

**DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
CONSULTATION SERVICES BRANCH
POLICY AND PROCEDURE MANUAL**

TITLE: PARTNERSHIP PROGRAMS:

P&P D-63

VOLUNTARY PROTECTION PROGRAM – CONSTRUCTION

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POLICY: 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 partnership offers several levels of recognition to qualified companies and their employees:

- Voluntary Protection Program and Voluntary Protection Program – Construction: These are considered the leadership recognition levels for companies that have highly effective safety and health management systems.
- Cal/SHARP: For high hazard companies that are maintaining advanced safety and health management systems.
- Golden Gate: For high-hazard companies that are maintaining effective safety and health management systems.

As an incentive for companies to improve workplace safety and health management, the VPP, VPP - Construction (VPPC) and Cal/SHARP programs have provisions for programmed inspection exemptions.

PROCEDURES: California's Voluntary Protection Program for Construction (VPPC) is designed to be similar to the Cal/OSHA fixed worksite VPP Program but is tailored for general contractors with non-fixed worksites. Companies that meet the requirements of this program at a specific individual worksite of its choice will be exempt at that worksite from programmed inspections by Cal/OSHA Enforcement. VPPC companies are considered workplace safety and health leaders within their industry. In general, California worksites under the control of a VPPC Employer that meet the requirements of this program are recognized as worksites expected to have a significantly lower risk for workplace fatalities and serious injuries/illnesses when compared to other Employer's worksites within the same industry. In turn, this allows Cal/OSHA Enforcement to focus its programmed inspection efforts on other worksites.

The VPPC application, evaluation and approval process is managed through the Cal/OSHA Consultation Service's VPPC Program.

A. PROGRAMMED INSPECTION EXEMPTION

1. VPPC employers will have the entire worksite exempted from programmed inspections only if the VPPC employer has overall responsibility for worker safety and health, including all sub-contractor employers and their workers at the worksite. The programmed inspection exemption is valid beginning on the date the Chief of the Division signs the VPPC approval letter. The termination date is thirty-six (36) months from the approval date, or until project completion, whichever is sooner.

B. PARTICIPATION

1. The VPPC is voluntary and subject to routine eligibility and random evaluations by the Cal/OSHA Consultation Services Branch. Participation does not exempt the VPPC employer from California Labor Code accident and complaint mandated inspections. Participation also does not diminish the rights and responsibilities of the VPPC employers and their employees under the California Labor Code. Participating employers assume both the statutory and common law responsibilities for providing safe and healthful workplaces. Compliance with Cal/OSHA standards and applicable laws remain mandatory.
2. VPPC applicants must be able to demonstrate active management commitment and employee involvement in their safety and health management system at the worksite. Applicants must have control of the entire worksite, including all sub-contractors and their employees.
3. Employers may have up to three VPPC participating worksites in California at any given time.
4. The VPPC Recognition Program is limited to those employers who have overall site safety & health responsibility and control for the entire duration of the project.

NOTE: The following Construction Projects are not eligible for VPPC;

- ***Projects located on Federal land or territory,***
- ***Projects that will ultimately be under the jurisdiction of the Federal Railroad Authority,***
- ***State or Local Governmental agencies self-performing construction projects,***
- ***Construction Projects that are publicly funded will be considered on a case by case basis,***
- ***Projects that are considered partnerships or joint ventures will be considered on a case by case basis,***
- ***Construction projects where the General Contractor does not exercise complete authority to award sub-contractor contracts and***
- ***Projects with more than one controlling contractor.***

C. QUALIFICATIONS

To be eligible for VPPC, applicant employers must:

1. Have all current applicable licenses and permits required in California.
2. Have been in operation in California for a minimum of three consecutive calendar years and the site to be evaluated must be an active construction worksite.
3. Not have received any final order willful, repeat, or willful-repeat citations or received any serious citations related to a fatality, serious injury or exposure at any California worksite within the previous twenty-four (24) months.
4. VPPC recognition requires a full service both visit. A full service both visit cannot be performed under any of the following conditions:
 - a. When any citations issued to the VPPC applicant at the applicant's site are not considered final orders or
 - b. When any citations issued to the VPPC applicant anywhere in California are related to the applicants Injury and Illness Prevention Program (IIPP) and are not final orders.

Therefore, when a full service both visit cannot be performed, the applicant employer is not eligible to be evaluated for VPPC. (see Cal/OSHA Consultation Policy and Procedure D-31(A) for a definition of a full service both visit, and D-31(B)(4) for Cal/OSHA Enforcement activity).

5. Have previously received an onsite visit, indicating that a written IIPP with all the elements required by Title 8 §1509; has been implemented and determined to be effective at the worksite.
6. By contract or practice, function in the role of the controlling employer. The applicant employer's IIPP must clearly address its controlling employer responsibilities and functions.
7. Have no program(s) that intentionally or unintentionally provide employees working at the worksite an incentive to not report injuries/illnesses or safety/health hazards they may observe. This includes all employers working at the worksite.

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

8. Ensure critical subcontractor participation in the worksite visit process. As part of the VPPC process, critical subcontractors will be identified by the senior consultant assigned to the worksite. Critical subcontractors will be those contractors whose employees are considered to have the greatest level of exposure for the activities expected to be performed at the worksite.
9. Agree to educate and mentor each critical subcontractors to ensure their IIPP's and other required safety and health programs are established in writing, implemented and effective.
10. Ensure all subcontractors who work at the site have an IIPP.
11. Collect and be knowledgeable regarding worksite specific Log 300 information and/or Workers' Compensation loss information for all critical sub-contractors working at the worksite.
12. Demonstrate a lower than average number of injuries and illnesses statewide over the previous three full calendar years (for applicant Employer) and at the worksite being evaluated for the time period it has existed (see worksheet in Appendix B). Successful applicants shall meet or exceed at least two of the following ratings:
 - (i) Experience Modification Rating below 90%
 - (ii) Days Away, Restricted or Transferable (DART) rate below 90% of the most recent Bureau of Labor Statistics (BLS) national industry average;
 - (iii) Total Recordable Case (TRC) rate below 90% of the most recent BLS national industry average.

NOTE: *Averaging of Employer 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 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.

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

NOTE: *(#inj + #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 B, 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.

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

NOTE: *A DART rate is an injury and illness reporting term that stands for Days Away, Restricted or Transferred from work. (#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.*

13. Correct all hazards and required program deficiencies discovered during the VPPC evaluation as soon as possible but no later than 30 days.
13. Provide all available information needed to evaluate the employer's safety and health management system to the Cal/OSHA Consultation Service.
14. Allow the assigned senior consultant to make unannounced worksite visits to confirm the effectiveness of the safety and health management system at the worksite prior to final approval.
15. Allow both Cal/OSHA Enforcement and Cal/OSHA Consultation access to the applicant employer's active California worksites during the evaluation and VPPC participation period.
16. The owner or CEO of the employer 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.*

D. PHASE 1 - APPLICATION PROCESS

1. The VPPC application can be found in the “Employer Application and Information Packet” available at http://www.dir.ca.gov/dosh/cal_vpp/goldenSt.pdf
2. The VPPC application needs to be filled out and sent to the Cal/OSHA Consultation VPPC Program Coordinator. The VPPC Program Coordinator will be the custodian of the original VPPC application and all subsequent original documents and correspondence. Copies may be transmitted to other locations as needed.
3. The VPPC Program Coordinator in coordination with the Regional Manager and Program Manager will assign the application to a VPPC senior consultant.
4. The VPPC senior consultant is responsible for:
 - a. Reviewing the application for completeness, and for contacting the employer within ten (10) working days from receipt of the application if more information or clarification of information is needed. The applicant will be given up to ninety (90) days to provide the additional information.
 - b. Suggesting to the applicant, if it is clear from the application that the applicant cannot qualify for VPPC, that the application be withdrawn until such time as the employer can meet the minimum eligibility requirements.
 - c. Developing the Cal/OSHA compliance history and evaluating past injury/illness data for the applicant.
 - d. Notifying the applicant employer regarding acceptance or rejection of the application.

NOTE: Applications will only be accepted where critical subcontractors have been selected for all phases of the project/site.

E. PHASE 2 - SAFETY AND HEALTH PROGRAM CONFERENCE

1. Following acceptance of the employer's application, the VPPC senior consultant assigned to the worksite will, within five (5) working days, contact the applicant's representative and schedule a meeting to discuss and learn about the Employer's worksite safety and health management system. The safety and health program conference will be arranged as soon as is reasonable for all necessary parties to be able to attend.

The applicant employer must invite Union signatories and encourage them to participate in the program conference. The VPPC senior consultant must ensure that the union signatories understand the reason for the invitation and that they are given reasonable accommodation to participate. Union refusal to participate must be documented, including the reason for non-participation.

NOTE: *The VPPC senior consultant is not responsible for contacting all employer and labor representatives. However, the VPPC senior consultant is responsible for ensuring that labor representatives receive copies of meeting confirmation letters sent to applicant employers.*

2. The purpose of this meeting is to give the employer representatives an opportunity to explain how the Employer's worksite safety and health management system is designed to protect all workers at the worksite. The injury and illness prevention program requirements and all VPPC evaluation criteria (see Appendix A of this policy and procedure) must be reviewed and discussed. Discussion should include all processes, rules, and procedures that demonstrate how the Employer upholds its worksite safety and health responsibilities in a multi-employer environment.

The employer may elect to provide a formal presentation of its worksite safety and health management system. However, the VPPC senior consultant will ensure that by the end of the meeting all requirements and evaluation criteria have been discussed in sufficient detail to provide a determination that the Employer's worksite safety and health management system is designed and can be implemented at the worksite will be effective protecting workers from preventable injuries and illnesses.

3. Union representatives should be encouraged to communicate the effectiveness of the employer's worksite safety and health management system as presented at this conference.
4. At the conclusion of the safety and health program conference, if the employer 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 worksite and will be effective protecting workers from preventable injuries and illnesses, then the VPPC senior consultant shall inform the employer

representatives of their concerns. The employer 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 an employer has at least one existing site in VPPC and the assigned senior consultant is familiar with the employer's safety and health management system, phase 2 can be limited to any changes the employer may have made to their system since the senior consultant last evaluated it.*

F. PHASE 3 - WORKWORKSITE EVALUATIONS

1. Following a successful safety and health program conference with the Employer and union representatives regarding the Employer's worksite safety and health management system, worksite evaluations will be arranged. The VPPC senior consultant can solicit assistance from consultants in the area office that would normally assist the worksite. The senior consultant needs to make this request to the consultant's area manager and the VPPC Program Coordinator.
2. The VPPC worksite evaluations shall focus on:
 - a. Validation of the effectiveness of the employer's worksite safety and health management system;
 - b. The effectiveness of each of the VPPC evaluation criteria (see Appendix A of this policy and procedure);
 - c. The employer's ability to effectively evaluate all critical subcontractors IIPP's, other mandated safety and health programs and ensure the same subcontractors are performing effective site loss analysis as applicable.
 - d. The employer's overall control of the safety and health for all employers and their employees at the worksite;
 - e. Observation of safe work practices;
 - f. The employer's ability to identify and correct hazards that could result in preventable accidents and exposures; and
 - g. The employer's ability to ensure contractors working at the worksite are meeting or exceeding all applicable Title 8 requirements.
3. The Consultation Program Manager and VPPC Program Coordinator shall be contacted to resolve any issues that may arise between an employer representative, union representative and the assigned VPPC senior consultant.

4. Union signatories must be invited and encouraged to participate in the worksite evaluation. Union refusal to participate must be documented, including the reason for non-participation.
5. Worksite evaluations performed by the VPPC senior consultant and/or any other Cal/OSHA consultant may result in identification of hazardous conditions that must be corrected before VPPC recognition can be granted. These findings alone may not keep the employer from receiving VPPC status unless they are tied to an ineffective part of the Employer's worksite safety and health management system.

NOTE: *All Title 8 California Code of Regulations deficiencies noted must be corrected even if the applicant chooses to withdraw their application.*

6. If the VPPC senior consultant concludes that improvement or correction is needed in one or more areas of the employer's worksite safety and health management system, then the employer will be informed and arrangements will be made to assist the employer in improving those areas. The VPPC senior consultant will also arrange a time period, usually not to exceed ninety (90) days, in which improvement must be accomplished.
7. The senior consultant assigned to make the VPPC evaluation shall make at least one unannounced worksite visit to confirm the effectiveness of the safety and health management system at the worksite prior to final approval.
8. Upon completion of the worksite evaluation, the VPPC senior consultant will prepare a written report that documents the effectiveness of the employer's worksite safety and health management system including documentation regarding the VPPC evaluation criteria (see Appendix A of this policy and procedure). In the event multiple visits are made, a written report will be prepared after each visit to the worksite updating the employer regarding their progress towards attaining VPPC.
9. VPPC Documentation - All case files, multi/dual-employer related case files, interventions, VPPC evaluation criteria, notes, images, employer self-evaluation reports, all safety programs (including revised programs), any other supporting documentation and a copy of the VPPC application shall be kept together and chronologically organized in a master file and be readily available for reference. These files will be maintained by the VPPC Program Coordinator. Files for onsite visits with subcontractors will be maintained by the area offices as required.

10. Critical subcontractors will be evaluated in the following manner:

- a. Training will be provided as needed by consultation senior staff for representative(s) of the applicant employer who have been identified to review the written content, implementation and effectiveness of the subcontractor's IIPP, other required safety and health programs and ensure they are performing effective site loss analysis.
- b. Initially, consultation senior staff will observe the applicant employer making evaluations of the subcontractors. Interviews of field employees and employee representatives will be considered critical when making the evaluation. Consultation staff will make any necessary suggestions for improvement as needed.
- c. To ultimately determine the overall effectiveness of the applicant employer evaluations, consultation staff will conduct onsite visits with critical subcontractors. Critical subcontractors will be encouraged to attain Golden Gate recognition as a result of these visits.

Note: Subcontractors that employ more than 500 in their entire company or more than 250 at the site will not be eligible for Golden Gate.

- d. All physical and health related hazards and programmatic deficiencies must be documented and corrected within 30 days of identifying hazards and prior to final approval.

G. PHASE 4 - FINAL APPROVAL

1. The applicant employer must meet the following elements for final VPPC approval:
 - a. Compliance with all applicable Title 8 requirements at the worksite, including but not limited to an effective injury and illness prevention program;
 - b. Verification that all VPPC evaluation criteria are considered effective (see Appendix A of this policy and procedure); and
 - c. Verification that all other items under the "Qualifications" section of this policy and procedure have been met.

2. Final approval of VPPC recognition is by the Chief of the Division via the Consultation Program Manager. The VPPC senior consultant assigned to the worksite sends a memo to the Consultation VPPC Program Coordinator, Consultation Program Manager and the VPPC administrative support staff recommending VPPC approval along with a copy of their final report. If approved, the Consultation Program Manager forwards the report along with his/her cover memo to the Chief of the Division and the VPPC administrative support staff recommending VPPC approval.
3. The approval period starts on the date that the Chief of the Division signs the VPPC approval letter. The termination date is thirty-six (36) months from the approval date or when the project is completed whichever is sooner.
4. Copies of the cover memo and signed Division approval letter will be sent back to the VPPC Coordinator for inclusion into the VPPC applicant's case file.
5. Once approved, future evaluations will take place:
 - a. Randomly throughout the approval period;
NOTE: *The senior consultant assigned to the worksite in coordination with consultants from the applicable Cal/OSHA Consultation Area Office may perform these evaluations.*
 - b. At the end of the certification period if the contractor is reapplying;
 - c. Within 90 days upon notification of change of ownership or upper management.
6. Once approved, the VPPC senior consultant assigned to the worksite must be notified immediately by the employer contact whenever any of the following occur:
 - a. A Cal/OSHA Enforcement inspection takes place at the site.
 - b. Any serious injury, illness or fatality involving any employee working at a VPPC recognized worksite controlled by the VPPC employer (up to three in California);
 - c. Any media coverage related to a worker safety and health issue at the site.
 - d. Any significant near miss at the site.

- e. Any unplanned collapse of a permanent or temporary structure, scaffolding/falsework or crane at the any site.
 - f. Any willful, repeat, serious accident-related citation(s) are issued to any employer at any of the VPPC recognized employer's worksites (up to three in California);
 - g. Requests are made for temporary or permanent variances at a VPPC worksite;
 - h. There are significant changes in safety and health management systems;
7. Each year by February 15th, each VPPC worksite employer agrees to submit the following information to the VPPC Coordinator (unless the site was approved in previous calendar year).
- a. Injury and Illness Rates. These rates will include all employees over whom the applicant has responsibility and authority for safety and health, including regular hires, plus temporary employees and contractor/subcontractor employees.
 - i. The total recordable case rate (TRC) for injuries and illnesses for the previous calendar year.
 - ii. The incidence rate for cases involving days away from work, restricted work activity, and job transfer (DART rate) for the previous calendar year.
 - iii. The total number of cases for each of the above two rates.
 - iv. Total hours worked.
 - v. Estimated average employment for the past full calendar year.
 - vi. There are changes in ownership, top management, safety staff or worksite superintendent(s) that may impact the safety and health management system, or significant changes to signatory unions.

- b. Annual Self-Evaluation. A copy of the most recent annual self-evaluation of the participant's safety and health management system, in the VPPC Evaluation Criteria format.
- c. A description of any success stories, such as reductions in Workers' Compensation rates or increases in employee involvement.

H. VPPC WORKSITE RENEWAL

1. An employer may choose to renew VPPC status of an individual worksite. In this event the employer must contact the senior consultant assigned to the worksite at a minimum of 90 days prior to the renewal date.
2. The senior consultant, within 5 days of receiving the VPPC employer request for renewal will contact the employer representative at the worksite and applicable labor representatives to establish a date to make a worksite visit for the purpose of re-evaluating the employer's safety and health management system, its implementation and effectiveness at the worksite.

Note: *All items noted in section C. "Qualifications" of this policy and procedure must be met for renewal purposes.*

Upon discovery of deficiencies in a previously approved VPPC employer worksite, the senior consultant shall request that the employer correct any deficiencies within 60 days of the renewal visit. Should those issues not be resolved at the end of the 60-day period, the VPPC recipient shall be placed on probation for an additional 30-days and subsequently removed from the program.

3. VPPC worksite renewals will be processed in the same manner as an initial VPPC worksite approval (see section G of this policy procedure).

I. EMPLOYER WITHDRAWAL FROM VPPC OR WITHDRAWAL DURING THE APPLICATION AND EVALUATION PROCESS

1. An employer may withdraw from VPPC at any time during the application or evaluation process or participation period. If the applicant decides for any reason to withdraw the application, the original application will be retained for a period of one year.
2. An employer's VPPC status will be discontinued when it no longer has at least one VPPC worksite in California.

3. A VPPC employer may be asked to voluntarily withdraw from the program if any of the following occurs:
 - a. The Cal/OSHA Consultation Service is not informed as required by section G.7. of this policy and procedure.
 - b. A final order Willful, Repeat, or Willful-Repeat Citation is received by a VPPC employer at any worksite they control in California.
 - c. A final order Serious Citation related to a worker fatality, injury or illness is received by any employer while working at an applicant or VPPC participant worksite.
 - d. The VPPC Employer receives two unsatisfactory evaluations within a one year period following approval to participate in the program;
 - e. Loss of any required California license or permit;
 - f. A VPPC Employer refuses to allow Division of Occupational Safety and Health authorized Enforcement or Consultation personnel access to any of their California worksites;
 - g. There is a change of ownership or corporate structure to the VPPC Employer and the Consultation senior consultant is not notified in writing within 30 calendar days of the change(s);
 - h. If the VPPC Employer's safety and health management system as demonstrated during the evaluation period is not maintained at a VPPC worksite.
4. An Employer's VPPC status may be withdrawn by the Division if any of the items in D-63(J)(3) are not maintained and the Employer refuses to voluntarily withdraw. The final decision to remove an Employer from VPPC will be made by the Chief of the Division. The Chief of the Division will send a letter to the applicant whenever a VPPC Employer is being removed from the program. The applicant may appeal the decision and, upon request, meet with the Chief of the Division.
5. If Employer does not meet qualifications, meet evaluation deadlines or any of the items in D-63(J)(3) are not maintained the assigned senior will submit a Report to the Program Manager describing the reasons for Employer withdrawal.

J. ENFORCEMENT

1. Notification

The Consultation Program Manager is responsible for notifying the Chief of the Division regarding the approval and withdrawal of each VPPC participant and the specific worksite location.

2. Inspections

Whenever the Consultation Service learns of a Cal/OSHA Enforcement action at a VPPC exempt worksite, the VPPC senior consultant will immediately contact the District Manager and discuss the issues.

K. TRACKING

The Consultation Program Manager and VPPC administrative support staff will maintain a database of VPPC Employers.

Cal/OSHA Consultation VPPC Evaluation Criteria

Employer / Jobsite Name	
Site Location	

Instructions: Answer all of the questions with as much detail as you can. Provide supporting documentation when requested. Label attached documents in accordance to the numbers below (example: 1a or 1b) and submit with your application.

1.) Management Leadership and Authority	
a.	Describe how management is involved and committed to the Safety and Health Management System (SHMS) for the company? Examples include participating in safety meetings, reviewing and making decisions with regards to safety. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:	
b.	Does management consider safety and health to be a line or a staff function? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:	
c.	Do managers personally follow safety and health worksite rules, code of safe practices and any other applicable standards at the worksite? Describe how your company ensures that managers follow safety rules. Practices can include performance review, observations and disciplining of managers who fail to follow safety rules. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:	
d.	Describe how management is involved in the planning and valuation of the SHMS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:	
e.	Describe how management allocates adequate resources to ensure the SHMS is effective? Describe the resources provided. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:	

<p>f. Describe how management values and encourages employee involvement and participation in the SHMS? Examples include but not limited to having an open door policy, and providing feedback/response in a timely manner.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>2.) Safety and Health Goals and Objectives</p>
<p>a. Are safety and health organizational goals and objectives established in writing? Describe your company's goals and objectives or include a copy along with this form.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>b. Describe how your company's safety goals and objectives are communicated to all employees?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>c. Are the goals and objectives evaluated and updated as needed? Please list frequency and dates of last updates.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>3.) Multi-Employer</p>
<p>a. Is the employer by contract or practice functioning as the controlling contractor at the worksite?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>b. Do all sub-contractors understand their multi-employer responsibilities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>c. Describe the mechanism in place that ensures that all the hazards inherent to the workplace are communicated to other employers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>d. Are the potential hazards created by one employer being effectively communicated to other employers, so that adequate employee exposure to those hazards can be controlled? Describe the methods to achieve effective communications of health and safety hazards to trade partners.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>

<p>e. Does the VPP-C candidate employer exercise the necessary oversight to ensure that visiting contractor employers follow their contractual health and safety obligations? Describe the process to eliminate repeated unsafe hazards created by trade partners. Give examples of how your company exercised provisions in your contract to eliminate repeated health and safety hazards.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>f. Describe the system in place that will effectively and quickly stop the unsafe actions of another employer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>g. Does every worker on-site receive structured safety and health orientation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>h. Are contractors required to have an injury and illness prevention program? Describe how your company, the general contractor, ensures that critical trade partners have an effective Injury and Illness Program developed in writing and implemented. The process can include assigning designated safety staff to evaluate the safety program for written content, and interviewing employees to verify implementation.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>i. Do all contractors understand their responsibilities at a multi-employer worksite?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>4.) Responsibility and Authority</p>
<p>a. Is there a person or persons identified as responsible for (SHMS)? List the person(s) responsible.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>b. Is that person or persons provided adequate authority and resources to ensure the SHMS are effective? Describe any limitations in their authority and resources..</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>c. Does that person or person(s) carry out their assigned responsibilities and utilize their authority to ensure the effectiveness of the SHMS? Describe any limitations that person(s) may have.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>5.) Ensuring Employee Compliance</p>

<p>a. Are there mechanisms in place to ensure employee compliance of safety and health rules, the code of safe practices and other applicable standards at the worksite? NOTE – Examples include, but are not limited to disciplinary programs, employee recognition programs and re-training programs. List those mechanism(s). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>b. Is there a worksite specific code of safe practices in writing and available? Attach a copy of the jobsite specific Code of Safe Practice. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>c. Are there subcontractor sanctions for non-compliance of safety and health rules, the code of safe practices and other applicable standards at the worksite? Describe the sanctions and include a copy of your contract that outlines those sanctions. Provide examples (if any) of when your company exercised contractual sanctions against a trade partner. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>d. If applicable, are all employee recognition programs based on leading indicators and not “zero” injuries/illnesses? For example: (gift cards, rewards given for meeting injury goals?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>e. Are supervisors evaluated regarding their responsibilities as it relates to the implementation of the SHMS? Please attach a copy of a blank performance evaluation sheet where safety is part of the evaluation. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>f. Do organizational policies result in correction of non-performance of safety and health responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>6.) Communication</p>
<p>a. Are all employee communications regarding safety and health at the worksite done in a language that the employees understand and comprehend? If so, what means and/or methods are used to provide safety communication and training to non-native English speakers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
<p>Notes:</p>
<p>b. Is each assigned safety and health responsibility as it relates to the SHMS clearly communicated to those responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>

Notes:
<p>c. Are pre-job safety and health meetings held? If so, describe the typical issues discussed and include the most recent outline or meeting minutes..</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
Notes:
<p>d. Are toolbox safety meetings held weekly? Please attach the three most recent toolbox safety meetings.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
Notes:
<p>e. Are all contractors required to attend weekly general contractor safety and health meetings? If so, please provide three of most recent documentation of past meetings.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
Notes:
<p>f. To the extent practicable has the general contractor established a means and or method to conduct effective monthly job-wide safety meetings with all hands? Please include the three most recent topics covered during the past few "all-hands" meetings.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
Notes:
<p>g. Is the content of all related safety and health meetings relevant to the activities and issues at the worksite?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
Notes:
<p>h. Sometime after the safety meeting/training session/orientation are employees queried to determine if they understood the information communicated? Are interviews of subcontractor employees conducted to verify training and IIPP implementation is effective? Describe the methods used to ensure that employees are queried to determine if they understand the material. Describe what is done if there are shortcomings with the subcontractor employees.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
Notes:
<p>i. Describe how employees are encouraged to participate in safety meetings/training sessions/orientation sessions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
Notes:
<p>j. Describe the jobsite employee hazard reporting system?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>
Notes:

k. Are employees encouraged to report hazards without the fear of reprisal? Describe the methods used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
7.) Hazard Anticipation and Evaluation
a. Are effective safety and health inspections performed regularly? Provide the three most recent documentation of safety and health inspections.. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
b. Are effective safety and health inspections performed on a scheduled and unscheduled basis? Describe the frequency. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
c. Describe the methods that your company uses to ensure that effective safety and health inspections performed weekly by the sub-contractors. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
d. Describe the methods that your company uses to ensure that effective surveillance of established hazard controls are in place. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
e. Is change analysis performed as it relates to the worksites activities, equipment, materials and processes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
f. Are SDS's used to reveal potential hazards? Describe the review process. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
g. Is a formal system of Job Hazard Analysis, Job Task Analysis or Job Safety Analysis in place? Provide the last three JHAs performed for the jobsite. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
h. Describe how employees and subcontractor employees are encouraged to participate in the hazard anticipation and detection activities? Provide the three most recent documentation of employees participating in hazard anticipation / detection activities. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:

8.) Accident, Exposure, Incident and Near Miss Investigation	
<p>a. Are accidents, exposures, incidents, near misses investigated in a timely manner? Describe the time frame and process.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>	
Notes:	
<p>b. Are accidents, exposures, incidents, near misses investigated for root causes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>	
Notes:	
<p>c. Are accidents, exposures, incidents, near misses investigations reports made in writing and include recommendations for future hazard prevention and control? Provide the three most recent copies of an accident, exposures, incidents, near misses investigations reports for the jobsite.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>	
Notes:	
<p>d. Are accidents, exposures, incidents, near misses investigations reports reviewed by management/supervisors to identify trends? Describe the results and outcomes.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>	
Notes:	
<p>e. Is the controlling contractor knowledgeable about all accidents, exposures, incidents, near misses investigations at the worksite? Describe the process in which your company ensures that trades provide you with information about accidents, exposures, incidents and near misses.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>	
Notes:	
9.) Hazard Prevention and Control	
<p>a. Is the SHMS worksite specific? Provide a copy.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>	
Notes:	
<p>b. Is the SHMS updated to meet changes at the worksite?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>	
Notes:	
<p>c. Are all Cal/OSHA required programs/plans/procedures established and considered effective (and in writing where required)? Describe the process in which your company reviews, interview employees and mentors subcontractors to ensure that the programs are effective.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed</p>	

Notes:
d. Is a hierarchy of control followed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
e. Is PPE adequate and effectively used at the jobsite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
f. Is housekeeping consistently maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
g. Are all anticipated and identified hazards prioritized by severity and corrected in a timely manner? Provide last three documentation in which hazards were prioritized. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
h. Does the worksite have an effective plan for providing emergency medical care? Please provide a copy of your company's Emergency Medical Services Plan (T8CCR, section 1512). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
i. Are employees encouraged to participate in hazard anticipation and control? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
10.) Training
a. Do all employees receive a worksite specific orientation prior to starting work? Provide an orientation agenda and the last employee orientation performed by your company. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:
b. Do all worksite employees receive appropriate training as it applies to hazards related to the worksite and the hazards unique to their job assignment? Include an outline or describe the topics covered that is specific to the worksite. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed
Notes:

- c. Do managers/supervisors receive appropriate training, including the aspects of their supervisory responsibilities related to the SHMS? Provide a copy of the most recent safety training documentation for supervisors.

Yes No Improvement Needed

Notes:

- d. Do employees receive training as it relates to changes in materials, equipment, processes or the worksite in general?

Yes No Improvement Needed

Notes:

- e. Are all trainers qualified to train on the subjects they are asked to present? Describe the required training that your trainers are required to have prior to providing training (e.g. OSHA 30 hour, etc.).

Yes No Improvement Needed

Notes:

VPP – Construction DART and TRC Rate Requirements:

DART Rate Calculation			
Year	Hours Worked	Sum of Columns H and I	Rate
201_			
201_			
201_			
Total			
Employer's Three-Year Rate			
CA DLSR Average for SIC # _____			
Percent below the CA DLSR Rate:			

TRC Rate Calculation			
Year	Hours Worked	Sum of Columns H, I & J	Rate
201			
201			
201			
Total			
Employer's Three-Year Rate			
CA DLSR Average for SIC # _____			
Percent below the CA DLSR Rate:			

NOTE: Averaging of employer 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 California Division of Labor Statistics and Research (DLSR) or Bureau of Labor Statistics (BLS), if data is not published by DLSR.

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.

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

NOTE: (#inj + #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 B, 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.

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

NOTE: A DART rate is an injury and illness reporting term that stands for Days Away, Restricted or Transferred from work. (#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.