



CONTRACTOR SAFETY AWARDS PROGRAM

CONSTRUCTION CATEGORY SUBMITTAL INSTRUCTIONS AND APPLICATION

REVISED 2-8-17

OWNERS:

- 1.0 Give a copy of the submittal instructions, application and evaluation forms to the contractor(s) you will be nominating.
- 2.0 Once the completed application and supporting documentation are returned to you, put a letter of recommendation from your facility manager or safety office (sample attached) in the three-ring binder (contractor application) as the first page.
- 3.0 Deliver the three-ring binder (contractor application) to the Golden Triangle Business Roundtable located at 2901 Turtle Creek Dr. Suite 440, Port Arthur, TX 77642 **no later than 5:00 pm on March 31, 2017.**

CONTRACTORS:

- 1.0 **GTBR Contractor Safety Award applicants must complete and submit the GTBR contractor survey for the previous year to ISTC by (Mar. 31, 2017) prior to submitting the GTBR application. GTBR Submittal Application is due March 31, 2017, 5:00 PM deliverable by Owner's only. Contractor must be a GTBR Member in good standing with dues paid current.**
- 2.0 Complete the application form (pages 4 and 5).
- 3.0 Assemble the application and the evaluation forms into one (1) three inch (3") wide three (3) ring binder with the supporting data separated by the following tabs. Explain how your company health and safety program addresses each of the elements and sub-elements described by these tabs.

NOTE: If a contractor company is nominated at multiple sites, it is permissible to submit one large binder with common material for the sites and a separate binder for each site having site specific information.

In each Sub-Tab, highlight (In Yellow) the information that best describes how your program meets the requirements of the elements and sub-elements.

- 4.0 Give the three-ring binder containing application, health and safety program documentation to the facility owner representative for submittal to GTBR.

TAB #1 Application form (pages 4 and 5 completed) and the evaluation sheets (for GTBR Safety Committee use)



CONTRACTOR SAFETY AWARDS PROGRAM

TAB #2 Management Commitment and Employee Involvement

1. Safety Policy, Goals and Objectives
2. Company and/or Site Health and Safety Practices
3. Authority and Resources
4. Line Accountability/Disciplinary Program
5. Subcontract Workers
6. Employee Involvement
7. Safety and Health Program Evaluation

TAB #3 Work Site Analysis

1. Safety and Health Surveys/Studies
2. Pre-use Analysis
3. Hazard Analysis
4. Self-Inspections
5. Employee Hazard Reporting System
6. Incident/Injury Investigations
7. Trend Analysis

TAB #4 Hazard Prevention and Control

1. Professional Resources
2. Preventive Maintenance
3. Hazard Correction Tracking
4. Occupational Healthcare Program
5. Emergency Procedures
6. Process Safety Management

(OSHA 1910.119 (h) (3) (i) (Skill assessment) The contractor employer shall assure that each contract employee is trained in the work practices necessary to safely perform his/her job.

(OSHA 1910.119 (h) (3) (ii) The contract employer shall assure that each contract employee is instructed in the known potential fire, explosion, or toxic release hazards related to his/her job and the process, and the applicable provisions of the emergency action plan.



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TAB #4 Hazard Prevention and Control (continued)

6. Process Safety Management (continued)
(OSHA 1910.119 (h) (3) (iii) The contract employer shall document that each contract employee has received and understood the training required by this paragraph. The contract employer shall prepare a record, which contains the identity of the contract employee, the date of training, and the means used to verify that the employee understood the training.
(OSHA 1910.119 (h) (3) (iv)
Submit a copy of Process Safety Management (PSM) program
The contract employer shall assure that each employee follows the safety rules of the facility including the safe work practices required by paragraph (f) (4) of this section.

TAB #5 Safety and Health Training Program Description

1. Outline of training program for all levels of contractor company organization
2. Training Tracking Method
3. Supervisor/Manager 3rd Party Safety Training
4. Employee Skills Assessment (percent of workforce)
5. Employee Emergency Action Plan Training (percent of workforce)
6. Employee Equipment Operator Training (percent of workforce)
7. Employee Personal Protective Equipment (PPE) (percent of workforce)
8. Employee Fire Extinguisher (percent of workforce)
9. Employee Competent Person Training (example: excavations, forklift, scaffold erection, trainers of competent persons)
10. Employee Preventive Maintenance Inspector Training

TAB #6 Substance Abuse Program



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CONTRACTOR SAFETY AWARDS PROGRAM

CONTRACTOR COMPANY DATA

Contractor Company Name:	
Nominated by: (OWNER COMPANY, REPRESENTATIVE, SITE and PHONE NUMBER)	
Description of the Safety Management System of contractor organization. Provide evidence of evaluation Items listed on pages 5 through 10 of the Evaluation Form - Part 2 (attached). This evidence shall consist of pages from manuals, procedures, safety books etc. in a three-ring binder.	
This application form and accompanying Evaluation Form must be submitted back through the Owner's contact with the owner's recommendation letter to GTBR. If any part of the application or evaluation form is missing the application will not be accepted. One three ring binder containing Health & Safety program supporting documentation may be submitted for multiple facility nominations. However, an application for each facility must be completed and included in Tab #1 of the binder.	
Application prepared by	
Phone number	
President or CEO	
Phone Number (Office)	
Site Superintendent	
(The individual in contractor company for a site visit if contractor makes the final phase of evaluation)	
Address	
Phone Number (Office)	
Phone Number (Other or Cell)	
Award Liaison	
(The individual in contractor company to receive correspondence from the GTBR regarding the awards and ceremony)	
Address	
Phone Number (Office)	
Phone Number (Other or Cell)	
Email Address	



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CONTRACTOR SAFETY AWARDS PROGRAM

CONTRACTOR COMPANY DATA (Continued)

DATE: _____

Contractor Name				
Address				
Type of Contractor (1)*				
Service(s) Provided				
Please enter the name of the Work Site in the space below.	Corporate Data (10)*			SITE DATA (2)*
	2014	2015	2016	2016
Total hours worked				
% Contractor Employer personnel (3)*				
% Subcontractor Personnel				
Number of Contractor Site Personnel (4)*				
Number of : (11)*				
Fatalities (5)*				
Lost Workday Cases (6)*				
Total Recordable Cases (7)*				
Incident Rate (8)*				
OSHA Rate (Fatalities + Lost Workday)				
OSHA Rate (All Recordables)				
EMR (9)*				

***NOTE: See 1-10 below for explanation**

- | | |
|--|--|
| <p>1. Type of Contractor (NAICS Codes)</p> <ul style="list-style-type: none"> Maintenance 23321 – 23332 New Construction 23493 – 23499 Specialty 23511 – 23599 Engineering – 54133 | <p>Comparable SIC Codes</p> <ul style="list-style-type: none"> SIC 1500-1600 SIC 1500-1600 SIC 1700 SIC 87 |
|--|--|
2. Site assigned personnel only (omit headquarters and regional offices). A minimum of 10,000 hours must be worked at the site to be eligible for nomination.
 3. Of the hours recorded above, what percentage of the work is performed with your own forces?
What percentage is performed by subcontractors?
 4. Include all sub-contractors.
 5. If there are any mitigating circumstances, please present details surrounding the case if you desire.
 6. OSHA Classification "Days-Away from Work" (Total of column H OSHA 300 logs).
 7. OSHA Total Recordable (Injuries & Illnesses) recorded on the OSHA 300 log - total of column M 1-5.
 8. OSHA Incident Rates=OSHA Recordables X 200,000 divided by work-hours
 9. Exclude sub-contractors
 10. Corporate data (including headquarters and regional offices)
 11. If "Fatalities", "Lost Workday Cases" or "Total Recordable Cases" are larger than Zero (0)- for **SITE DATA** - then go to Page 6 for additional requirements and submit requested data in that location in the application



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For any incidents occurring at THIS SITE (reported on Page 5), please provide the following:

- 1) Description of the incident
- 2) Copy of the incident investigation report, or equivalent
- 3) Description of corrective actions that were taken

****INCLUDE THE REQUESTED INFORMATION AT THIS LOCATION IN THE APPLICATION.**



CONTRACTOR SAFETY AWARDS PROGRAM

OVERVIEW OF AWARDS EVALUATION PROCESS

The evaluation committee's process will consist of the following three parts.

1. Application with appropriate documentation

1. Verify type of contractor (NAICS/SIC)
2. Verify exposure hours (includes only site assigned personnel with minimum 10,000 work hours)
3. From the application received, determine the contractor size (exposure hours) for evaluation with other contractors with similar exposure.

2. Safety award rating from the application

1. From information presented, fill out Part 1 of the evaluation form
2. Evaluate contractor program in Part 2 of the application and score opposite criteria for each element of the evaluation form.

3. Site visit and evaluation

1. Select contractors/sites for visits and interviews
2. Employee interviews in Part 3 to verify effectiveness of Safety Management
3. Documentation to check in Part 4 of the evaluation (On-site Superintendent)
4. Audit team coordinates site visit with contractor and owner representative
5. Grading system:
 - a. 10 points for each category
 - b. Each team member grades individual employee interviews
 - c. Compare notes following each interview – reconcile/determine rating
 - d. Utilize existing criteria form and reword questions

The criteria for evaluating the Safety Management System in Part 2 of the application and the evaluation form is attached.



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CONTRACTOR SAFETY AWARDS PROGRAM

EVALUATION FORM PART – 1 (SAFETY PERFORMANCE)

Contractor Name:	
Contractor Type:	

Note: Refer to page #5

Classification	Site Incidence Rate	Points
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OSHA Lost Workday Rate (Fatalities + LWD cases)

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↑
Insert Score Here

OSHA Total Recordables (All Recordable cases)

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↑
Insert Score Here

TOTAL SCORE PART – 1

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↑
Calculated Total

Formulas	Range	Points
Fatalities plus Lost workday cases OSHA Rate	0	60
	0.01 – 0.25	40
	0.26 – 0.75	20
	0.76 – 1.5	10
	1.51 +	0
Total OSHA Recordables	0	40
	0.01 – 0.25	39
	0.26 – 0.75	35
	0.76 – 1.50	20
	1.51 – 2.00	15
	2.01 +	0

Reviewed by _____

Verified by _____



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CONTRACTOR SAFETY AWARDS PROGRAM

EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

Category	Rating	Weighting Factor	Total
Management Commitment	<input type="text"/>	2	<input type="text"/>
Work-site Analysis	<input type="text"/>	3	<input type="text"/>
Hazard Prevention	<input type="text"/>	3	<input type="text"/>
Safety and Health Training	<input type="text"/>	2	<input type="text"/>
TOTAL SCORE PART - 2			<input type="text"/>

Part (2) Rating from pages 8 – 12

Range of measurement for Part 1 and Part 2 Totaled	
180 - 200 points = Excellence	
160 - 179 points = Very Satisfactory	
140 - 159 points = Satisfactory	Total of Part 1 and 2
	<input type="text"/>



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EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

Instructions to GTBR Contractor Safety Awards Review Committee

The following criteria will be used to rate the Safety Management Systems of the contractor organization as submitted in their application for award. If all criteria exist in each category, they would be given the highest rating of 10 or rated as 9.5 if one element is missing and so on. The review committee may give partial credit for a weakness in the criteria. The Safe Management System should also address subs and points deducted based on percentage usage of subs if not considered in each item (if subs are 20% of their work and not included in the system, subtract 2). The ratings for each would be entered on the Rating Form – Part 2 and the total calculated.

TAB – 2 Criteria for Management Commitment: (20 questions @ 0.5 each = 10 points)

1.0 Safety Policy, Goals and Objectives

1.1 Demonstrate that the company Safety Policy is written and communication documented. _____

1.2 Show that the Safety Policy includes a statement that all injuries are preventable. _____

1.3 Management required all injuries to be reported immediately. Clear instructions are written and communicated to all employees. _____

2.0 Company and/or Site Health and Safety Planning

2.1 Provide the specific Safety and Health goals that have been developed for the work-site _____



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3.0 Authority and Resources

3.1 Provide documentation that Supervisor roles for safety are clearly defined. _____

3.2 Provide the defined safety and health responsibilities in the organization. _____

3.3 How does the company communicate the authority to stop work to all employees? _____

4.0 Line Accountability/Disciplinary Program

4.1 Show where all employees including supervision are included in a written disciplinary program. _____

4.2 Demonstrate that there is a progressive disciplinary action program to address Safe work practice violations. _____

5.0 Subcontractor Workers

5.1 Provide the written policy that addresses subcontractor safety/health. _____

5.2 Show that the subcontractor policy state the same quality of safety protection will be afforded subcontractors as that of employees. _____

5.3 Show where the safety performance of subcontractors considered in the selection process. _____



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5.4 Demonstrate that subcontractor incidents/accidents investigated? _____

6.0 Employee Involvement

6.1 Show how employees are involved in safety inspections. _____

6.2 Demonstrate how employees are trained in observing and reporting of hazards. _____

6.3 Document the frequency that toolbox safety meetings are conducted. _____

6.4 Provide example of employee involvement in writing JSA's? _____

7.0 Safety and Health Program Evaluation

7.1 Example of how the Safety and Health Program includes all employees. _____

7.2 Show how the Safety and Health Program has Critical Task Analysis _____

7.3 Document the Safety and Health Program audit frequency and the audit results reviewed for potential changes to the safety and health program. _____

Criteria for Management Commitment Total



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TAB – 3 Criteria for Worksite Analysis (20 questions @ 0.5 each = 10 points)

1.0 Safety and Health Surveys

1.1 Provide if Management requires initial and periodic safety/health comprehensive surveys. _____

1.2 Provide example of how a safety action plan prepared annually or for each major project. _____

2.0 Pre-Use Analysis

2.1 Show that the company analyzes all new processes, materials, and/or equipment before use begins to determine potential hazards (i.e. purchased equipment, process to clean equipment, chemical used in cleaning process.) _____

3.0 Hazard Analysis

3.1 Demonstrate how the company performs ongoing hazard analysis of work processes or job phases to identify potential hazards. (i.e. job safety analysis, prepared job tasks). _____

3.2 Show how the analysis include immediate correction of inherently hazardous situations. _____

4.0 Self-Inspections

4.1 Demonstrate that self-inspections and audits conducted at a predetermined frequency. _____



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TAB – 3 Criteria for Worksite Analysis (20 questions @ 0.5 each = 10 points) Continued

4.2 Show how employee actions corrected when hazards are noted include the findings, recommended corrective actions, assigned responsibility and target dates documented. _____

4.3 Provide the method of tracking items to completion. _____

4.4 Show what items are included in employee self-inspections. _____

5.0 Employee Hazard Reporting System

5.1 Show that employees have a method of reporting a safety concern anonymously. _____

5.2 Demonstrate the process that insures employee safety concerns acted on timely. _____

5.3 Show that safety concern corrective actions tracked to completion. _____

5.4 Provide the company policy of encouraging the reporting of concerns without fear of reprisal. _____



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TAB – 3 Criteria for Worksite Analysis (20 questions @ 0.5 each = 10 points) Continued

6.0 Incident/Injury Investigations

6.1 Example of a narrative report prepared for management review on each incident. _____

6.2 Provide how the company analyzes incident, injury/illness data. _____

6.3 Demonstrate that the data is used to alert other company locations to hazards. _____

6.4 Show that there is a written procedure that includes the definition of an incident. _____

6.5 Demonstrate how employees participate in accident/incident investigations. _____

7.0 Trend Analysis

7.1 Show how accident and incident information is used to recognize trends and patterns. _____

Criteria for Worksite Analysis Total



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EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

TAB - 4 Criteria for Hazard Prevention and Control (10 questions @ 1 pt. = 10 points)

1.0 Professional Resources

1.1 What Safety and Health Professional services are available for consultation when needed? _____

2.0 Preventive Maintenance (P.M.)

2.1 Show that all types of equipment are included in the program. _____

3.0 Hazard Correction Tracking

3.1 Show that hazards identified through incident investigation, inspections, audits, and employee concerns have been tracked and corrected. _____

4.0 Occupational Healthcare Program

4.1 Demonstrate that medical monitoring is conducted where required. _____

4.2 Example that the fitness for duty program is written and audited. _____

4.3 Example of the work-site emergency medical care provider identification. _____



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EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

TAB - 4 Criteria for Hazard Prevention and Control (10 questions @ 1 pt. = 10 points) Continued

5.0 Emergency Procedures

5.1 Show where the site emergency procedure includes evacuation signals, staging areas, potential health effects of contaminants, signs and symptoms of contaminants and checking wind direction. _____

6.0 Process Safety Management

Demonstrate that the contractor company PSM Program is compliant with CFR 29 1910.119(H). Provide documentation on employee training and understanding on the following.

6.1 Confined Space/Energy Isolation/Work Permits _____

6.2 Identifying and information of site specific tasks and hazards. _____

6.3 Procedure for entering and exiting a process area. _____

Criteria for Hazard Prevention and Control Total



CONTRACTOR SAFETY AWARDS PROGRAM

EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

TAB - 5 Criteria for Safety and Health Training (10 questions @ 1 pt. = 10 points)

1.0 Show an example that the company has a formal written training program. _____

2.0 Show that the training program described the method used to assure employees receive timely, relevant safety and health training. _____

3.0 Demonstrate that managers and supervisors attend off-site or 3rd party safety training. _____

4.0 Skills (percent of skilled workforce). _____

5.0 Emergency Action Plan (percent of entire workforce). _____

6.0 Equipment Operator Training (percent of operator workforce). _____

7.0 PPE (percent of workforce required to wear). _____

8.0 Fire Extinguisher (percent of entire workforce). _____



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EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

TAB - 5 Criteria for Safety and Health Training (10 questions @ 1 pt. = 10 points) Continued

9.0 Competent Person Training (for example excavations, forklift, scaffold erection, trainers of competent persons). _____

10.0 Are persons performing preventive maintenance inspections trained for this work? _____

Criteria for Safety and Health Training Total