



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:

Nature of Operation:

NAICS:

2) Number of Employees:

3) Bargaining Unit (s):

4) Total Case Incident Rate(TCIR) for the last 3 years:

5) Days-away, Restricted, Transferred Rate (DART) for the last 3 years:

6) Do you understand the Cal/VPP Star concept and process?

a. ___ Yes

b. ___ No

7) How did you learn about the Cal/VPP Star?

a. ___ Cal/OSHA website

b. ___ Workshop

c. ___ Health & Safety training

d. ___ Other (please specify): _____

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



9) 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

10) Has your mentor been approved by Cal/VPP Star manager?

a. Yes

b. No (Contact Cal/VPP Star office)

11) Do you have access to a qualified Health & Safety specialist?

a. Yes

b. No

12) 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

13) 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

14) 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

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

a. Yes

b. No

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

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

b. No

17) 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

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

a. Yes, submittal date: _____



b. ___ No

What is the current status?

Estimated completion date: _____

Please email completed forms to CalVPP@dir.ca.gov