agreement,
we need the following information to be submitted
together in one package:**

- ___ Applicant Information Form- filled out completely
- ___ Company's entire Safety and Health Program & Site Plan
- ___ Logs 300 & 300A for the previous 3 years and the current Log 300 for this year
- ___ List of Contractors to be performing work on site, including office addresses
- ___ A detailed description of project, including any other entities operating on site who are not under the control of the applying company (e.g., State Highway) and what those entities will be performing on site. Also include a hierarchy description of who is in control of the site.
- ___ Company's current DART (LWDII) & TRC- call for calculator tool or visit website
- ___ Employer Modification Rate (EMR from Insurance Carrier) for past 3 years
- ___ You should also include any other relevant information.

REQUIRED Throughout CCP Agreement: Immediate notification of major changes relating to CCP including, Safety Director position, Site Safety, new subcontractors to work on site, Superintendent, applicable changes in company policies, any fatalities/catastrophe on other company sites, etc. Forms are available for use to notify NM OSHA of changes.

The information you submit will not be used for enforcement activities.

Once your package is received, it will be reviewed and the contact person listed on the Applicant Information Form will be contacted.

Address package to:

Melissa Barker
Compliance Assistance Specialist
525 Camino de los Marquez
Santa Fe, NM 87501
Website: <http://www.nmenv.state.nm.us>
(505) 476-8700

Cooperative Compliance Partnership (CCP) Construction Applicant Information Form

Organization/Company Legal Name _____

Project Information:

Project Name _____

Project Description:

Estimated: Cost of Project _____ Project Begin Date _____ Project End Date _____

Site Address _____

Site Phone _____ Site Fax _____ Cell _____

Name of Site Superintendent _____

Name of Person Responsible for Safety and Health on site: _____

Company Information:

Federal Tax ID (FEIN) # _____ Total # of Employees Company Wide _____

SIC and/or NAICS: _____

Main Office Address: _____

Union? Yes No - If yes, please attach name, local, address, # of company members for each local.

Has a CCP been applied for previously by Company? Yes No

– If yes, please submit Project Name(s), Location and Year.

+Attach a list of all other names Company has operated under within last 10 years.

Main Contact Information:

Name _____ Title _____

Phone _____ Cell _____ Fax _____

Email Address _____

Address if different from Main Office:

Signature of Person Submitting Form

Printed Name and Title

Date

Company Logo



NEW MEXICO OCCUPATIONAL HEALTH AND SAFETY BUREAU
AND



COOPERATIVE COMPLIANCE PARTNERSHIP

Job Site Name

TERMS AND CONDITIONS

Company Name and NM OSHA enter into this Construction Safety and Health Partnership with full understanding of all terms and conditions hereby set forth in this agreement.

SUBMITTALS:

Company Name shall collect and submit the consolidated records of occupational safety and health training and all known injury/illness cases (OSHA 300 and 300A) for the site on an annual basis during agreement. **Company Name** shall submit and update the following information as changes occur:

- Written Site Safety and Health Plans/Programs where applicable;
- OSHA 200/300 logs for the past three (3) years for itself and participating sub-contracting employers on site when requested; and
- Documentation of pre-construction assessment for itself and participating subcontracting employers on site.

PARTICIPATION CRITERIA:

All participating site contractors must meet the following criteria:

1. No history of NM OSHA violations involving willful or failure to correct within the last five years.
Note: Individual contracting employers not meeting this criterion shall receive traditional enforcement inspections. Although, some site employers may not qualify under this provision, their poor NM OSHA history will not independently function to eliminate a partnership-focused inspection for the other site employers.
2. Have a safety and health program deemed to be effective when evaluated against the following criteria:
 - Management Leadership;
 - Employee Participation;
 - Identification of Hazards through Worksite Inspections;
 - Hazard Prevention and Control; and
 - Employee and Supervisor training.
3. A person on-site that is responsible for, possess the authority and is capable of effectively implementing the overall site safety and health program.
4. Complete a successful site visit assessment of their site Safety and Health Management System.

The eligible site contractors must comply with the terms of this agreement in order to participate.

NM OSHA will disqualify an employer if the employer fails to correct a serious hazard found during the course of any risk assessment visit.

COMPLAINT INVESTIGATIONS:

In general. This alliance provides for immediate response to each allegation of a serious safety or health hazard brought to its attention by any person, regardless of the source of the allegation. Upon finding that an allegation is valid, the employer ***that created the hazard*** shall promptly abate or mitigate the hazard.

Complaints filed under the NM OSHA Act. The Commissioner agrees that a copy of each complaint related to work being performed at the site and filed with NM OSHA under the New Mexico Occupational Safety and Health Act will be forwarded by "fax" to **Company Name** site office. In accordance with applicable laws, the name of a complainant requesting confidentiality will not be revealed. **Company Name** agrees to investigate the complaint and provide NM OSHA with a written response as soon as possible but not in excess of the timetable which follows below:

- Complaints alleging a serious hazard: 4 hours
- Complaints alleging an other-than-serious hazard: 3 calendar days
- Complaints alleging imminent danger: shall be investigated immediately and a verbal response dispatched within one hour, followed by a written report within two hours.

Failure to meet these time requirements will place the complaint outside the scope of this alliance. NM OSHA will respond to such complaints as it would to any complaint of a similar nature as required by regulation.

ACCIDENT INVESTIGATIONS:

Employers engaged in this alliance recognize that NM OSHA will continue to fully investigate accidents involving death or serious physical harm. These investigations will be conducted outside this agreement, in accordance with normal enforcement practices. Violations related to the accident may result in the issuance of citations and penalties. Unrelated safety and health concerns that are corrected immediately will fall under this agreement. Further, employers engaged in this alliance must report all recordable injuries/illnesses to NM OSHA within 8 hours.

PROCEDURE:

NM OSHA will conduct frequent safety and health site surveys and maintain records of these visits. These visits shall be conducted in a cooperative manner with **Company Name** and all sub-contractors. **Company Name** agrees to exercise control over any recognized site safety or health hazard to eliminate the potential for injury or illness in accordance with contractual and business practice limitations. No citations (including controlling employer citations) or proposed penalties will be issued to **Company Name** for alleged violations of a NM OSHA standard, provided that compliance with the terms of this alliance is achieved.

If [Company Name](#) sub-contracting employers qualify by having met the participation criteria, then they will be included in this alliance. If any site employer does not meet the aforementioned criteria, then inspection of their work and safety performance shall proceed in accordance with the traditional approach using established guidelines for comprehensive inspections.

Compliance assistance site surveys shall be conducted as focused inspections concentrating primarily on the four groups of hazards which account for the most fatalities and serious injuries in the construction industry: falls; electrical hazards; caught in/between hazards (such as trenching); and struck-by-hazards (caused by materials handling equipment and construction vehicles). However, during the course of the focused inspection, violations may be proposed for any serious hazards that are not abated immediately. Other-than-serious hazards, which are abated immediately, as observed by the Inspector, are noted in the case file and not cited.

NM OSHA agrees to conduct scheduled site visits in the presence of [Company Name](#)'s Safety Director or designated site representative. This is with the understanding that the Safety Director or site representative will make themselves available on short notice, within 5 days of the site visit. (NM OSHA agrees to make appointments for site visits with [Company Name](#) five days in advance of a visit)

There will be an initial site walk through to familiarize the NM OSHA team with the project layout, schedule, and potential for safety sensitive tasks during the project life cycle. NM OSHA compliance staff shall make the determination as to when site visits are most appropriate.

This agreement is for the sole benefit of the parties hereto and is not intended or meant to create any third party beneficiary rights in any other person or entity. Either party may serve written notice to the other party to terminate this agreement at any time.

MEMORANDUM OF UNDERSTANDING BETWEEN

The New Mexico Environmental Department

Occupational Health and Safety Bureau

&

Company Name

Jobsite Name

Whereas, the management of **Company Name** is committed to upholding the terms and conditions set forth in this agreement, thereby playing a leadership role in improving the health and safety for employees during the construction of the **Jobsite Name**.

Whereas, the New Mexico Environmental Department, Occupational Health and Safety Bureau believes that a safe and healthier workplace can be fostered for employees by having joint cooperation as prescribed within the terms and conditions set forth in this agreement.

Therefore, **NM OSHA Representative, Title**, and **Company Representative, Title for Company Name** are today creating a Construction Safety and Health Partnership for the **Jobsite Name** project.

By meeting, the criteria set forth in the terms and conditions and by the signing of this agreement, **Company Name**, and participating sub-contractors have pledged a commitment to occupational safety and health that qualifies them for this program with New Mexico Occupational Safety and Health Bureau (NM OSHA). As partners in the enterprise of protecting the safety and health of workers and, in accordance with this agreement, any NM OSHA programmed inspection will be conducted in accordance with this agreement. In entering into this agreement, the parties are expressing their commitment to the occupational safety and health of employees in the State of New Mexico.

Company Representative **Date**
Title,
Company Name

NM OSHA Representative **Date**
Title



CCP Change of Information Sheet

If you need to let the NM OSHA Partnership Program know about any changes or corrections to your original CCP Application, please type or print the information on this sheet and submit it to the NM OSHA Partnership Program Office. In addition to the changed or corrected information, please include any applicable documentation if available.

Company Information

Organization / Company Legal Name: _____

Project Name: _____

Main Contact Information

Name: _____ Title _____

Phone _____ Cell _____

Place a mark in the appropriate box.

- | | |
|--|---|
| <input type="checkbox"/> New site Superintendent | <input type="checkbox"/> Change in project competition date |
| <input type="checkbox"/> New Person responsible for Safety and Health onsite | <input type="checkbox"/> Add / delete subcontractors |
| <input type="checkbox"/> New Safety Director | <input type="checkbox"/> Project Description |
| <input type="checkbox"/> Change in company policies | <input type="checkbox"/> Other Changes |
| <input type="checkbox"/> Change in Safety & Health Program | |

Provide relevant details of change(s) below- you may use additional pages

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.....

Signature of Person Submitting Form

Print Name and Title

Please mail to

NM OSHA- CCP Program

OR

Fax copy to (505) 476-8734 Questions call: (505) 476-4618



CCP Annual Review

A new requirement of the CCP contract agreement is an annual review of your Safety, and Health Program, Injury/Illness data, and training for the entire site. Please type or print the information on this sheet and submit it to the NM OSHB Outreach Program Office by February 15 (or within one week of closing out site). Please include supporting documentation if available.

Organization / Company Legal Name: _____

CCP Project Name: _____

Main Contact Information

Name: _____ Title _____

Phone _____

Recordable Injuries / Illnesses (CCP Site) for calendar year _____

Note: All of the following requested numbers on this form are relevant to the CCP site and should reflect site numbers (your on site employees as well as subcontractors)

Total number of Deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases	Total number of days away from work	Total number of Restricted work days
_____	_____	_____	_____	_____	_____

Estimated Total Work Hours (CCP Site) for calendar year: _____

Site Safety and Health Training **On second page list any safety and health training conducted for this site during the calendar year- list totals below:**

Total hours of CCP site safety and health training: _____ No. of employees (including subcontractors): _____

Site Safety Orientations

Total Number of CCP Site Orientations Given: _____

Signature of Person Submitting Form

Print Name and Title

NM OSHB- CCP Program
Santa Fe, NM 87501

OR

Fax copy to (505) 476-8734 Questions call: (505)476-8724



Project Close-Out Form

Please submit form to close out CCP project and end contract. The Project Completion Date below will be the official close date of the agreement. Please call (505)476-8724 with questions.

Organization / Company Legal Name: _____

CCP Project Name: _____

Project Description including highlights, accomplished goals, final cost, etc.:

Project Information

Project Start Date _____

Project Completion Date _____

Total number of subcontractors used during project

Total estimated number of personnel on site (including subcontractors) during project _____

Total estimated number of hours worked (including subcontractors).

Total number of hours dedicated to safety and health training. _____

Total number of safety and health orientations given. _____

Total number of Deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases	Total number of days away from work	Total number of Restricted work days
_____	_____	_____	_____	_____	_____
(G)	(H)	(I)	(J)	(K)	(L)

Above numbers are for entire site including all subcontractors while on site.

Overall CCP Partnership

What benefits positive / negative were achieved through this partnership? Please feel free to include any relevant information not already requested.

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.....

Signature of Person Submitting Form

Print Name and Title

Address package to:
NM OSHB Partnership Program
525 Camino de los Marques, Ste 3
Santa Fe, NM 8750