



# ZIA STAR VOLUNTARY PROTECTION PROGRAM

## Annual Submission Format

### Purpose

The document below is the preferred format for currently recognized Zia Star Voluntary Protection Program (VPP) sites to conduct and submit their annual report to the Occupational Safety and Health Bureau of the State of New Mexico

## Zia Star VPP Format for Annual Participant Submissions



### Calendar Year 2022

NM OSHA requires each VPP participant to perform an annual self-evaluation of its safety and health management system. This self-evaluation, reflecting the previous calendar years' experience must be submitted to the participant's NM OSHA VPP Coordinator by February 15 of each year. Participants will find it useful to review the VPP *Federal Register* Notice, 74 FR 927, January 9, 2009, which includes annual submission requirements, safety and health management system requirements applicable to all participants, plus additional requirements unique to the participant's chosen way to participate. **The 2022 VPP Self-evaluation is due from all VPP participants by February 15, 2023.**

The annual self-evaluation is not a compliance audit. It is a critical review to assess the effectiveness of all four VPP elements and their sub-elements, and to analyze participant and contractor injury and illness data and trends. It should include a review of written programs, a walk-through of the workplace, and interviews with employees. During this process, participants should answer the following questions relating to each element and sub-element of their safety and health management system:

1. Is it comprehensive?
2. Is it operating effectively and meeting established goals and objectives?
3. Are there problems that require the development and implementation of solutions in order to maintain excellent worker protection and continued VPP eligibility?
4. What improvements will be made to make it even more effective?
5. What goal modifications are planned for the upcoming year?

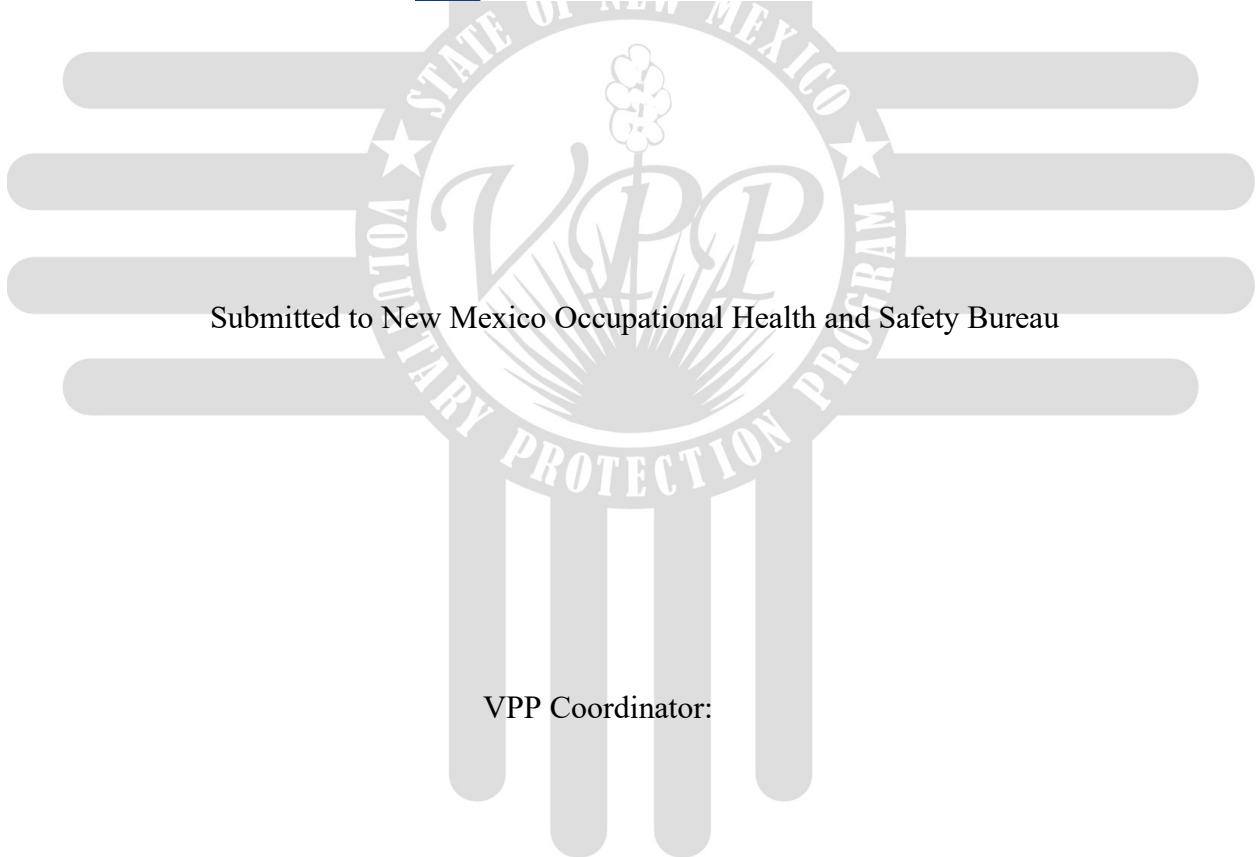
NM OSHA expects the evaluation to include participant and applicable contractor injury and illness data, and success stories, including safety and health or PSM best practices. NM OSHA uses the submitted information to update records and statistics, showcase successes related to implementation of the VPP requirements, and demonstrate that participants are committed to continuous improvement of worker safety and health at their facilities.

Reminder: Additionally, participants that fall under NM OSHA's Process Safety Management (PSM) standard must provide responses to all applicable questions found in the PSM Supplement B questionnaire. The responses must cover all PSM operations within the site/DGA. The responses to those questions are also due on February 15 of each year.

NM OSHA encourages participants to use the following suggested format in preparing their annual self-evaluation submission:



**ZIA Star Voluntary Protection Program Annual Evaluation  
(Cover Page)**



Submitted to New Mexico Occupational Health and Safety Bureau

VPP Coordinator:

**Section A: Zia Star VPP Annual Evaluation**

<b>Table A-1 Participant Summary Sheet</b>			
<b>To be completed by all VPP Participants</b>			
<b>VPP Participant Name</b> Address Phone		<b>Calendar Year</b>	<b>Date Submitted</b>
<b>Corporate Information</b> (if different from above)	Name Address Phone		
<b>Site/DGA Manager</b> Name Phone E-Mail Fax	<b>Site/DGA VPP Contact</b> Name Phone E-Mail Fax	<b>NAICS Code</b>	
		<b>VPP Status</b>	
<b>Does the site fall under the OSHA PSM Standard? (If yes, you must complete PSM Supplement B.)</b>			
<b>To be completed by Site-Based Non-Construction Participant (1)</b>			
<b>Number of Employees</b>	<b>Hours Worked</b>	<b>TCIR</b>	<b>DART Rate</b>
<b>Summary – All Applicable Contractors of a Site-Based Non-Construction Participant (2)</b>			
<b>Total Number of Applicable Contractor Employees</b>	<b>Hours Worked Onsite of All Applicable Contractor Employees</b>	<b>Combined Applicable Contractor TCIR</b>	<b>Combined Applicable Contractor DART Rate</b>
<b>To be completed by Site-Based Construction or Mobile Workforce Participant (3)</b>			
<b>Total Number of All Site/DGA Employees Including All Contractor Employees</b>	<b>Hours Worked of All Site/DGA Employees Including All Contractor Employees</b>	<b>Combined TCIR</b>	<b>Combined DART Rate</b>

**(1) Site-based Non-Construction Participants:** Enter the average number of employees employed at the site and the total hours worked by the participant’s own employees (including temporary and contractor employees regularly intermingled with and directly supervised by participant employees) at the approved site. Injury and illness data should correspond with information normally found in the appropriate column of the participant’s OSHA 300 (A) Summary of Work-Related Injuries and Illnesses and optional worksheets.

**(2) Summary of Applicable Contractors of Site-Based Non-Construction Participants:** All data in these cells must reflect the combined employee numbers and hours worked of **only applicable contractors’ employees** at the approved site. Applicable contractor data **must not** be combined with participant employee numbers and site hours unless contractor employees are regularly intermingled with and directly supervised by participant employees.

**(3) Site-Based Construction and Mobile Workforce Participants:** All data must reflect the combined workforce of participant employees and all contractor/subcontractor employees.

<b>Table A-2 Union Information</b>	
<b>Union Name(s)</b>	
<b>Union Local Number</b>	
<b>Union Representative for the Site/DGA</b>	
<b>Address</b>	
<b>Phone</b>	
<b>E-Mail</b>	
<b>Fax</b>	

**Section B: Injury & Illness Rate Information**

Injury and illness rate information for the previous calendar year must be received in the Regional Office or appropriate Area Office no later than February 15th of each year, along with your completed annual self-evaluation.

**(1) Site-based Non-Construction Participants:** Use Table B-1 below to submit data for your own site employees including temporary employees and any contractor employees regularly intermingled with and directly supervised by your employees. On the Participant Summary Sheet (see Section A, Table A-1), you will record some of the data you record in Table B-1.

**(2) Site-based Non-Construction Participants with Applicable Contractors:** Use Table B-2. Provide a **separate Table B-2 for each applicable contractor** (an applicable contractor is a contractor whose employees worked 1,000 hours or more at your site in any calendar quarter). Report applicable contractor injury and illness experience only for work at your site. Do not combine this data with your own site employee data. The NAICS code should reflect the applicable contractor’s primary work activity at your site, and not necessarily the participant’s NAICS code. On the Participant Summary Sheet (see Section A, Table A-1) you will record combined data for all applicable contractors.

**(3) Site-Based Construction and Mobile Workforce Participants:** Use Table B-1. Submit combined work hours and combined injuries and illnesses of **all employees**. This must include your own employees including temporary employees plus all contractor/subcontractor employees. Use this combined data to calculate your site or DGA TCIR and DART rate. On the Participant Summary Sheet (see Section A, Table A-1) you also will record combined data.

***When Participant Rates Have Increased***

If your one-year site/DGA TCIR or DART rate has increased since last year, you **must identify and describe the contributing factors and corrective actions you have taken to date**. Include this information in the narrative evaluation of each related element and sub-element. See Section D below.

If your three-year site/DGA TCIR or DART rate now exceeds the highest rate of the last three years published by the BLS statistics for your NAICS code, you **must submit a rate reduction plan based on your findings**. Contact your Regional VPP Manager to discuss the terms of your rate reduction plan.

<p align="center"><b>Table B-1</b>  <b>VPP Participant’s Recordable Non-Fatal Injury and Illness Case Incidence Rates</b></p>						
1	2	3	4	5	6	7
Year	Total Number Employees	Total Work Hours	Total Number of Injuries & Illnesses	Total Case Incidence Rate for Injuries and Illnesses (TCIR)	Total Number of Injury & Illness Cases Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer	Days Away from Work, Restricted Work Activity, and/or Job Transfer Rate (DART rate)
2019						
2020						
2021						
Most recent published BLS rate for NAICS code _____						
Percent above or below National Average						
Participant’s 3-Year TCIR and DART rate						

<p align="center"><b>Table B-2</b>  <b>Applicable Contractor Recordable Nonfatal Injury and Illness Case Incidence Rates</b>  <b>(for use by site-based non-construction participants)</b>  <b>(for the applicable contractor's work at your site only)</b></p>						
<b>Name of Applicable Contractor</b>						
<b>NAICS Code</b> for applicable contractor's work at your site						
1	2	3	4	5	6	7
Year	Total Number Employees*	Total Work Hours	Total Number of Injuries & Illnesses	Total Case Incidence Rate for Injuries and Illnesses (TCIR)	Total Number of Injury & Illness Cases Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer	Days Away from Work, Restricted Work Activity, and/or Job Transfer Rate (DART Rate)
Most recent published BLS rate for NAICS code _____						
Percent above or below National Average						

**Calculating Rates for Tables B-1 and B-2**

Annual rates are calculated by the formula  $(N/EH) \times 200,000$  where:

**N =** Total number of recordable nonfatal injuries and illnesses during the calendar year. **Site-based non-construction participants:** This number will be the total injuries and illnesses of your site employees including temporary employees and any contractor employees regularly intermingled with and directly supervised by your employees. **Site-based construction participants and mobile workforce participants:** This number will be total injuries and illnesses of your own employees **plus** all contractor/subcontractor employees.

**For the TCIR** use the total number of injuries and illnesses.

**For the DART rate** use injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer.

**EH =** Total number of hours worked by employees during the year. **Site-based non-construction participants:** This number reflects the hours worked by your site employees including temporary employees and any contractor employees regularly intermingled with and directly supervised by your employees. **Site-based construction participants and mobile workforce participants:** This number reflects the hours worked by your own employees including temporary employees and contractors directly supervised by applicant/participant **plus** all contractor/subcontractor employees.



**200,000** = equivalent of 100 full-time employees working 40 hours per week, 50 weeks per year.

**BLS data:** Insert the TCIR and DART rates for your industry from the Bureau of Labor Statistics (BLS) Table of Incidence Rates of Nonfatal Occupational Injuries and Illnesses by Industry. Find the table at [www.BLS.gov](http://www.BLS.gov) or obtain from your Regional VPP Manager. Compare your rates to the most recently published BLS average rates for your industry: Calculate the percent above or below the BLS national average for your TCIR and DART rates using the formula:  $[(\text{Site rate} - \text{BLS rate}) \div \text{BLS rate}] \times 100$ .

### **Section C: Significant Events or Changes**

Describe the impact of any significant event, change that occurred due to that event, and the steps taken to ensure or restore employee safety and health (e.g., change in management, corporate buy-out, complaint, accident, catastrophe, fatality, etc.)

### **Section D: Narrative Evaluation of Safety and Health Management System**

In narrative form, describe the effectiveness of each of the four elements (and their sub-elements) of your safety and health management system.

For each sub-element also include a description of:

1. Improvements made since the previous year and completion of the previous year's recommendations.
2. Any deficiencies identified, recommendations for improvement, the person(s) responsible for fulfilling each new recommendation, target dates for their completion, and the data/information reviewed to assess the effectiveness of the sub-element.

<b>VPP Zia Star Site Evaluation</b> <b>Area I: Management Leadership &amp; Employee Involvement</b>				<b>NM OSHA</b> <b>Use Only</b> <b>(*)</b>
1.	Management Commitment to Safety and Health Protection and to VPP Participation			
<i>VPP Site Assessment:</i>	<i>Effective</i>	<i>Improvement Needed</i>	<i>N/A</i>	
2.	Policies			
<i>VPP Site Assessment:</i>	<i>Effective</i>	<i>Improvement Needed</i>	<i>N/A</i>	
3.	Goals, Objectives, and Planning			
<i>VPP Site Assessment:</i>	<i>Effective</i>	<i>Improvement Needed</i>	<i>N/A</i>	
4.	Visible Top Management Leadership			
<i>VPP Site Assessment:</i>	<i>Effective</i>	<i>Improvement Needed</i>	<i>N/A</i>	

<p>5. Responsibility and Authority</p> <p><i>VPP Site Assessment:      Effective      Improvement Needed      N/A</i></p>	
<p>6. Line Accountability</p> <p><i>VPP SITE ASSESSMENT:      EFFECTIVE      IMPROVEMENT NEEDED      N/A</i></p>	
<p>7. Resources</p> <p><i>VPP SITE ASSESSMENT:      EFFECTIVE      IMPROVEMENT NEEDED      N/A</i></p>	
<p>8. Employee Involvement</p> <p><i>VPP SITE ASSESSMENT:      EFFECTIVE      IMPROVEMENT NEEDED      N/A</i></p>	
<p>9. Contract Employee Coverage</p> <p><i>VPP SITE ASSESSMENT:      EFFECTIVE      IMPROVEMENT NEEDED      N/A</i></p>	

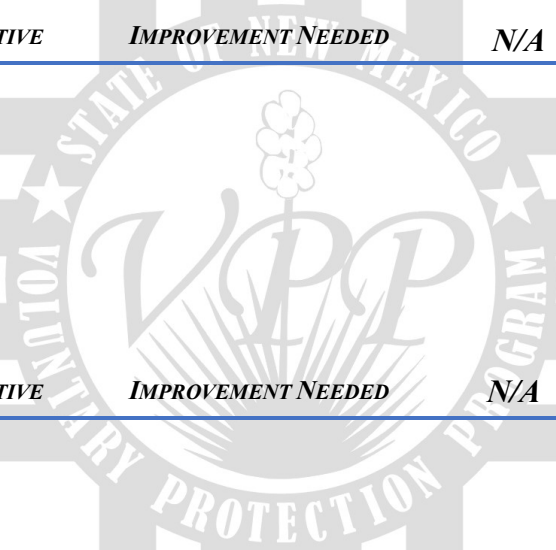
<p>10. Written Safety and Health Management System</p> <p><i>VPP Site Assessment:      EFFECTIVE      IMPROVEMENT NEEDED      N/A</i></p>	
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<p align="center"><b>VPP Zia Star Site Evaluation Area II: Worksite Analysis</b></p>				<p align="center"><b>NM OSHA Use Only (* )</b></p>
<p>11. Hazard Analysis of Routine Jobs, Tasks, and Processes</p> <p><i>VPP Site Assessment:      Effective      Improvement Needed      N/A</i></p>				
<p>12. Hazard Analysis of Significant Changes, New Processes, and Non-Routine Tasks - Including pre-use analysis and new baselines</p> <p><i>VPP Site Assessment:      Effective      Improvement Needed      N/A</i></p>				
<p>13. Routine Self-Inspections</p> <p><i>VPP Site Assessment:      Effective      Improvement Needed      N/A</i></p>				

<p>14. Hazard Reporting System for Employees</p> <p><i>VPP Site Assessment:            Effective            Improvement Needed            N/A</i></p>	
<p>15. Industrial Hygiene Program</p> <p><i>VPP Site Assessment:            Effective            Improvement Needed            N/A</i></p>	
<p>16. Investigation of Accidents and Near-Misses</p> <p><i>VPP SITE ASSESSMENT:            EFFECTIVE            IMPROVEMENT NEEDED            N/A</i></p>	
<p>17. Trend/Pattern Analysis</p> <p><i>VPP SITE ASSESSMENT:            EFFECTIVE            IMPROVEMENT NEEDED            N/A</i></p>	

<p align="center"><b>VPP Zia Star Site Evaluation</b> <b>Area III: Hazard Prevention and Control</b></p>				<p align="center"><b>NM OSHA</b> <b>Use Only</b> <b>(*)</b></p>
<p>18. Certified Professional Resources</p> <p><i>VPP Site Assessment:</i>            <i>Effective</i>            <i>Improvement Needed</i>            <i>N/A</i></p>				
<p>19. Hazard Elimination and Control Methods (Engineering Controls; Administrative Controls; Work Practice Controls and Hazard Control Programs; Safety and Health Rules and Disciplinary System; Personal Protective Equipment)</p> <p><i>VPP Site Assessment:</i>            <i>Effective</i>            <i>Improvement Needed</i>            <i>N/A</i></p>				
<p>20. Process Safety Management (if applicable)</p> <p><i>VPP Site Assessment:</i>            <i>Effective</i>            <i>Improvement Needed</i>            <i>N/A</i></p>				
<p>21. Occupational Health Care Program</p> <p><i>VPP Site Assessment:</i>            <i>Effective</i>            <i>Improvement Needed</i>            <i>N/A</i></p>				

<p>22. Preventive/Predictive Maintenance</p> <p><i>VPP Site Assessment:            Effective            Improvement Needed            N/A</i></p>	
<p>23. Tracking of Hazard Correction</p> <p><i>VPP SITE ASSESSMENT:            EFFECTIVE            IMPROVEMENT NEEDED            N/A</i></p>	
<p>24. Emergency Preparedness</p> <p><i>VPP SITE ASSESSMENT:            EFFECTIVE            IMPROVEMENT NEEDED            N/A</i></p>	



VPP Zia Star Site Evaluation Area IV: Safety and Health Training				NM OSHA Use Only (*)
25.	Managers			
<i>VPP Site Assessment:</i>		<i>Effective</i>	<i>Improvement Needed</i>	<i>N/A</i>
26.	Supervisors			
<i>VPP Site Assessment:</i>		<i>Effective</i>	<i>Improvement Needed</i>	<i>N/A</i>
27.	Employees			
<i>VPP Site Assessment:</i>		<i>Effective</i>	<i>Improvement Needed</i>	<i>N/A</i>
28.	Emergencies			
<i>VPP Site Assessment:</i>		<i>Effective</i>	<i>Improvement Needed</i>	<i>N/A</i>
29.	PPE			
<i>VPP Site Assessment:</i>		<i>Effective</i>	<i>Improvement Needed</i>	<i>N/A</i>



## **Section F: Best Practices and Success Stories**

Please describe any safety and health or PSM best practices and/or success stories related to the implementation of VPP requirements. Include anecdotal as well as statistical evidence of improvements, non-routine safety and health activities, outreach, etc.

## **Section G: Program Impact and Effectiveness**

1. Please describe the overall impact the VPP has had on your workplace and employees throughout your participation.
2. Please describe the impact the VPP has had on your workplace and employees during the last calendar year

## **Section H: Special Government Employees**

Please provide a list of all active SGEs at your site. Include the name, phone number, e-mail address and, SGE activity completed during the year, for each SGE. The VPP Outreach category is included to capture any VPP-related activities performed by the SGEs other than their assistance on site audits. (For example, mentoring other companies hosting or teaching SGE classes, attending conferences, or speaking at conferences where VPP is the subject, etc.)

<b>SGE Name</b>	<b>Phone number</b>	<b>E-mail address</b>	<b>SGE activity</b>	<b>VPP Outreach</b>

## **Section I: Improvements to your Safety and Health Management System**

1. Please describe what improvements will be made to make your Safety and Health Management System over the next year to make it even more effective?

2. What goal modifications do you have for your Safety and Health Management System for the upcoming year?

## **Section F: PSM Supplement**

PSM Supplement:

Submitted

Not Submitted

Not Required

[END OF REPORT]