

CONSTRUCTION

SAFETY AND HEALTH ACHIEVEMENT RECOGNITION PROGRAM (SHARP) PACKET



*NEW MEXICO
OCCUPATIONAL
HEALTH AND SAFETY
BUREAU*

[https://www.env.nm.gov/Ohsb_Website/index.
htm](https://www.env.nm.gov/Ohsb_Website/index.htm)

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

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BUTCH TONGATE
Cabinet Secretary
J. C. BORREGO
Deputy Secretary

Dear Potential New Mexico SHARP Construction Company:

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

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

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

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

By obtaining your SHARP certification, you demonstrate to your employees and the public that you have successfully implemented an effective quality safety and health system. This commitment makes you a leader in the industry in regards to safety and health. Your worksite will receive a SHARP banner and certificate that you can proudly display.

Thank you for your interest in providing your employees a safe and healthy workplace. We look forward to working with you towards the reduction of occupational injuries and illnesses.

Sincerely,

Debbie O'Dell

Consultation Program Manager
New Mexico Occupational Health and Safety Bureau
505-476-8702
NMENV-OSHCON@state.nm.us

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SHARP INTRODUCTION

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

REQUIREMENTS TO APPLY FOR AND SATISFY SHARP

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

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

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

REQUIREMENTS WHILE IN SHARP STATUS

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

- Submit Semi-annual Progress Reports (Appendix E) to the OHSB CPM.
- Report any new hazards or accidents that occurred on site to the OHSB CPM.
- Report to the OHSB CPM when significant changes in working conditions or work processes occur that may introduce new hazards into the workplace.
- NM Consultants reserve the right to conduct at least one announced or unannounced site visit annually during the two-year SHARP Certification to ensure compliance with SHARP.
- SHARP Certification status may be ended if at any time OHSB determines the organization no longer meets the SHARP requirements.

SHARP RENEWAL

Employers seeking a SHARP site renewal must request a renewal visit within 180 days of expiration of the recognition and exemption program status. The employer will:

- Contact New Mexico OSHA within 180 days prior to the expiration of SHARP.
- Allow a full comprehensive visit to ensure that your exemplary safety and health management system has been effectively maintained or improved.
- Continue to meet all eligibility criteria and program requirements.
- DART and TRC must have remained at or below industry average.
- Any new hazards must be corrected in a timely manner.

NOT QUITE READY FOR SHARP?

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

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

OSHA SHARP PROGRAM CHECKLIST

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

- ☐ Safety program and documentation of periodic review.
- ☐ Copies of OSHA 300 Logs (the log is a standard form for recording information about work related injury and illness cases) for preceding year and present year.
- ☐ First report of injury for preceding calendar year.
- ☐ Total hours worked for all employees in preceding calendar year.
- ☐ Safety training records for supervisors and employees along with attendance records.
- ☐ Self-inspection records for preceding year.
- ☐ Minutes of safety meetings for preceding year.
- ☐ Accident/incident investigation records for preceding year.
- ☐ Documentation of employee reports of safety concerns and evidence of steps taken toward correction.
- ☐ Hazard analysis procedures and results with safe work procedures.
- ☐ New employee safety orientation records.
- ☐ Documentation of recent emergency evacuation drill along with attendance records.
- ☐ Injury/illness analysis (to analyze trends).
- ☐ Medical program (Description of your on-site and off-site medical service, use of occupational health providers at your site; first aid program.)
- ☐ Preventive Maintenance Program for facility equipment and machinery.
- ☐ Most recent documentation of supervisors' safety performance.
- ☐ Any additional information that shows the quality of the company's safety program.

☐ Written procedures, certifications, records, if applicable:

- ☐ Hazard Communication Program
- ☐ Lockout/Tagout procedures and annual review.
- ☐ Emergency Action Plan.
- ☐ Fire Prevention Program.
- ☐ Forklift Training Program.
- ☐ Confined Space Program.
- ☐ Electrical Safety-Related Work Practices.
- ☐ Fire Extinguisher Training Records.
- ☐ Emergency Response Plan, if applicable.
- ☐ Bloodborne Pathogen Exposure Control Plan.
- ☐ Hearing Conservation Program.
- ☐ Respiratory Program.
- ☐ Process Safety Management
- ☐ Personal Protective Equipment Program and documentation of P.P.E. hazard assessment and employee training certifications.
- ☐ Regular and periodic overhead crane inspection records for previous year.
- ☐ Mechanical power press inspection records for previous year.

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

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

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

Email Address: NMENV-OSHCON@state.nm.us



Mail or Email to:
State of New Mexico Environment Department
Occupational Health and Safety Bureau
PO Box 5469 Santa Fe, NM 87502 – 5469
NMENV-OSHCON@state.nm.us



APPENDIX A: Request for SHARP

REQUEST FOR SHARP SERVICES FORM

SHARP recognizes small employers who operate an exemplary safety and health management system. Completing and signing this form is an agreement to consultative site visits, training and follow-ups that are associated with the process of pursuing SHARP. All hazards found on site by the consultant must be abated within the agreed upon correction due date or the approved extended due date.

PLEASE PRINT OR WRITE LEGIBLY:

EMPLOYER'S INFORMATION:

Corporate Name: _____

Doing Business As (DBA) or Establishment Name: _____

Contact Person: _____ Position / Title: _____

Telephone Number: _____ Fax Number: _____

Cell Phone: _____ E-mail Address: _____

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

Mailing Address (if different from site or physical address):

City _____ State _____ Zip Code _____

Nature of Business / Brief Description of Business: _____

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

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

Establishment Officer's Signature: _____ Date: _____

Print Name of Officer: _____ Position / Title: _____

FOR OHSB USE:

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

Consultant assigned: _____

Program Manager's signature: _____ Date: _____

APPENDIX B: Letter of Agreement

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

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

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

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

- 1) We will complete and submit to the NM OHSB Consultation Program Manager (CPM) our semi-annual progress report (Appendix D in the SHARP Packet).
- 2) Report to the Consultant when significant changes in working conditions or work processes occur that may introduce new hazards into the workplace; and new hazards or accidents that occurred on site.
- 3) NM Consultants reserve the right to conduct at least one announced or unannounced site visit annually during the two-year SHARP Certification to ensure compliance with SHARP.
- 4) We understand that SHARP Certification status may be ended if at any time OHSB determines the organization no longer meets the SHARP requirements.

Thank you,

Signature: _____

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

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

APPENDIX C: Initial Self-Assessment

The initial self-assessment is submitted with this application.

Date: Click here to enter a date. **Company Name:** Click here to enter text.

Worksite Location: Click here to enter text.

Project Manager/Company Official Signature: _____

Printed Name: Click here to enter text. **Title:** Click here to enter text.

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

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

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

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

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

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

APPENDIX D: List of Sub-Contractors

Submit a list of sub-contractors initially and whenever there is a new sub-contractor added.

[illegible]

General Contractor Business Name: _____

Business Official Printed Name: _____

Signature: _____ **Date:** _____

APPENDIX E: Semi-Annual Progress Report

Submit the Progress Report every six months to the Consultant.

Date: Click here to enter a date. **Company Name:** Click here to enter text.

Worksite Location: Click here to enter text.

Project Manager/Company Official Signature: _____

Printed Name: Click here to enter text. **Title:** Click here to enter text.

3	Describe achievements made within Management Leadership: Click here to enter text.
4	Describe achievements made within Worker Participation: Click here to enter text.
5	Describe achievements made within hazard identification, assessment, prevention and control: Click here to enter text.
6	Describe achievements made within goals for Education and Training: Click here to enter text.
7	Describe achievements made within the goals for Program Evaluation and Improvement: Click here to enter text.
8	Describe achievements made within Coordination and Communication: Click here to enter text.
9	Describe any areas that you may need further assistance with safety and health program improvements. Click here to enter text.

APPENDIX F: SHARP Process Flow Chart

