



GOLDEN TRIANGLE BUSINESS ROUNDTABLE

CONTRACTOR SAFETY AWARDS PROGRAM

“ENGINEERING CATEGORY”

SUBMITTAL INSTRUCTIONS AND APPLICATION

REVISED 1-2-18

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 30, 2018.**

CONTRACTORS:

- 1.0 **GTBR Contractor Safety Award applicants must complete and submit the GTBR contractor survey for the previous year to ISTC by (March 30, 2018) prior to submitting the GTBR application. GTBR Submittal Application is due March 30, 2018, 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 Parts 1 & 2 with the evaluation forms into one (1) three inch (3”) wide three (3) ring binder with an outline and corresponding support data separated by tabs correlating to each application subpart, Tabs 1-6. 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, a single application binder must be submitted with site specific information for each site.

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.**



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

TAB #2 Management Commitment and Employee Involvement

1. Safety Policy, Goals and Objectives
2. Authority and Resources/Line Accountability/
3. Home Office Employees
4. Employee Involvement
5. 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

TAB #4 Hazard Prevention and Control

1. Professional Resources
2. Hazard Elimination and Control Programs
3. Ergonomics
4. Hazard Correction Tracking
5. Occupational Healthcare Program
6. Emergency Procedures
7. 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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7. 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 COMPANY DATA	
Contractor Company Name:	
Nominated by: <small>(OWNER COMPANY, REPRESENTATIVE, SITE and PHONE NUMBER)</small>	
<p>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.</p>	
<p>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.</p>	
Application prepared by	
Phone number	
President or CEO	
Phone Number (Office)	
Site Superintendent	
<small>(The individual in contractor company for a site visit if contractor makes the final phase of evaluation)</small>	
Address	
Phone Number (Office)	
Phone Number (Other or Cell)	
Award Liaison	
<small>(The individual in contractor company to receive correspondence from the GTBR regarding the awards and ceremony)</small>	
Address	
Phone Number (Office)	
Phone Number (Other or Cell)	
Email Address	



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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)*
		2015	2016	2017	2017
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> <p style="padding-left: 20px;">Maintenance 23321 – 23332</p> <p style="padding-left: 20px;">New Construction 23493 – 23499</p> <p style="padding-left: 20px;">Specialty 23511 – 23599</p> <p style="padding-left: 20px;">Engineering – 54133</p> | <p>Comparable SIC Codes</p> <p style="padding-left: 20px;">SIC 1500-1600</p> <p style="padding-left: 20px;">SIC 1500-1600</p> <p style="padding-left: 20px;">SIC 1700</p> <p style="padding-left: 20px;">SIC 87</p> |
|---|---|
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.**



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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 the 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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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)

--	--

↑
Insert Score Here

OSHA Total Recordables (All Recordable cases)

--	--

↑
Insert Score Here

TOTAL SCORE PART – 1

--

↑
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

January 2, 2018

Engineering Audit Sheet – Score Entry

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EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

Category	Rating	Weighting Factor	Total
Management Commitment	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; color: blue;" type="text" value="2"/>	<input style="width: 100px; height: 30px;" type="text"/>
Work-site Analysis	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; color: blue;" type="text" value="3"/>	<input style="width: 100px; height: 30px;" type="text"/>
Hazard Prevention	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; color: blue;" type="text" value="3"/>	<input style="width: 100px; height: 30px;" type="text"/>
Safety and Health Training	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; color: blue;" type="text" value="2"/>	<input style="width: 100px; height: 30px;" type="text"/>
TOTAL SCORE PART - 2			<input style="width: 100px; height: 30px;" 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 style="width: 100px; height: 20px;" 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 Safety 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 = 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 Demonstrate that specific Safety and Health goals have been developed for the worksite. _____
- 1.4 Show that a strategy for reaching company goals has been developed. _____

2.0 Authority and Resources/Line Accountability

- 2.1 Show where all employees including supervision are included in a written disciplinary program. _____
- 2.2 Provide a disciplinary program that addresses safe work practice violations. _____
- 2.3 How does the company communicate the authority to stop work to all employees? _____
- 2.3 Demonstrate that the company communicates the authority to stop work to all employees. _____



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3.0 Home Office Employees

- 3.1 Show a site procedure address visits from home office employees. disciplinary program. _____
- 3.2 Demonstrate that home office employees receive site orientation from facility. _____
- 3.3 Show where home office employee hours are counted toward site statistics. _____
- 3.4 Show procedure for home office employee incidents. _____

4.0 Employee Involvement

- 4.1 Show how employees are involved in safety inspections. _____
- 4.2 Demonstrate how employees are trained in observing and reporting of hazards. _____
- 4.3 Document the frequency that toolbox safety meetings are conducted. _____
- 4.4 Provide example where employees complete JSA before field work. _____

5.0 Safety and Health Program Evaluation

- 5.1 Example of how the Safety and Health Program includes all employees. _____
- 5.2 Show how the Safety and Health Program has Critical Task Analysis _____
- 5.3 Demonstrate that the Safety and Health Program is regularly audited. _____
- 5.4 Show process where the audit results in 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 Show that there are home office audits of this location on a periodic basis. _____

1.2 Provide an annual site safety plan. _____

2.0 Pre-Use Analysis

2.1 Show the documented MOC procedures that are follows. Does company personnel participate in PHA's? _____

3.0 Hazard Analysis

3.1 Demonstrate how the company performs ongoing hazard analysis of work areas Including office environment for ergonomic issues. (i.e. job safety analysis, prepared job tasks). _____

3.2 Procedures for immediate correction of work stations that need corrections. _____

4.0 Self-Inspections

4.1 Show the frequency of self-inspections and audits conducted. _____

4.2 Show example of how employee actions are corrected when hazards are noted. _____



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4.3 Show findings, recommended corrective actions, assigned responsibilities and target dates for findings. _____

4.4 Show method of tracking items to completion. _____

4.5 Show how employees are included in plant safety 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 are 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. _____

6.0 Incident/Injury Investigations

6.1 Show policy that all incidents/injuries provide copy of incident report. _____

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



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6.3 Show 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 Show how employees participate in accident/incident investigations. _____

Criteria for Worksite Analysis Total



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EVALUATION FORM PART – 2 (Submittal/Program Evaluation)
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TAB - 4 Criteria for Hazard Prevention and Control (10 questions @ 1pt. each = 10 points)
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1.0 Professional Resources

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

2.0 Hazard Elimination and Control Programs

2.1 Show where the following Prevention and Control Programs are in place. (confined space, Hazard communication, ergonomics, PSM, MOC, PHA). _____

3.0 Ergonomics

3.1 Demonstrate that all employees have office ergonomic assessment. _____

3.2 Show the procedure where employees receive a new assessment when they move or change offices or at least annually. _____

4.0 Hazard Correction Tracking

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



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5.0 Occupational Healthcare Program – Beyond Drug and Alcohol

- 5.1 Show the fitness for duty program. _____

- 5.2 Demonstrate that the fitness for duty program is written and audited. _____

- 5.3 Show that the work-site emergency medical care provider identified. _____

6.0 Emergency Procedures

- 6.1 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. _____

7.0 Process Safety Management

- 7.1 Show where the company PSM program includes written instructions regarding adherence to the safety rules and procedures of the client including safe work practices. _____

Criteria for Hazard Prevention and Control Total



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EVALUATION FORM PART – 2 (Submittal/Program Evaluation)
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TAB - 5 Criteria for Safety and Health Training (10 questions @ 1pt. each = 10 points)

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

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

- 3.0 Demonstrate that managers and supervisors attend advance training courses. _____

- 4.0 Show the qualifications of employees. _____

- 5.0 Show policy for Emergency Action Plan (percent of entire workforce). _____

- 6.0 Demonstrate the ergonomic awareness training. _____

- 7.0 PPE (assessment completed on all work classifications). _____

- 8.0 Fire Extinguisher Training for personnel in office. _____



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9.0 Competent Person Training for fall protection (use of harnesses for field work). _____

10.0 Show where persons performing ergonomic assessment are trained for this work? _____

Criteria for Safety and Health Training Total



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EVALUATION FORM PART – 3 (Finalist Site Evaluation/Audit Employee Interviews)

Category	Rating	Weighting Factor	Total
Management Commitment	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; color: blue;" type="text" value="2"/>	<input style="width: 100px; height: 30px;" type="text"/>
Work-site Analysis	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; color: blue;" type="text" value="3"/>	<input style="width: 100px; height: 30px;" type="text"/>
Hazard Prevention	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; color: blue;" type="text" value="3"/>	<input style="width: 100px; height: 30px;" type="text"/>
Safety and Health Training	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; color: blue;" type="text" value="2"/>	<input style="width: 100px; height: 30px;" type="text"/>

If Contractor Company is not located at the site that nominated them, then the audit team will go to another site where Contractor Superintendent is assigned and conduct employee interviews and document review at new site. Employee interview and documentation review at new site assigned should be consistent with the site that nominated them. If Contractor Superintendent is working out of Company office, contact GTBR Safety Committee Chairman for direction.

TOTAL SCORE PART - 3

Part (3) Rating from pages 14 - 16

Range of measurement for Part 1, 2 & 3 Totaled	
270 - 300 points = Excellence	
240 - 269 points = Very Satisfactory	
210 - 239 points = Satisfactory	Total of Part 1, 2 and 3 <input style="width: 80px; height: 20px;" type="text"/>

Date _____

Auditor _____

Contractor _____

Facility _____



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EVALUATION FORM PART – 3 (Finalist Site Evaluation/Audit Employee Interviews)

Criteria for Management Commitment: (10 points)

1.0 Safety Policy, Goals and Objectives, Planning

1.1 Tell me what your company safety policy states? (1 pt.) _____

1.2 What safety and health goals has your company established for this work site and how will they be reached? (1 pt.) _____

1.3 How many OSHA recordable injuries have occurred at this work site this year and what were they? (0.5 pt.) _____

2.0 Authority and Resources/Line Accountability

2.1 What happens when one fails to follow safe work practices? (0.5 pt.) _____

2.2 Who is responsible for managing safety at this work site? (0.5 pt.) _____

2.3 What do you do when you are lined up to do an unsafe job? (1 pt.) _____

3.0 Employee Involvement

3.1 What means are available to you for expressing a safety concern? (1.5 pt.) _____



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3.2 How does your company communicate safety information to you at this work site? _____

3.3 Give examples of findings from safety inspections that you have participated in or are aware of at your work site (2 pts.) _____

Criteria for Management Commitment Averaged Total