**ENGINEERING CATEGORY**

**SUBMITTAL INSTRUCTIONS AND APPLICATION**

**REVISED 1-16-19**

**OWNERS:**

1. **Give a copy of the submittal instructions, application and evaluation forms to the contractor(s) you will be nominating.**
2. **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. **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 29, 2019.**

**CONTRACTORS:**

1. **GTBR Contractor Safety Award applicants must complete and submit the GTBR Contractor Safety Survey form for the previous year and be included in the GTBR application, Tab #7. The GTBR Contractor Safety Survey form is located on the GTBR website under “Documents” page. GTBR Application is to be submitted no later than March 29, 2019, 5:00 PM as delivered by the nominating company. 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 1-7. 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.**

1. **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)**

**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**

****

* + - 1. **Process Safety Management (continued)**

****

**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**

**TAB #7 GTBR Contractor Safety Survey Form, completed**

****

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | |  |  |  |  | **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)\*** | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2016 | | | 2017 | | | 2018 | | | 2018 | | | | | | | |
| 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** | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
|  |  | **1.** Type of Contractor (NAICS Codes) | | | | | | | | | | | |  |  |  |  | Comparable SIC Codes | | | | |  | | | | |
|  |  |  |  |  | Maintenance: 23321 – 23332 | | | | | | | | |  |  |  |  | SIC 1500-1600 | | | | | | |  |  |  |
|  |  |  |  |  | New Construction: 23493 – 23499 | | | | | | | | | |  |  |  | SIC 1500-1600 | | | | | | |  |  |  |
|  |  |  |  |  | Specialty: 23511 – 23599 | | | | | | | |  |  |  |  |  | SIC 1700 | |  | | | |  |  |  |  |
|  |  |  |  |  | Engineering: 54133 | | | | | |  |  |  |  |  |  |  | SIC 87 | | |  |  | |  |  |  |  |
|  |  | Meritorious: <10,000 hours (Any SIC)  **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 | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |

**For any incidents occuring 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.**

****

**EVALUATION FORM PART – 1 *(SAFETY PERFORMANCE)***

|  |  |
| --- | --- |
| **Contractor Name:** |  |
| **Contractor Type:** |  |

Note: Refer to page #5

|  |  |  |
| --- | --- | --- |
| Classification | Site Incidence Rate | Points |
| 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**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by Verified by

|  |  |  |
| --- | --- | --- |
| **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 |

****

****

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

1. **Safety Policy, Goals and Objectives**
   1. **Demonstrate that the company Safety Policy is written and communication \_\_\_\_\_\_\_**

**documented. (0.5 pts)**

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

**preventable. (0.5 pts) \_\_\_\_\_\_\_**

* 1. **Demonstrate that specific Safety and Health goals have been developed for**

**the worksite. (0.5 pts) \_\_\_\_\_\_\_**

**1.4 Show that a strategy for reaching company goals has been developed. (0.5 pts) \_\_\_\_\_\_\_**

1. **Authority and Resources/Line Accountability**

**2.1 Show where all employees including supervision are included in a written**

**disciplinary program. (0.5 pts) \_\_\_\_\_\_\_**

* 1. **Provide a disciplinary program that addresses safe work practice violations. (0.5 pts) \_\_\_\_\_\_\_**

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

**2.3 How does the company communicate the authority to stop work to all \_\_\_\_\_\_\_**

**employees? (0.5 pts)**

**2.4 Demonstrate that the company communicates the authority to stop work to all**

**employees. (0.5 pts) \_\_\_\_\_\_\_**

1. **Home Office Employees**

**3.1 Show a site procedure address visits from home office employees. \_\_\_\_\_\_\_**

**disciplinary program. (0.5 pts)**

**3.2 Demonstrate that home office employees receive site orientation from facility. (0.5 pts) \_\_\_\_\_\_\_**

**3.3 Show where home office employee hours are counted toward site statistics. (0.5 pts) \_\_\_\_\_\_\_**

**3.4 Show procedure for home office employee incidents. (0.5 pts) \_\_\_\_\_\_\_**

1. **Employee Involvement**
   1. **Show how employees are involved in safety inspections. (0.5 pts) \_\_\_\_\_\_\_**
   2. **Demonstrate how employees are trained in observing and reporting of hazards. (0.5 pts) \_\_\_\_\_\_\_**

* 1. **Document the frequency that toolbox safety meetings are conducted. (0.5 pts) \_\_\_\_\_\_\_**

* 1. **Provide example where employees complete JSA before field work. (0.5 pts) \_\_\_\_\_\_\_**

1. **Safety and Health Program Evaluation**
   1. **Example of how the Safety and Health Program includes all employees. (0.5 pts) \_\_\_\_\_\_\_**
   2. **Show how the Safety and Health Program has Critical Task Analysis (0.5 pts) \_\_\_\_\_\_\_**

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

* 1. **Demonstrate that the Safety and Health Program is regularly audited. (0.5 pts) \_\_\_\_\_\_\_**
  2. **Show process where the audit results in changes to the Safety and Health**

**Program. (0.5 pts) \_\_\_\_\_\_\_**

**Criteria for Management Commitment Total**

**TAB - 3 Criteria for Worksite Analysis (18 questions @ 0.5; 1 question @ 1.0 = 10 points)**

1. **Safety and Health Surveys**
   1. **Show that there are home office audits of this location on a periodic basis. (0.5 pts) \_\_­­­\_\_\_\_**

* 1. **Provide an annual site safety plan. (0.5 pts) \_\_\_\_\_\_**

1. **Pre-Use Analysis**
   1. **Show the documented MOC procedures that are follows. Does company personnel \_\_\_\_\_\_ participate in PHA’s? (0.5 pts)**
2. **Hazard Analysis**
   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). (0.5 pts)**

* 1. **Procedures for immediate correction of work stations that need corrections. (0.5 pts) \_\_\_\_\_\_**

1. **Self-Inspections**
   1. **Show the frequency of self-inspections and audits conducted. (0.5 pts) \_\_\_\_\_\_\_**

* 1. **Show example of how employee actions are corrected when hazards are noted. (0.5 pts)\_\_\_\_\_\_\_**

**TAB - 3 Criteria for Worksite Analysis (18 questions @ 0.5; 1 question @ 1.0 = 10 points)**

* 1. **Show findings, recommended corrective actions, assigned responsibilities and target**

**dates for findings. (0.5 pts) \_\_\_\_\_\_\_**

* 1. **Show method of tracking items to completion. (0.5 pts) \_\_\_\_\_\_\_**

**4.5 Show how employees are included in plant safety inspections. (0.5 pts) \_\_\_\_\_\_\_**

1. **Employee Hazard Reporting System**
   1. **Show that employees have a method of reporting a safety concern anonymously.(0.5 pts)\_\_\_\_\_\_\_**

* 1. **Demonstrate process that insures employee safety concerns are acted on timely. (0.5 pts)\_\_\_\_\_\_\_**
  2. **Show that safety concern corrective actions tracked to completion. (0.5 pts) \_\_\_\_\_\_\_**

* 1. **Provide the company policy of encouraging the reporting of concerns without \_\_\_\_\_\_\_**

**fear of reprisal. (1.0 PT)**

1. **Incident/Injury Investigations**
   1. **Show policy that all incidents/injuries provide copy of incident report. (0.5 pts) \_\_\_\_\_\_\_**

**TAB - 3 Criteria for Worksite Analysis (18 questions @ 0.5; 1 question @ 1.0 = 10 points)**

* 1. **Show how the company analyzes incident, injury/illness data. (0.5 pts) \_\_\_\_\_\_\_**

* 1. **Show that the data is used to alert other company locations to hazards. (0.5 pts) \_\_\_\_\_\_\_**
  2. **Show there is a written procedure that includes the definition of an incident. (0.5 pts) \_\_\_\_\_\_\_**
  3. **Show how employees participate in accident/incident investigations. (0.5 pts) \_\_\_\_\_\_\_**

**Criteria for Worksite Analysis Total**

**EVALUATION FORM PART 2 - (Submittal/Program Evaluation)**

**TAB – 4 Criteria for Hazard Prevention and Control (10 questions @ 1 pt each = 10 points)**

* 1. **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).**

1. **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.**

1. **Hazard Correction Tracking**

**4.1 Show that hazards identified through incident investigations, inspections, audits,**

**and employee concerns have been tracked and corrected. \_\_\_\_\_\_\_**

1. **Occupational Healthcare Program – Beyond Drug and Alcohol**

**5.1 Show the fitness for duty program. \_\_\_\_\_\_\_**

**TAB – 4 Criteria for Hazard Prevention and Control (10 questions @ 1 pt each = 10 points)**

* 1. **Demonstrate that the fitness for duty program is written and audited. \_\_\_\_\_\_\_**

* 1. **Show that the work-site emergency medical care provider identified. \_\_\_\_\_\_\_**

1. **Emergency Procedures**
   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.**

1. **Process Safety Management**
   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**

****

1. **Show an example that the company has a formal written training program. \_\_\_\_\_\_\_**
2. **Show that the training program describes the method used to assure employees receive \_\_\_\_\_\_\_**

**timely, relevant safety and health training.**

1. **Demonstrate that managers and supervisors attend advance training courses. \_\_\_\_\_\_\_**

1. **Show the qualifications of employees. \_\_\_\_\_\_\_**
2. **Show policy for Emergency Action Plan (percent of entire workforce). \_\_\_\_\_\_\_**
3. **Demonstrate the ergonomic awareness training. \_\_\_\_\_\_\_**

1. **PPE (assessment completed on all work classifications). \_\_\_\_\_\_\_**
2. **Fire Extinguisher Training for personnel in office. \_\_\_\_\_\_\_**
3. **Competent Person Training for fall protection (use of harnesses for field work). \_\_\_\_\_\_\_**
4. **Show where persons performing ergonomic assessment are trained for this work? \_\_\_\_\_\_\_**

**Criteria for Safety and Health Training Total**