

PARTNERSHIP

An OSHA Cooperative Program

Section E – Blue Level	YES	NO
1. Contractor has implemented a comprehensive written safety and health program based on the ANSI A10.38-1991 or the OSHA 1989 Safety and health program Management guidelines, and has site specific safety plans for all the contractor's Worksites.		
2. Contractors agree to Mentor for contractors on there jobs who have not yet attained the same level of recognition within the partnership. Contractor maintains a copy of it's specialty contractors safety and health plan, Hazard communication plan, and fall protection plan (where applicable) or contractor requires specialty contractors to follow participates plan.		
3. Contractor has an employee who administers all the firm's safety and health program and conducts documented safety inspections of all work. This person must have experience in one of the following: five (5) years experience in the field of construction safety and health; current OSHA OTI (OSHA Training Institute) 500 Certification; BS or BA Degree in the field of safety and health from an accredited university or college; hold a professional designation such as CHST (Construction Health and Safety Technologist), CSP (Certified Safety Professional) or CIH (Certified Industrial Hygienist).		
4. Contractor has designated safety personnel at each site who conduct documented safety inspections of all work on the contractor's projects, and through training and experience, can recognize hazards and have the authority to take prompt corrective action. Training equivalent to the OSHA 30-Hour Construction Outreach Course is satisfactory.		
5. Contractor has trained all field supervisory personnel. In addition to the OSHA 30-Hour Construction Outreach Course, additional training shall be provided for competent persons in such areas as scaffolding, excavation, fall protection, Crane operations , etc. (this additional training will be predicated by the type and scope of the work the contractor routinely conducts).		
6. Contractor provides safety and health program orientation for all new employees and trains employees for hazard recognition specific to the contractors work sites.		
7. Contractor has evidence of employee involvement such as, but not limited to, participation in self audits, site inspections, job hazard analyses, safety and health program reviews, safety training and mishap investigations.		
8. Contractor maintains a substance abuse program.		
9. Contractor conducts weekly employee safety meetings.		
10. Contractor conducts and documents self audits.		
11. Contractor uses a six-foot Fall Protection Policy.		
12. Contractor maintains a total case injury/illness incidence rate that is 10% less than the most current Bureau of Labor Statistics national rate for the construction industry.		
13. Provide documentation for safety and health program training for Non English speaking employees. (if applicable)		
14. Contractor has not had any willful violations in the last three years.		
15. Contractor has not had any repeated serious violations in the last three years.		
16. Contractor has not had any fatalities or catastrophes within the last three years that resulted in serious or willful citations related to the incident.		

All (YES) responses will require supportive documentation when submitting this application. If the applicant has answered "NO" to any of the questions listed above in Section E, then the applicant is not eligible to become a Strategic Partnership participant at the Blue Level. If the applicant answered "YES" to all of the questions, then the applicant is eligible to become a Strategic Partnership participant at the Blue level for one year. An inspection of at least one representative job site must be completed by a representative of the AGC Chapter Safety and Health Committee and a verification inspection must be completed by OSHA before the applicant is accepted into the program at the Blue level.

Using these categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness: (M)				
Year:				On job transfer or restriction (days)	Away from work (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	All other illnesses
Death	Days away from work	Remained at work								
		Job transfer or restriction	Other recordable cases							
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
Totals										

Total hours worked by all employees:

- _____ Number of full time employees
- x _____ Number of hours worked in a year by a full time employee
- _____ this is the number of full time hours worked
- + _____ Number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)
- _____ Round the answer to the next highest whole number.