**NEW MEXICO OSHA**

**CONSULTATION PROGRAM**

**GENERAL INDUSTRY**



**SAFETY AND HEALTH RECOGNITION PROGRAM**

**(SHARP) PACKET**

A picture containing drawing

Description automatically generated

The SHARP Program:

<http://www.nmenv.state.nm.us/Ohsb_Website/Consultation/SHARPS.htm>

Revision Date: 4/28/2020

|  |  |  |
| --- | --- | --- |
| Michelle Lujan Grisham  Governor  HOWIE C. MORALES  Lt. Governor | **NEW MEXICO**  **ENVIRONMENT DEPARTMENT**  525 Camino De Los Marquez, Suite 3  Santa Fe, NM 87505  Phone (505) 476-8700  www.env.nm.us | JAMES C. KENNEY  Cabinet Secretary  JENNIFER J. PRUETT  Deputy Secretary |

Dear Potential New Mexico SHARP General Industry Company:

Thank you for your interest in becoming a General Industry Safety and Health Achievement Recognition Program (‘SHARP”) company. The SHARP in New Mexico is administered by the New Mexico Environment Department’s, Occupational Health and Safety Bureau’s (“NMED/OHSB’s” or “NM OSHA’s”) Consultation Program. The SHARP is one of the most prestigious safety and health designations available for those companies governed by the Occupational Safety and Health Administration (“OSHA”), 29 CFR 1910, General Industry Standards. The SHARP recognition is only available to those companies that maintain an exemplary safety and health management system and meet the requirements of program participation.

The following packet contains information about the SHARP application guidelines and the documents that the NM OSHA Consultation Program will use to evaluate and track the effectiveness of your company’s safety and health management systems. Participation in the program demonstrates your commitment to the safety and health of your employees. As a SHARP company you will be recognized as an industry leader for providing a safe and healthy workplace.

We look forward to working with you through the SHARP process.

Sincerely,

**Melissa J. Barker**

Consultation Program Manager

121 Tijeras Ave. NE

Albuquerque, NM 87102

505-476-8700

[Melissa.Barker@state.nm.us](mailto:Melissa.Barker@state.nm.us)

**Table of Contents**

[SHARP INTRODUCTION 1](#_Toc38984688)

[REQUIREMENTS TO APPLY FOR SHARP 1](#_Toc38984689)

[REQUIREMENTS WHILE IN THE SHARP 1](#_Toc38984690)

[SHARP RENEWAL 2](#_Toc38984691)

[NOT QUITE READY FOR THE SHARP? 2](#_Toc38984692)

[PRE-SHARP 2](#_Toc38984692)

[REQUIREMENTS WHILE IN PRE-SHARP 2](#_Toc38984692)

[OSHA SHARP PROGRAM CHECKLIST 3](#_Toc38984693)

[APPENDIX A: SHARP CONSULTATION REQUEST FORM 5](#_Toc38984694)

[APPENDIX B: Letter of Agreement 6](#_Toc38984695)

[APPENDIX C: Initial Self-Assessment 7](#_Toc38984696)

[APPENDIX D: Annual Progress Report 13](#_Toc38984697)

# SHARP INTRODUCTION

The Safety and Health Achievement Recognition Program (SHARP) designation recognizes small employers who operate exemplary safety and health management systems. Acceptance into SHARP by NM OSHA is an achievement that will single you out among your business peers as a model for worksite safety and health management systems. Upon receiving the SHARP designation, your worksite will be deferred from NM OSHA’s programmed inspection schedule during the period that your SHARP participation is valid. Initial approval for SHARP participation is valid for no longer than two (2) years. Subsequent renewals are valid for up to two (2) years. Your site will also receive a certificate and banner, as well as recognition on NM OSHA’s and Federal OSHA’s websites and publications.

# REQUIREMENTS TO APPLY FOR SHARP

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

* Have a single fixed worksite;
* Have at least one-year operating history;
* Have plans to operate at the worksite for at least one-year;
* Employ less than 250 in New Mexico and less than 500 nationwide, the upper corporate size limit does not apply to individual franchisees;
* Have Days Away, Restricted, or Transferred (DART) and Total Recordable Case (TRC) rates below the national average for your industry;
* Not have incentive programs that discourage employee reporting of work-related injuries and illnesses or safety and health hazards;
* Request and receive a comprehensive safety and health consultation visit to include a complete safety and health hazard survey of all working conditions, equipment, processes, and OSHA-mandated safety and health programs at the worksite, and a comprehensive assessment of the worksite's safety and health management systems;
* Correct all hazards identified by the consultant(s) and within the agreed upon timeframe;
* Involve employees in the consultation process;
* Implement and maintain a safety and health management system that addresses OSHA’s 1989 Safety and Health Program Management Guidelines;
* Agree to notify NM OSHA’s Consultation Program Manager 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; and,
* Submit Appendix A, B, and C from the SHARP packet to NM OSHA’s Consultation Program Manager.

After you satisfy all requirements to qualify for the SHARP, NM OSHA will formally recognize your worksite as a participant in the program.

# REQUIREMENTS WHILE IN THE SHARP

As a SHARP worksite, you must meet the following requirements:

* Submit Annual Progress Reports (Appendix D) to NM OSHA’s Consultation Program Manager;
* Report any new hazards or accidents that occurred onsite to NM OSHA’s Consultation Program Manager;
* Report to NM OSHA’s Consultation Program Manager when significant changes in working conditions or work processes occur that may introduce new hazards into the workplace;
* Submit a request for an on-site consultation visit 60 days prior to your one (1) year anniversary in the SHARP and each year thereafter when SHARP renewal visits are not conducted;
* Receive a comprehensive safety and health consultation visit to ensure that your safety and health management system has been effectively maintained and shows continual improvement;
* Correct all hazards identified by the consultant(s) and within the agreed upon timeframe; and,
* Have Days Away, Restricted, or Transferred (DART) and Total Recordable Case (TRC) rates below the national average for your industry.
* The SHARP participation may be terminated if at any time the NM OSHA Consultation Program determines the organization no longer meets the SHARP requirements.

# SHARP RENEWAL

Employers seeking renewal of their SHARP participation are required to do the following:

* Contact the NM OSHA’s Consultation Program Manager within 180 days prior to the expiration of the SHARP approved participation timeframe to request a SHARP renewal visit;
* Receive a comprehensive safety and health consultation visit to ensure that your safety and health management system has been effectively maintained and shows continual improvement;
* Continue to meet all eligibility criteria and program requirements;
* Have Days Away, Restricted, or Transferred (DART) and Total Recordable Case (TRC) rates below the national average for your industry; and,
* Correct all hazards identified by the consultant(s) and within the agreed upon timeframe.

# NOT QUITE READY FOR THE SHARP?

The NM OSHA’s Consultation Program Manager may approve an employer as a Pre-SHARP participant if the employer does not meet all the initial eligibility requirements for the SHARP status but demonstrates a reasonable potential for achieving the SHARP status within the time frames agreed upon.

# PRE-SHARP REQUIREMENTS

Initial requirements for Pre-SHARP participation must be met in order to be considered for Pre-SHARP approval. Employers seeking Pre-SHARP approval are required to:

* Receive a comprehensive safety and health consultation visit that provides a complete safety and health hazard survey of all working conditions, equipment, processes and OSHA-mandated safety and health programs at the worksite, including comprehensive assessment of the worksite's safety and health management system;
* Post the List of Hazards identified by the consultant(s);
* Provide information regarding all hazards identified by the consultant(s) to employees;
* Correct all hazards identified by the consultant(s);
* Submit hazard correction verification to the Consultation Project;
* Inform employees of hazard correction(s); and,
* Provide evidence of having the foundation of a safety and health management system.

The Pre-SHARP participant status provides the employer a deferral from NM OSHA’s programmed inspections. The deferral time frame, including extensions, is up to 18 months from the expiration of the correction due date(s), provided the participant is satisfactorily meeting the following:

* An Action Plan approved by NM OSHA’s Consultation Program Manager outlining the necessary achievements and time frames required for the employer to achieve the SHARP status;
* The employer is in the process of implementing an effective safety and health management system;
* Employees are involved in the safety and health management system, including the implementation of the Action Plan;
* The employer agrees to notify the Consultation Project Manager prior to making any changes in working conditions or work processes that might introduce new hazards into the workplace;
* The employer can meet the SHARP requirements during the deferral period; and,
* Receives a comprehensive safety and health consultation visit at the end of the Pre-SHARP deferral period, which initiates the SHARP application process.

# 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 and health 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 to date

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)

Occupational 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 programs, procedures, and records, as 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
  + Slip, Trip, and Fall Prevention
  + Fire Extinguisher Training Records
  + Emergency Response Plan
  + Bloodborne Pathogen Exposure Control Plan
  + Hearing Conservation Program
  + Respiratory Protection Program
  + Process Safety Management
  + Personal Protective Equipment (PPE) Program and documentation of PPE hazard assessment and employee training
  + Regular and periodic overhead crane inspection records for previous year
  + Mechanical power press inspection records for previous year

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

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

**Mailing Address:** NM OSHA Consultation Program

525 Camino de los Marquez, Suite 3

Santa Fe, NM 87505

**Telephone Number:** (505) 476-8700 or 1-877-610-6742

**Email Address:**[NMENV-OSHCON@state.nm.us](mailto:NMENV-OSHCON@state.nm.us)

# APPENDIX A: SHARP CONSULTATION REQUEST FORM

**SHARP REQUEST FOR CONSULTATION SERVICES FORM**

**The Consultation Section of New Mexico provides no cost consultation services to New Mexico employers upon request. Consultants assist employers in evaluating safety and health programs. Comprehensive consultation visits evaluate all aspects of an employer’s safety and health program and provide guidance on incorporating safety and health management into their daily operations.**

**Your only obligation is a commitment to correcting serious job safety and health hazards in a timely manner. You agree to make a commitment when returning this signed request form along with your OSHA 300 logs and 300A summaries.**

**Please complete the following to request onsite consultation. This information will assist us in processing your request. Someone from the Consultation Section may contact you if additional information is needed.**

**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): Physical and mailing address are the same (check for Yes):        City:       State:       Zip Code:  Nature of Business / Brief Description of Business:  Number of employees on the site:       Number of employees company-wide:  Type of Employer:  Private Sector  Public Sector  Type of SHARP visit:  Initial  Annual  Renewal  **FOR APPROVAL BY A COMPANY OFFICER OR SUPERVISOR (MUST BE SIGNED):**  **Establishment Officer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**  **Print Name of Officer:** **Position / Title:** |

**FOR OHSB USE:**

|  |
| --- |
| **NAICS:** **RID #:** **CORPORATION**  **LLC**  **OTHER**  **Type of Service:**  **HEALTH**  **SAFETY**  **BOTH**  **HEALTH**  **SAFETY**  **BOTH**  **FULL FULL FULL LIMITED LIMITED LIMITED**  Consultant(s) Assigned:  Date Received:  Program Manager’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: |

# APPENDIX B: Letter of Agreement

is requesting approval for participation in the NM OSHA Consultation Program SHARP. We have reviewed and completed the SHARP packet and are prepared to fulfill the obligations of the SHARP by maintaining the required elements of the program at our worksite. We are submitting a SHARP Consultation Request Form (Appendix – A) for a full assessment of our eligibility for SHARP approval. In addition to sending you this letter of agreement, we are also sending you our Initial Self-Assessment (Appendix – C) and OSHA 300 logs.

If approved for the SHARP, we agree to the following conditions:

1. We will complete and submit to the NM OSHA’s Consultation Program Manager our annual progress report (Appendix – D);
2. Report to NM OSHA’s Consultation Program Manager 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 OSHA’s Consultation Program Manager reserves the right to conduct at least one announced or unannounced site visit annually during the initial two (2) year SHARP Certification, or two (2) years for each subsequent SHARP renewal to ensure compliance with the SHARP Certification;
4. We understand that the SHARP Certification status may be terminated if at any time the NM OSHA Consultation Program determines the organization no longer meets the SHARP requirements.

We are committed to the safety and health of our employees and successful participation in the SHARP.

Sincerely,

Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date:

Print Name:

Title:

# APPENDIX C: Initial Self-Assessment

**The Initial Self-Assessment is submitted with this application.**

**Date:**       **Company Name:**

**Worksite Location:**

**Site Manager/Company Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name:**       **Title**:

|  |  |
| --- | --- |
| **Hazard Anticipation and Detection** | |
| 1 | Describe the comprehensive baseline hazard surveys that have been conducted within the last five years? (Has anyone inspected your facility other than your employees?)    Supporting Documentation: Yes  No |
| 2 | Describe the documented safety and health self-inspections.  (Who performs safety and health inspections? How often? Are they documented? Are hazard corrections tracked?)    Supporting Documentation: Yes  No |
| 3 | What hazard controls are in place? What kind of surveillance is conducted on hazard controls?    Supporting Documentation: Yes  No |
| 4 | Describe the hazard reporting system.  (How do employees report hazards? Are employees informed when a hazard is abated?)    Supporting Documentation: Yes  No |
| 5 | Describe the management of change procedure and discuss how it works.    Supporting Documentation: Yes  No |
| 6 | 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?)    Supporting Documentation: Yes  No |
| 7 | Are Safety Data Sheets (SDS) used to reveal potential hazards associated with chemical products in the workplace? Who maintains the SDS? Where are the SDS located?    Supporting Documentation: Yes  No |
| 8 | Discuss the job hazard analysis procedure? When and How is it done? Who does it? What tasks  are covered?    Supporting Documentation: Yes  No |
| 9 | 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?)    Supporting Documentation: Yes  No |
| 10 | Describe the incidents investigation procedure. Are root causes determined?  Is your incident procedure the same as your accident procedure? If not, please explain.    Supporting Documentation: Yes  No |
| **Hazard Prevention and Control** | |
| 11 | What engineering controls in place? Are any others planned or needed?    Supporting Documentation: Yes  No |
| 12 | What safety and health rules and work practices in place? Does the company have a safety slogan? Or main safety and health rules?    Supporting Documentation: Yes  No |
| 13 | What OSHA mandated programs are in place?    Supporting Documentation: Yes  No |
| 14 | What PPE is provided, required, and used?    Supporting Documentation: Yes  No |
| 15 | Discuss the housekeeping procedure. Is it effective? (How often do the employees clean their workspaces?)    Supporting Documentation: Yes  No |
| 16 | How is the organization prepared for emergencies? Have employees been trained on the evacuation procedures?    Supporting Documentation: Yes  No |
| 17 | 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?)    Supporting Documentation: Yes  No |
| 18 | Describe the PM system? Who does it? Who tracks it? What is included?    Supporting Documentation: Yes  No |
| 19 | How is hazard correction tracked?    Supporting Documentation: Yes  No |
| **Planning and Evaluating** | |
| 20 | Who reviews your OSHA 300 logs? How often? Do look for trends among injuries?    Supporting Documentation: Yes  No |
| 21 | How is incidence data analyzed?    Supporting Documentation: Yes  No |
| 22 | What are the facilities Safety and Health goals and supporting objectives? (Does your company make goals?)    Supporting Documentation: Yes  No |
| 23 | What is the action plan for accomplishing safety and health objectives? (How do you plan to achieve your goals?)    Supporting Documentation: Yes  No |
| 24 | Who reviews OSHA mandated programs? How often?    Supporting Documentation: Yes  No |
| 25 | Who reviews the safety and health management system? How is it done? How often?    Supporting Documentation: Yes  No |
| **Administration and Supervision** | |
| 26 | Who is assigned safety and health tasks?    Supporting Documentation: Yes  No |
| 27 | How are safety assignments communicated? (Verbally, written, etc.?)    Supporting Documentation: Yes  No |
| 28 | How is accountability ensured for safety and health assignments? (Is there a disciplinary policy in place?)    Supporting Documentation: Yes  No |
| 29 | What training does the person(s) with safety and health responsibility have?    Supporting Documentation: Yes  No |
| 30 | How much authority does the person with safety and health responsibility have to do their job? (Can you hire and fire? Can you purchase necessary resources?)    Supporting Documentation: Yes  No |
| 31 | What resources does the person with safety and health responsibility have to do their job? (How much commitment does management provide to you for safety and health?)    Supporting Documentation: Yes  No |
| 32 | What organizational policies promote safety and health responsibility?    Supporting Documentation: Yes  No |
| 33 | What organizational policies promote correction of safety and health non-performance? (Disciplinary policy?)    Supporting Documentation: Yes  No |
|  | **Safety and Health Training** |
| 34 | What safety and health training do employees receive?    Supporting Documentation: Yes  No |
| 35 | What safety and health training does new employee orientation include?    Supporting Documentation: Yes  No |
| 36 | What safety and health training do supervisors receive?    Supporting Documentation: Yes  No |
| 37 | Describe the training supervisors receive on dealing with the supervisory aspects of safety and health?    Supporting Documentation: Yes  No |
| 38 | What safety and health training do managers receive safety and health?    Supporting Documentation: Yes  No |
| 39 | What safety and health topics are integrated into management training?    Supporting Documentation: Yes  No |
| **Management Leadership** | |
| 40 | What are the top management policies for safety and health?    Supporting Documentation: Yes  No |
| 41 | Who does top management consider is responsible for safety and health?    Supporting Documentation: Yes  No |
| 42 | What competent safety and health support does top management provide to line managers and supervisors?    Supporting Documentation: Yes  No |
| 43 | Do managers personally follow safety and health rules?    Supporting Documentation: Yes  No |
| 44 | What authority do managers delegate to the employees who are responsible for safety and health to accomplish their jobs? (Do employees have stop work authority?)    Supporting Documentation: Yes  No |
| 45 | What resources do managers delegate to the employees who are responsible for safety and health to accomplish their jobs?    Supporting Documentation: Yes  No |
| 46 | How do managers ensure safety and health training is provided?    Supporting Documentation: Yes  No |
| 47 | Discuss the fairness and effectiveness of policies managers support to promote safety and health?    Supporting Documentation: Yes  No |
| 48 | How is top management involved in planning and evaluating safety and health performance?    Supporting Documentation: Yes  No |
| 49 | What kind of employee input does top management value into safety and health issues?    Supporting Documentation: Yes  No |
| **Employee Participation** | |
| 50 | What process is used to involve employees in safety and health issues? (ex. Open door policy?) |
|  | Supporting Documentation: Yes  No |
| 51 | What decisions are employees involved in concerning safety and health policy? (Do employees ever review company policies and make recommendations?)    Supporting Documentation: Yes  No |
| 52 | What decisions are employees involved in concerning allocations of safety and health resources?  (Can employees recommend better PPE? Make suggestions for safer equipment?)    Supporting Documentation: Yes  No |
| 53 | What decisions are employees involved in concerning safety and health training?    Supporting Documentation: Yes  No |
| 54 | How do employees participate in hazard detection activities?    Supporting Documentation: Yes  No |
| 55 | How do employees participate in hazard prevention and control activities?    Supporting Documentation: Yes  No |
| 56 | How do employees participate in safety and health training of coworkers?    Supporting Documentation: Yes  No |
| 57 | How do employees participate in safety and health planning activities?    Supporting Documentation: Yes  No |
| 58 | How do employees participate in safety and health program performance evaluation?    Supporting Documentation: Yes  No |

# APPENDIX D: Annual Progress Report

**Date**:  **Company Name**:

**Worksite Location**:

**Site Manager/Company Official Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name**:  **Title**:

Submit to NM OSHA’s Consultant Program Manager the Annual Progress Report 30-days prior to your SHARP approval anniversary date. Include the following with the Annual Progress Report:

* A copy of the worksite's OSHA 300 log and 300A summary;
* A copy of the worksite’s injury and illness reports; and,
* Information regarding the completion of item(s) set forth in the Action Plan;

**DART Rate and TRC Requirements:**

|  |  |  |  |
| --- | --- | --- | --- |
| **DART Rate Calculation** | | | |
| **Year** | **Hours Worked** | **Sum of Columns H + I\*** | **Rate** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Employer's Two-Year or Three-Year Rate BLS Average for NAICS        Percent Below the BLS Rate: | | |  |
|  |

\*Form OSHA 300

|  |  |  |  |
| --- | --- | --- | --- |
| **TRC Calculation** | | | |
| **Year** | **Hours Worked** | **Sum of Columns H + I +J\*** | **Rate** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Employer's Two-Year or Three-Year Rate BLS Average for NAICS        Percent Below the BLS Rate: | | |  |
|  |

\*Form OSHA 300

|  |  |
| --- | --- |
| 1 | Describe achievements made within Management Leadership: |
| 2 | Describe achievements made within Employer Participation: |
| 3 | Describe achievements made within hazard identification, assessment, prevention and control: |
| 4 | Describe achievements made within goals for Education and Training: |
| 5 | Describe achievements made within the goals for Program Evaluation and Improvement: |
| 6 | Describe achievements made within Coordination and Communication: |
| 7 | Describe any areas that you may need further assistance with safety and health program improvements. |