

Annual Maryland VPP Participant Submissions for 2018

Greetings,

Once again, it is time to start working on the required annual self-evaluation of your safety and health management system. This self-evaluation, reflecting the 2018 calendar year's experiences, must be submitted electronically to the Maryland Voluntary Protection Program (MD VPP) Manager, by February 15, 2019 at allen.stump@maryland.gov

For this year, I have streamlined the annual submission form. My hope is that this new format is less time consuming for you and for me, while still providing a comprehensive overview of your site's VPP.

Why is this annual self-evaluation required? The annual self-evaluation is a critical review to assess the effectiveness of all four VPP elements and their sub-elements and to analyze your worksite and any qualifying contractor's injury and illness data and trends. The evaluation of your worksite should include a review of all written programs, a walk-through of the workplace, and interviews with employees.

During this process, you should be able to answer the following questions relating to each element and sub-element of the safety and health management system:

1. Was it comprehensive?
2. Was it operating effectively and meeting established internal and VPP goals and objectives?
3. Were there programmatic or regulatory problems that required the development and implementation of solutions in order to maintain excellent worker protection and continued VPP eligibility?
4. What continuous improvements or changes were made to make the program even more effective?
5. What goal modifications should be considered or made for the upcoming year?
6. Did you identify or celebrated VPP best practices and success stories?

If you have any questions or you find a problem and/or have suggestions to improve the form, please feel free to contact me, anytime, at your convenience. My cell number is 410-844-1376.

Sincerely,

Allen Stump,

Maryland VPP Manager

Form Instructions

1. All sections must be completed in their entirety as required or requested.
2. You may, but are not required to, N/A any boxes left blank.
3. This form is locked so you can only add information to the text boxes. If needed, you can add additional information on separate pages and send as an additional attachment.

- Injury and Illness Rate Section:

If your 2018 TCIR or DART rate has increased since last year's submission but is still under the last (2017) BLS published rates for your NAICS code, you must:

- ✓ In the comment sections of each of the affected VPP Elements (management commitment, employee involvement, worksite analysis, hazard prevention and control, training) and sub-elements, you must identify and describe the Incident and contributing factors and describe any corrective actions you have taken.

If your 2018 TCIR and/or DART rate exceeds the last (2017) BLS published rates for your NAICS code, you must:

- ✓ Develop and submit a rate reduction plan based on your findings with your submission.
- ✓ Contact the Maryland VPP Manager to set up a meeting to discuss your rate reduction plan
- ✓ In the comment sections of each of the affected VPP Elements (management commitment, employee involvement, worksite analysis, hazard prevention and control, training) and sub-elements you must identify and describe the contributing factors and the corrective actions you have put in place.

- VPP Element Section:

- a. If your site had a VPP evaluation from August to December of 2018, you can skip the VPP Elements section.
- b. If not, you must complete the VPP Elements section.
- c. For each of the sub-elements, Click in the box to indicate how the sub-element has been:
 - ✓ Maintained at Designated STAR Site level;
 - ✓ Changed or Improvements have been made;
 - ✓ Or Deficiencies have been identified.
- d. When a box is selected a "Check Mark" should appear in the box
- e. To remove the "Check Mark," click on same box again.
- f. Multiple boxes can be chosen.
- g. If Changes/Improvements or Deficiencies are checked, then you must provide comments in the appropriate comment box.

- ✓ Comments should be a comprehensive and extensive narrative of the changes, improvements or deficiencies to the sub-element.
- ✓ Remember, VPP is predicated on continuous improvement.
- h. You may supply supporting documentation as an additional attachment.

- SGE Sections:
 - ✓ Ensure you list the Qualifying Events this year and the Date the 3 Yr. Term Expires.
 - ✓ The term expiration information can be found on the OSHA SGE website at: https://www.osha.gov/dcsp/vpp/sge/active_sges.html

- The rest of the form should be self-explanatory.

2018 Participant Summary Sheet

Table A-1

Company Name

Name:

Address:

Phone:

Corporate Information *(If different from site)*

Name:

Address:

Phone:

Site Manager

Name:

Title:

Phone:

Cell:

E-Mail:

Site VPP Contact

Name:

Title:

Phone:

Cell:

E-Mail:

Site Information

NAICS Code :

NAICS Code Description:

Site Description :

Approval date?

Last Reapproval date?

Does the site have Pressure Vessels?

Does the site fall under the PSM Standard?

If yes, you must complete and attach the PSM Supplement B.

Union Information

Union Name:

Union Local Number:

Union Shop Representative Site:

Address:

Phone:

Website or Email:

Union Name:

Union Local Number:

Union Shop Representative Site:

Address:

Phone:

Website or Email:

Union Name:

Union Local Number:

Union Shop Representative Site:

Address:

Phone:

Website or Email:

Injury and Illness

Table B-1 VPP Participant's Recordable Non-Fatal Injury and Illness Case Incidence Rates						
Year	Total Hours Worked	Total Number Employees	Total # of Cases (TC)	TCIR (Rate)	Number of Cases Involving DART	DART Rate
2016						
2017						
2018						
Total						
2019 YTD						
Three-Year Rate (2016-2018)						
BLS National Average for 2017 NAICS						

When a Participant Injury and Illness Rates Have Increased

If your 2018 TCIR or DART rate has increased since last year's submission but is still under the last (2017) BLS published rates for your NAICS code, you must:

- ✓ In the comment sections of each of the affected VPP Elements (management commitment, employee involvement, worksite analysis, hazard prevention and control, training) and sub-elements, you must identify and describe the Incident and contributing factors and describe any corrective actions you have taken.

If your 2018 TCIR and/or DART rate exceeds the last (2017) BLS published rates for your NAICS code, you must:

- ✓ Develop and submit a rate reduction plan based on your findings with your submission.
- ✓ Contact the Maryland VPP Manager to set up a meeting to discuss your rate reduction plan
- ✓ In the comment sections of each of the affected VPP Elements (management commitment, employee involvement, worksite analysis, hazard prevention and control, training) and sub-elements, you must identify and describe the contributing factors and the corrective actions you have put in place.

See Attachment A for rate calculation instructions

Table B-2 Applicable Contractor Recordable Nonfatal Injury and Illness Case Incidence Rates (for use by site-based non-construction participants) (for the applicable contractor's work at your site only)						
Name of applicable contractor:						
NAICS Code for the applicable contractor's work at your site:						
Year	Total Hours Worked	Total Number Employees	Total # of Cases (TC)	TCIR (Rate)	Number of Cases Involving DART	DART Rate
2018						
BLS National Average for 2017 NAICS						

**Estimated average number of applicable contractor employees.*

*** Add additional tables as needed.*

See Attachment A for rate calculation instructions

VPP ELEMENTS

STOP... If your site had a VPP evaluation from August to December of 2018, you can skip the VPP Elements section.

1. If not, you must complete the VPP Elements section.
2. For each of the sub-elements, Click in the box to indicate how the sub-element has been:
 - a. Maintained at Designated STAR Site level;
 - b. Changed or Improvements have been made;
 - c. Or Deficiencies have been identified.
3. When a box is selected a “Check Mark” should appear in the box
4. To remove the “Check Mark,” click on same box again.
5. Multiple boxes can be chosen.
6. If Changes/Improvements or Deficiencies are checked, then you must provide comments in the appropriate comment box.
 - a. Comments should be a comprehensive and extensive narrative of the changes, improvements or deficiencies to the sub-element.
 - b. Remember, VPP is predicated on continuous improvement.
7. You may supply supporting documentation as an additional attachment.

Element I

<u>Management Leadership</u>	Maintained “STAR”	Changes Improvements	Deficiencies
<ul style="list-style-type: none"> • Commitment Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Accountability Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Contractor Workers Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Employee Notification Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Organization Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Resources 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

- Visible Leadership

Comments:

- Annual Safety & Health Goals

Comments:

- Safety & Health Objectives

Comments:

- Safety & Health Planning

Comments:

Employee Involvement

- Support of VPP

Comments:

- Methods of Involvement

Comments:

Element II

Worksite Analysis

	Maintained "STAR"	Changes Improvements	Deficiencies
<ul style="list-style-type: none">• Safety Hazards Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Health Hazards Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Change Management Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Hazard Analysis Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Safety & Health Inspections Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Hazard Reporting Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Hazard Tracking Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Accident/Incident Investigation Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Trend Analysis Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Element III

<u>Hazard Prevention & Control</u>	Maintained "STAR"	Changes Improvements	Deficiencies
<ul style="list-style-type: none">• Hazard Controls Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Enforcement Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Emergency Procedures Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Preventative/Predictive Maintenance Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• PPE Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• PSM Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Occupational Health Care Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Element IV

Safety & Health Training

	Maintained "STAR"	Changes Improvements	Deficiencies
<ul style="list-style-type: none">• Training Requirements Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Training Delivery Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Tracking Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Management Understanding Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Previous Year's Self Recommendations & Status Report (Required section)

List the safety and health recommendations, goals, etc. the your site set for itself in 2018 and provide the status of those recommendations and/or goals (add to the list as necessary).

1. Recommendation:

Status:

2. Recommendation:

Status:

3. Recommendation:

Status:

Incentive Programs (Required section)

Provide details about the safety incentive program(s) in place at your site.

Best Practices and Success Stories (Required section)

Describe any success stories related to the implementation of VPP requirements. Include anecdotal as well as statistical evidence of improvements, non-routine safety and health activities, outreach, etc.

Significant Events (Required section)

List the significant events that occurred last year and the steps taken to improve/ensure/restore employee safety and health (significant events include: serious accidents, fatalities, catastrophes, complaints, MOSH inspections, site management changes, employee turnover, etc.).

Special Government Employee (SGE) (Required Section)

Please list all active SGE's at your site (Provide name, phone, e-mail, specialty, qualifying events, and term expiration). If no SGE at site, please put N/A.

SGE #1

Name:

Phone:

Email:

Specialty (Engineer/Safety/IH/PSM/EMT):

Qualifying Events this year:

Date the 3 Yr. Term Expires:

SGE #2

Name:

Phone:

Email:

Specialty (Engineer/Safety/IH/PSM/EMT):

Qualifying Events this year:

Date the 3 Yr. Term Expires:

SGE #3

Name:

Phone:

Email:

Specialty (Engineer/Safety/IH/PSM/EMT):

Qualifying Events this year:

Date the 3 Yr. Term Expires:

SGE #4

Name:

Phone:

Email:

Specialty (Engineer/Safety/IH/PSM/EMT):

Qualifying Events this year:

Date the 3 Yr. Term Expires:

Approval or Reapproval Recommendations (Required Section)

Since your Approval or last Reapproval, please list all of the MD VPP evaluation team’s recommendation and what work has been done with them. Remember, recommendation are made for continuous improvement reasons and are not binding.

1. Recommendation:

Status:

2. Recommendation:

Status:

3. Recommendation:

Status:

Mentoring and Pre-application Efforts (Required section)

Please describe any mentoring and pre-application efforts made over the past year with other companies who have expressed interest in becoming a MD VPP Designated STAR site, or efforts to assist other MD VPP Designated STAR sites with their continuous improvement activities.

Please list the names of the companies/worksites.

Was a SGE involved? Please include their names

If your company did not have mentoring activities last year, please comment.

Add any Additional Information (Optional)

Attachment A

INJURY & ILLNESS DATA

Site-based General Industry (Non-Construction) Participants:

Use Table B-1 to submit data for your site employees including temporary employees and any contractor employees regularly intermingled with and directly supervised by your employees.

Site-based General Industry (Non-Construction) Participants with Applicable Contractors:

Use Table B-2. Provide a separate Table B-2 for each applicable contractor (an applicable contractor is a contractor whose employees worked 1,000 hours or more at your site in any calendar quarter).

Report applicable contractor injury and illness experience only for work at your site. Do not combine this data with your own site employee data. The NAICS code should reflect the applicable contractor's primary work activity at your site, and not necessarily the participant's NAICS code.

Calculating Rates for Tables B-1 and B-2

Annual rates are calculated by the formula $(N/EH) \times 200,000$ where:

- **N** = Total number of recordable nonfatal injuries and illnesses during the calendar year.
- **EH** = Total number of hours worked by employees during the year

Site-based non-construction participants: This number will be the total injuries and illnesses of your site employees including temporary employees and any contractor employees regularly intermingled with and directly supervised by your employees.

- **For the TCIR** use the total number of injuries and illnesses.
- **For the DART rate** use injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer.

Site-based non-construction participants: This number will be hours worked by your site employees including temporary employees and any contractor employees regularly intermingled with and directly supervised by your employees.

- **200,000** = equivalent of 100 full time employees working 40 hours per week, 50 weeks per year

For additional information on completing Tables B-1 and B-2 and locating Bureau of Labor Statistics (BLS) rates consult Maryland VPP Manager.