CAL/OSHA
CONSULTATION SERVICE

CAL/SHARP
(Safety and Health Achievement Recognition Program)

APPLICATION
AND
INFORMATION PACKET

June 2013

For information on this or any of the Cal/OSHA Recognition and Exemption Programs contact the Cal/OSHA Consultation Service Employer Assistance Office closest to you.
**A PARTNERSHIP WITH CAL/OSHA**

It is the policy of the Division of Occupational Safety and Health to provide opportunities for entire industries and individual establishments to work as partners with labor and Cal/OSHA in implementing and maintaining high standards of workplace safety and health management. The resulting partnerships offer several levels of recognition to qualified companies and their employees:

- Voluntary Protection Program (VPP) and VPP Construction: The leadership recognition levels for companies that have highly effective safety and health management system.

- Cal/SHARP: For high-hazard companies that are maintaining advanced safety and health management system.

- Golden Gate: For high-hazard companies that are maintaining effective safety and health management system.

**ABOUT CAL/SHARP**

- Cal/SHARP (California Safety and Health Achievement Recognition Program) is site-specific, and designed for high-hazard companies, including companies with non-fixed work sites, such as but not limited to construction. Company work sites that meet the requirements of this program receive recognition and programmed inspection exemption by Cal/OSHA. Cal/SHARP work sites are recognized as work sites expected to have a significantly lower risk for serious accidents than other companies work sites within the same industry. In turn, this allows Cal/OSHA to focus its programmed inspection efforts on other work sites.

- Cal/SHARP companies must demonstrate that they have management commitment to and employee involvement in their safety and health management system. The company must also demonstrate that their safety and health management system are effective in preventing accidents at the work site.

- The Cal/SHARP application and approval process is managed through the Cal/OSHA Consultation Service's on-site visit process. When achieved, Cal/SHARP status will be granted to the work site, and will initially be applicable for two (2) years, with renewals available for up to two (2) years each.

**QUALIFICATIONS**

Your company may be considered for Cal/SHARP recognition if it meets the following qualifications:

1. Employs at least one, but not more than 249 employees at the work site.

2. Have all current applicable licenses and permits required in California.
3. Be considered a high hazard company as defined by the Cal/OSHA Consultation Service. The current definition includes:
   a. Industry identified in the Division's strategic/annual plans or
   b. Establishment with a SIC/NAIC coding listed that is considered a high hazard nature based on the industries DART rate.

4. Have been in business in California for a minimum of three full calendar years and in operation at the site, for a minimum of one full calendar year (including non-fixed work sites such as construction).

5. Request a consultation visit that involves a full service safety and health hazard identification survey and a comprehensive assessment of the work site’s safety and health management system.

6. Have a good Cal/OSHA history, including no final order willful, repeat, or willful-repeat citations at the work site within twenty-four (24) months from the date of the Cal/SHARP opening conference, or serious citations related to a serious injury or exposure at the work site within twelve (12) months from the date of the Cal/SHARP opening conference.

   **NOTE:** Cal/SHARP status requires one or more full service comprehensive visits. A full service visit cannot be performed while any citations are under appeal at the site. Therefore, since a full service visit cannot be performed, the company is not eligible to be evaluated for Cal/SHARP.

7. Provide all available information requested and required to evaluate the company’s safety and health management system.

8. Have no program(s) that intentionally or unintentionally provide employees working at the work site an incentive to not report injuries/illnesses or safety/health hazards they may observe. This includes all company’s working at the work site.

   **NOTE:** Examples may include, but are not limited to programs that have “zero” injury/illness goals. Recognition programs should use leading indicators.

9. Where a dual- or multi-company situation exists at a work site the applying company must ensure all required responsibilities have been met (See page 13 of this packet).

   **NOTE:** In the case of a dual company situation, when the applying company is considered a secondary employer, its injury and illness prevention program must address the dual-employer scenarios that may exist at the workplace being evaluated. Also, the primary employer must agree to participate to the extent the injury and illness prevention program including the safety and health management system can be evaluated for effectiveness.

   In the case of a multi-company situation, the applying company must, by contract or practice, function in the role of the controlling employer. The applying company’s injury and illness prevention program must clearly address its controlling employer responsibilities and functions. Also, in multi-employer situations, subcontractors must agree to participate in the onsite visit process.
10. Provide the Cal/OSHA Consultation Service with a list of all unions that it is signatory with.

11. Demonstrate a lower than average number of injuries and illnesses statewide over the previous three full calendar years (for applicant company) and at the work site being evaluated for the time period it has existed. Successful applicants shall meet or exceed at least two of the following ratings:
   a. Experience Modification Rating below 90%
   b. Days Away, Restricted or Transfer (DART) Rate below 90% of the most recent industry average;
   c. Total Recordable Case (TRC) Rate below 90% of the most recent industry average.

   NOTE: See pages 9-10 of this packet for guidance on making DART and TRC calculations.

12. Correct all hazards (Serious, General, and Regulatory) discovered during the Cal/SHARP evaluations in a timely manner. Verification of correction must be assured by one of the following methods:
   a. Visual observation and noted in a subsequent report to the company.
   b. Written assurances with signature by the company.

13. Allow both Cal/OSHA Enforcement and Cal/OSHA Consultation onto the applicant’s work site(s) at any time during the application and participation period.

14. Must have received a Golden Gate Letter of Recognition for the site to be evaluated.

15. The owner or CEO of the company must sign the application indicating their willingness to participate and maintain their safety and health management system.

   NOTE: Highest ranking company official in California may sign the application.

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**THE CAL/SHARP PROCESS**

The Cal/SHARP process includes the following four phases:

1.) Application
2.) Review of the Safety and Health Management System
3.) Site Evaluation(s) to Validate that the Safety and Health Management System is Effective
4.) Final Approval
1.) Application

The company needs to complete and sign the application found on pages 8-11 of this packet. Once completed, the application can be forwarded to Cal/OSHA Consultation Area office that would normally service the work site.

The following information must accompany the application:

a. Past five calendar years of loss runs, hours worked annually, and completed Cal/OSHA Log 300s and 300As when required.

b. Completed multi-employer and/or dual-employer worksheet (Comments shall be specific and explain the company’s approach to each multi/dual-employer question).

c. Completed Form 33, by the company (Comments shall be specific and explain the company’s current approach to each element).

d. Copies of the company’s written programs and procedures when required.

NOTE: Failure to provide the items may result in a delay in the Cal/SHARP process.

NOTE: Links to the Form 33 and the Assessment Tips for filling out the Form 33 can be found on page 12 of this packet.

NOTE: Hard copies or electronic copies may be provided.

The Area Manager will contact the applicant within ten (10) working days from receipt of the application if more information or clarification is needed. The company will be given up to thirty (30) days to provide the additional information.

If it is clear that the company cannot qualify for Cal/SHARP, the Area Manager will suggest to the company that the request for Cal/SHARP be withdrawn until such time as the applicant can meet the minimum eligibility requirements.

2.) Review of the Safety and Health Management System

Once the application is evaluated and it is determined the company meets the qualifications to proceed, the company will be contacted to set up a meeting to review their safety and health management system. This meeting can either take place at the work site or offsite.

Union signatories must be invited and encouraged to participate in this meeting.

NOTE: The company is responsible for contacting and inviting labor representatives.

The purpose of this meeting is to give the company representatives an opportunity to explain how the company’s work site safety and health management system is
designed to protect all workers at the work site. The injury and illness prevention program requirements and all Form 33 evaluation criteria must be reviewed and discussed. Discussion should include all processes, rules, and procedures that demonstrate how the company upholds its work site safety and health responsibilities in a dual and/or multi-employer environment.

At the conclusion of the safety and health program conference, if the company has not satisfactorily presented enough information or material to lead to a conclusion that their safety and health management system can be implemented at the work site and will be effective protecting workers from preventable injuries and illnesses, then the consultant shall inform the company representatives of their concerns. The company will be provided up to ninety (90) days to prepare the information and arrange for a future safety and health program conference, including the union signatories.

NOTE: When a company has at least one existing site in Cal/SHARP and the assigned consultant is familiar with the company’s safety and health management system, phase 2 can be limited to any changes the company may have made to their system since the consultant last evaluated it.

3.) Site Evaluation(s) to Validate that the Safety and Health Management System is Effective

Within fourteen (14) days following the meeting to review the applicants safety and health management system the consultant will contact the company and arrange to make an work site evaluation.

NOTE: Union signatories must be invited and encouraged to participate in the onsite evaluation. The company, not the consultant, is responsible for contacting all company and labor representatives.

The work site evaluation will focus on:

- Validation of the effectiveness of the company’s safety and health management system with written documentation;
- Verification of the scores on the Form 33 that accompanied the application;
- The company’s overall control of safety and health at the site as it relates to subcontractors (multi-employer situations) and/or leased employees (dual employer situations);
- Observation of safe work practices;
- The company’s ability to identify hazards and correct them in a timely manner, thus minimizing preventable accidents and exposures.
Upon completion of the work site evaluation, the consultant will prepare a written report that documents the effectiveness of the company’s work site safety and health management system including documentation regarding the Cal/SHARP Form 33 evaluation criteria and those issues related to dual and/or multi-employer.

In the event multiple visits are made, a written report will be prepared after each visit to the work site updating the company regarding their progress towards attaining Cal/SHARP.

To confirm the effectiveness of the safety and health management system at the establishment prior to final approval a consultant will make at least one unannounced visit to the work site.

If the consultant concludes that improvement or correction is needed in one or more areas of the applicant's safety and health management system, then the applicant will be informed and arrangements will be made to assist the applicant in improving those areas. The consultant and the company will agree upon a time period in which improvements must be accomplished.

4.) Final Approval

Final approval of Cal/SHARP recognition is by the Chief of the Cal/OSHA.

Following final approval, a formal letter of Cal/SHARP participation and a certificate stating the exemption period will be provided to your company recognizing your achievement. The certificate will be signed by the Program Manager for the Cal/OSHA Consultation Service and the Chief of Cal/OSHA.

The approval period starts on the date that the Chief of Cal/OSHA approves the Cal/SHARP. The termination date is twenty-four (24) months from the date of approval.

As of April 1, 2013, each individual company may have up to three work sites (fixed or non-fixed) participate in Cal/SHARP at any given time.

**RENEWALS**

Requests for renewal must be provided to the Area Office that processed the initial Cal/SHARP within ninety (90) days of termination of Cal/SHARP participation.

Successful applicants will then be renewed for an additional twenty-four (24) months, with the condition that the applicant submits a self-evaluation report after one year. The report shall at a minimum include information describing:

a. Updated Ex-Mod, TRC and DART information;

b. Any changes to the safety and health management system at the work site;

c. Any changes in key management personnel;

d. Any changes regarding dual- and/or multi-employer relationships; and

e. New processes, equipment, procedures, hazardous substances not previously evaluated by a Cal/OSHA Consultant.
COMPANY OBLIGATIONS

Once your company has been recognized as a Cal/SHARP participant and receives its programmed inspection exemption status, your company's Cal/SHARP work site is then obligated to:

- Promptly inform your Cal/OSHA Consultation Service contact regarding:
  - Any Cal/OSHA Enforcement actions at your Cal/SHARP company work site;
  - Any serious injury, illness or fatality involving any employee working at any work site in California controlled by a Cal/SHARP employer;
  - Any media coverage related to a work site worker safety and health issue at any work site in California controlled by a Cal/SHARP employer;
  - Any unplanned collapse of a permanent or temporary structure, scaffolding/falsework or cranes at any work site in California controlled by a Cal/SHARP employer;
  - Any citations are issued by Cal/OSHA Enforcement to any employer at a Cal/SHARP work site;
  - Any Willful, Repeat or Serious accident-related or exposure-related citations are issued by Cal/OSHA to any employer at a Cal/SHARP work site;
  - Requests made for temporary or permanent variances at a Cal/SHARP work site;
  - Significant changes in the safety and health management system; or
  - Changes in ownership, top management, safety staff or work site superintendent(s) that may impact the safety and health management system, or significant changes to signatory unions.

- Maintain a satisfactory compliance history;
- Allow Cal/OSHA enforcement or consultation personnel (Cal/OSHA Enforcement or Cal/OSHA Consultation Service) access to the Cal/SHARP work site;
- Maintain Cal/SHARP company safety and health management system standards as demonstrated during the evaluation period;
- Voluntarily withdraw from Cal/SHARP participation if any of the above obligations are not met during the exemption period.
I. COMPANY INFORMATION

Corporate Name

Company Name (If different from Corporate; d.b.a.)

Mailing Address

Type of Work Performed

Primary Standard Industry Classification (SIC/NAIC) Code: ________________

Secondary SIC/NAIC Code(s): __________ __________ __________

II. COMPANY REPRESENTATIVE

Name

Title

Address (If different than above)

Telephone __________________ Fax __________________

E-Mail Address __________________

Alternate Contact __________________

Telephone ____________________
III. INJURY AND ILLNESS PREVENTION PROGRAM and any other written programs required by Cal/OSHA (include copies with this application).

IV. PERFORMANCE MEASURES FOR PREVIOUS THREE FULL CALENDAR YEARS

(Or for as many years as you have data. Also, attach supporting documentation.)

<table>
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<th>Calendar Year</th>
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<td>Hours per Year</td>
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<td>__________</td>
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<td>Number Employees</td>
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<td>Experience Modification Rate</td>
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<td>(If rated)</td>
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<td>DART Rate</td>
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<td>TRC Rate</td>
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**NOTE:** Averaging of company Log 300 data is done with the raw data not the incident rates (reference Federal CSP 02-00-002 for more information). For DART and TRC comparison, the company’s three year average shall be compared to the rate for their NAICS published by the Bureau of Labor Statistics (BLS).
Three-Year TRC Calculation

To calculate three-year TRC, add the number of all recordable injuries and illnesses for the past three years and divide by total hours worked for those years. Multiply the result by 200,000.

\[
TRC = \frac{[(\#_{\text{inj}} + \#_{\text{ill}}) + (\#_{\text{inj}} + \#_{\text{ill}}) + (\#_{\text{inj}} + \#_{\text{ill}})] \times 200,000}{\text{hours} + \text{hours} + \text{hours}}
\]

NOTE: \((\#_{\text{inj}} \ + \ #_{\text{ill}})\) in the above formula is the added totals from column H, I, and J on the log 300 form. Employee hours should reflect all full and part-time workers, including seasonal, temporary, administrative, supervisory and clerical.

Three-year DART Rate Calculation

To calculate three-year DART rates, use the same formula as in the Three-Year TRC Calculation, above, except add the number of all recordable injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer for the past three years.

\[
DART = \frac{[(\#_{\text{DART inj + ill}}) + (\#_{\text{DART inj + ill}}) + (\#_{\text{DART inj + ill}})] \times 200,000}{\text{hours} + \text{hours} + \text{hours}}
\]

NOTE: A DART rate is an injury and illness reporting term that stands for Days Away, Restricted or Transferred from work. \((\#_{\text{DART inj + ill}})\) in the above formula is the added totals from Columns H & I on the log 300 form.

NOTE: Rounding instructions. You must round the rates to the nearest tenth following traditional mathematical rounding rules. For example, round 5.88 up to 5.9; round 5.82 down to 5.8, round 5.85 up to 5.9.

V. EXPLANATION OF HIGH RATES AND/OR OTHER SUPPORTING DATA
(If applicable)

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
VI. UNION SIGNATORIES (If applicable)

<table>
<thead>
<tr>
<th>Union</th>
<th>Business Representative</th>
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<tr>
<td></td>
<td>(Name &amp; Phone)</td>
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VII. STATEMENT OF COMMITMENT AND UNDERSTANDING

(Owner/CEO to sign statement below or attach a letter in your own words with the same assurances.)

I understand the company’s safety and health obligations while applying for and participating in the Cal/SHARP Program. I also understand that the company may withdraw its participation at any time or for any reason should we so desire.

In applying for the Cal/SHARP Program I agree to make all requested occupational safety and health information available to Cal/OSHA upon request and to allow the Consultation Service to make visits to any of our sites in California.

Signature: __________________________________________________________

(Owner or CEO of applicant company)

Date: __________________________
Participation in the Cal/SHARP program requires that your company implement and maintain a highly effective safety and health management system. Your local Cal/OSHA Consultation Service Area Office can provide you a copy of the Form 33, which includes a fifty-eight (58) element evaluation list and self assessment tips handout or you can download copies from the following websites:

Form 33 - http://www.dir.ca.gov/dosh/cal_vpp/33Formdoc.pdf

Additionally, if your company has a dual- and/or multi-employer situation, you can use the checklist on the next page to perform a self-evaluation of your workplace safety and health programs with regards to dual- or multi-employer responsibilities.
**CHECKLIST FOR SELF-EVALUATION**

The following items on the checklist shall be used if applicable to the Cal/SHARP work site.

### Dual Employer Situation:

<table>
<thead>
<tr>
<th>Item</th>
<th>Effectively Implemented</th>
<th>Action Item</th>
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</thead>
<tbody>
<tr>
<td>Are the health and safety responsibilities of Primary and SHARP</td>
<td></td>
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<tr>
<td>candidate companies clearly and effectively outlined in the contract?</td>
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<tr>
<td>Does the Primary Company supervise its employees on-site?</td>
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<tr>
<td>Does the SHARP candidate company specifically address the supervision</td>
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<td>and training of Primary Company’ employees in the workplace IIPP?</td>
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<tr>
<td>Is site-specific training of Primary Company’ employees being</td>
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<td>effectively done?</td>
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<tr>
<td>Does the SHARP candidate company provide initial oversight of new</td>
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<td>Primary Company’ employees to ensure that the employees have been</td>
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<td>adequately trained, including the necessary PPE?</td>
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<tr>
<td>Is the SHARP candidate company including Primary Company’ employees</td>
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<td>on its Log 300 (for those employees being supervised)?</td>
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<td>Does the SHARP candidate company’s IIPP adequately include Primary</td>
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<td>Company’ employees being supervised?</td>
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<tr>
<td>Is there an effective communication process between the Primary and</td>
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<tr>
<td>SHARP candidate companies that ensures identified hazards and controls</td>
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<tr>
<td>are effectively addressed?</td>
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</table>

### Multi-Employer Situation:

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<thead>
<tr>
<th>Item</th>
<th>Effectively Implemented</th>
<th>Action Item</th>
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<tbody>
<tr>
<td>Is there an effective mechanism in place at the workplace being</td>
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<tr>
<td>evaluated that ensures that all the hazards inherent to the workplace</td>
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<td>are communicated to other companies?</td>
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<tr>
<td>Are the potential hazards created by one company being effectively</td>
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<td>communicated to other companies, so that adequate employee exposure</td>
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<td>to those hazards can be controlled?</td>
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<td>Does the SHARP candidate company exercise the necessary oversight to</td>
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<td>ensure that visiting contractor companies follow their contractual</td>
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<td>health and safety obligations?</td>
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<tr>
<td>Does the SHARP candidate company have an effective system in place</td>
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<td>that will quickly stop the unsafe actions of another company?</td>
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<tr>
<td>Are employees actively involved in watching for hazardous situations?</td>
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<tr>
<td>Actively involved refers to employees and management constantly</td>
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<tr>
<td>observing and assessing workplace hazards, controls, and work</td>
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<td>practices while they perform their job and then following procedures</td>
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<td>to ensure failures are corrected.</td>
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<td>Does every worker on-site receive structured safety and health</td>
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<td>orientation?</td>
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<td>Are contractors required to have an injury and illness prevention</td>
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<td>program?</td>
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<td>Do all contractors understand their responsibilities at a multi-company</td>
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<td>work site?</td>
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<tr>
<td>Are there effective sanctions for contractor non-compliance with</td>
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<tr>
<td>safety and health rules and standards?</td>
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Website:  www.dir.ca.gov  
E-Mail:  infocons@hq.dir.ca.gov  

Toll Free Number: 800-963-9424  

Cal/SHARP is administered by the Employer Assistance Program offices listed below. Contact the one closest to you for assistance.

**EMPLOYER ASSISTANCE PROGRAM**

**Sacramento - Northern California**  
Manager: Vacant  
2424 Arden Way, Suite 410  
Sacramento 95825  
(916) 263-0704

**Santa Fe Springs – Los Angeles, Orange**  
Manager: Herman Jett  
1 Centerpoint Dr., Suite 150  
La Palma 90623  
(714) 562-5525

**Oakland - San Francisco Bay Area**  
Manager: Nick Gleiter  
1515 Clay Street, Suite 1103  
Oakland 94612  
(510) 622-2891

**San Bernardino - Inland Empire**  
Manager: Ray Acree  
464 W. 4th Street, Suite 339  
San Bernardino 92401  
(909) 383-4567

**Fresno - Central Valley**  
Manager: Eugene Glendenning  
1901 No. Gateway Boulevard, Suite 102  
Fresno 93727  
(559) 454-1295

**San Diego - Imperial and San Diego**  
Manager: Vacant  
7575 Metropolitan Drive, Suite 204  
San Diego 92123  
(619) 767-2060

**San Fernando Valley – Santa Barbara, San Fernando Valley**  
Manager: Dan Leiner  
6150 Van Nuys Blvd., Suite 307  
Van Nuys 91401  
(818) 901-5754

<table>
<thead>
<tr>
<th>Program Manager</th>
<th>Regional Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vicky Heza (714) 558-4431</td>
<td>Jim Lopes (559) 454-1295</td>
</tr>
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</table>