# CALIFORNIA VOLUNTARY PROTECTION PROGRAM (CAL/VPP)

**CAL/VPP**

**(RE-)EVALUATION REPORT**

**For**

**Company Name**

**Company Address**

**Company Address**

**Prepared By:**

**Full Name , VPP Consultant, CIH or CSP, Team Leader**

**Full Name, VPP Consultant, CIH or CSP**

**Full Name, STM, CIH or CSP, Company Name**

**Reviewed by: Iraj Pourmehraban, PE, CSP**

**November ?? , 20 Cal/OSHA CONSULTATION**

 **Voluntary Protection Program**

 **1515 Clay Street, Suite 1190**

 **Oakland, CA 94612**

## A. Site Description

1. Age & Area of the building(s), Area of site, Nature of work & a brief description of Process, Recent major awards.
2. All employees’ bargaining unit(s)
3. Number of shifts
4. Names of VPP Contact, H & S Manager, Plant and/or General Manager(s)
5. entity of mentor and company, and time spent by the
6. site in preparing application (new sites)
7. Total NUMBER of Employees at site & Employees interviewed by team
8. Max NUMBER of nested, and scheduled contractors (Companies) including temporaries,
9. NUMBER of nested and scheduled Contractor & temporary employees interviewed
10. DOSH Compliance Support Person & district office phone number, Compliance History last 3 years
11. If an existing VPP site requested a re evaluation visit to be postponed, briefly describe the reason(s)

The NAICS Code is XXXXXX. The following table shows the site’s total case incident rates (TCIR) and days-away, restricted, or transferred (DART) rates in comparison with the industry averages.

|  RATES | RATE FOR **EACH YEAR** | 3-YEAR**AVERAGE** | \*3 YEARINDUSTRYAVERAGE |
| --- | --- | --- | --- |
|  | **20** | **20** | **20** |  |  |
|  TCIR |  |  |  |  |  |
|  DART |  |  |  |  |  |

 \*BLS data from Table 1, 20, 20 & 20, NAICS Code --------.

**The site may qualify as a small employer, and calculation is based on three best years out of four years.**

| RATES |  YEARLY RATES | AVERAGES OF BEST3 YEARS | \*3-YEARINDUSTRYAVERAGES |
| --- | --- | --- | --- |
|  | **20** | **20** | **20** |  **20** |  |  |
| TCIR |  |  |  |  |  |  |
| **DART** |  |  |  |  |  |  |

 \*BLS data from Table 1, 20, 20, 20 & 20, NAICS Code XXXXXX.

## B. Scope and Approach of Evaluation

The Cal/VPP team included as Team Leader, VPP Consultant, VPP Consultant, and as Special Team Member from (company) . The team performed the onsite evaluation from , 2018.

Evaluation findings were based on:

* Review of safety & health documents and records,
* Interview of employees and key staff.
* Observation of physical conditions and practices.

The team identified the strengths of the current programs and also some opportunities for improvement. Following complete implementation of the findings and satisfactory verification of the implementation steps, the site will be eligible for recertification or certification in the Cal/VPP program.

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## C. Strengths

## D. Areas for Improvement

* 1. **Management**
		1.
		2.
		3.
		4.
		5.
	2. **Contractor**
		1.
		2.
		3.
	3. **Employee Notification**
		1.
		2.
		3.
		4.
		5.
	4. **Medical Program**
		1.
		2.
		3.
		4.
	5. **Industrial Hygiene Program**
		1.
		2.
		3.
	6. **Training**
		1. Ensure that all employee participating in periodic self-inspections, are well-trained and familiar with the items identified in Section E, of the Safety & Health Issues of this report. (**??**) **initial of team leader**
		2.
		3.
		4.
		5.
	7. **Pre-Use Analysis**
		1.
		2.
		3.
		4.
		5.
	8. **Comprehensive Surveys**
		1.
		2.
		3.
		4.
		5.
	9. **Accident Investigations**
		1.
		2.
		3.
		4.
	10. **Emergency Preparedness**
		1.
		2.
		3.
		4.
	11. **Employee Involvement**
1.
2.
3.
4. 1. **Job Safety Analysis**
	2. **Preventive Maintenance**
5.
6.
7. 1. **Self Inspections**

1. For health and safety issues found during this re-evaluation/evaluation, analyze and delineate root causes indicating why these hazards were not identified during periodic self-inspections conducted by the facility.  Confirm comprehensive, effective self-inspections are implemented to ensure all unsafe conditions are identified for corrective action during regular self-inspections. (**??**) **initial of team leader**

## E. Safety & Health Issues

The evaluation team has identified the following deficiencies with high priority for correction. Also identify and correct all similar unsafe conditions throughout the facility. Ensure that these items are included in self-inspection programs and that employees are trained on them as needed.

1.
2.
3.
4.

## F. Contractors Safety & Health Issues

1.
2.
3.

## G. Process Safety Management

* 1.
	2.
	3.

## H. Conclusion

The Cal/OSHA VPP on-site evaluation team commends (Company Name) for the overall quality of its health and safety program and the high level of preparation achieved in anticipation of the on-site review. In that regard, we salute the hard work performed by the (Company Name) employees and (STM Name), STM from (Company Name), who mentored the site. The evaluation was completed with the full cooperation of all employees and key staff.

A follow-up visit will be performed within 90 days to verify closure of all findings. Complete implementation of the findings will result in the team recommending that the site be awarded Cal/VPP status.

The Cal/OSHA VPP on-site evaluation team commends – Company’s Name -- for the overall quality of its health and safety program and the high level of preparation achieved in anticipation of the onsite review. In that regard, we salute the hard work performed by Company’s Name employees. The evaluation was completed with full cooperation of all employees and key staff.

A follow-up visit will be performed within 90 days to verify closure of all findings. Complete implementation of findings will result in the team’s recommendation for continued Cal/VPP status.

## I. Abbreviations

**(**initial) Full Name

(initial) Full Name

(initial) Full Name

## J. List of Employees Interviewed

| **Employee Last Name** | **Employee First Name** | **Job Title/Position** | **Shift/Work Hours** |
| --- | --- | --- | --- |
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## Contractor Employees Interviewed

| **Employee Last Name** | **Employee First Name** | **Contractor Company** | **Nested (Y/N)** | **Job Title** | **Shift/Work Hours** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |