



Mentoring: New Applicant Survey

Please fill out the following requested information and enter an **X** next to your answer choice.

- 1) Company Name:
Company Address:
Contact Person Name:
Email:
Phone:

- 2) Do you understand the Cal/VPP Star concept and process?
 - a. ___ Yes
 - b. ___ No

- 3) How did you learn about the Cal/VPP Star?
 - a. ___ Cal/OSHA website
 - b. ___ Workshop
 - c. ___ Health & Safety training
 - d. ___ Other (please specify): _____

- 4) How was the Cal/VPP Star concept introduced to management staff and hourly employees?

- 5) Has a **Request Form** been completed and returned to the Cal/VPP Star office? (under **Mentorship** section, at http://www.dir.ca.gov/dosh/cal_vpp/starreach.html)
 - a. ___ Yes
 - b. ___ No (if so please fill and return)

- 6) Have you found/identified a mentor suitable to your operations?
 - a. ___ Yes (If so please provide)
Contact name & Company:
Phone:
Email:



- b. No
 - c. Need assistance
- 7) Has your mentor been approved by Cal/VPP Star manager?
- a. Yes
 - b. No (Contact Cal/VPP Star office)
- 8) Do you have access to a qualified Health & Safety specialist?
- a. Yes
 - b. No
- 9) Have you conducted a readiness survey of all safety and health programs? (Refer to the Cal/ VPP Evaluation Checklist, at http://www.dir.ca.gov/dosh/cal_vpp/cal_vpp_index.html)
- a. Yes
 - b. No
- 10) Were challenges to your health and safety program identified by the readiness survey?
- a. Yes (List sections in which challenges were found according to the Evaluation Checklist)

Have they been prioritized and communicated to staff?

 - b. No
- 11) Do you have a system in place to track and follow up on the closing of identified challenges? Does it include a timeframe and assigned teams and/or committees for closing out items?
- a. Yes



Briefly describe:

b. No

12) Are local resources (labor, time, funds etc.) available and being allocated to address these challenges?

a. Yes

b. No

13) Has your site undergone a Cal/OSHA Compliance Inspection within the last 4 years?

a. Yes, Date(s) of Inspection: _____

b. No

14) Were any citations issued by a Cal/OSHA Compliance officer as a result of inspection(s)?

a. Yes

Please identify: 1) The type of citation(s), 2) Violated safety order(s):

b. No

15) Have you completed a Cal/VPP Star application?

a. Yes, submittal date: _____

b. No

What is the current status?

Estimated completion date: _____