

Maryland Voluntary Protection Program Application And Instructions for Site-Based Participation

What follows are instructions for applying to the Maryland Voluntary Protection Program (MD VPP) Site-Based Participation. We encourage you to involve employees and supervision in completing your application. After the VPP Manager reviews and accepts your written submission, an onsite evaluation will be scheduled. A pre-application or pre-onsite evaluation may be scheduled at a company's request or the VPP Manager's discretion.

There is some paperwork required in the application process, but we encourage you to use as much existing material as possible. **Please provide a list/index of all materials you choose to attach to your application.**

Most worksites have found that, in the process of applying, they gain a greater understanding of worker protection and discover ways to improve their safety and health management system. We encourage you to conduct a worker/management safety perception survey.

The VPP Manager doesn't look for a single correct way to meet VPP requirements. We want to see a system that works for you. Some successful safety and health management systems involve substantial written documentation, and others do not. Small businesses, in particular, often are able to implement excellent safety and health processes with relatively little documentation.

If you need more information or to schedule a pre-application conference, please contact MD VPP Manager, at 410-527-4469 or allen.stump@maryland.gov. In addition to answering your questions, the VPP Manager can refer you to VPP participants in your area. We encourage you to contact participants. They are happy to share their experience. Mentoring is also available.



Maryland VPP Application

Application Sections to be completed

- I. General Information
- II. Employee Support for VPP Participation
- III. Assurances Statement
- IV. VPP Safety and Health Management System
- V. Injury and Illness Performance

Appendix A: Instructions for Calculating Injury and Illness Rates

I. General Information

A. Applicant

1. Site/Employer

- a. *Name*
- b. *Address*
- c. *Mailing Address (if different)*

2. Site Manager

- a. *Name*
- b. *Title*
- c. *Phone Number*
- d. *E-Mail Address*

3. Site VPP Contact (if different from Site Manager)

- a. *Name*
- b. *Title*
- c. *Phone Number*
- d. *E-Mail Address*

B. Company/Corporation (if different from Applicant)

- a. *Name*
- b. *Address*

C. Company/Corporation VPP Contact (if applicable)

- a. *Name*
- b. *Title*
- c. *Phone Number*
- d. *E-mail Address*

D. Union Information - Provide information for each union separately (if applicable)

- a. Full Name of Union and Local #*
- b. Authorized Bargaining Unit Representative's Name*
- c. Address*
- d. Phone Number*
- e. E-mail Address*

E. Number of Employees and Applicable Contractor Employees

- 1. Total number of employees working at applicant's site (include regular and temporary employees)*
- 2. Number of temporary employees supervised by applicant*
- 3. Number of contractor/subcontractor employees who are regularly intermingled with the owner's employees and under direct supervision by management*
- 4. Number of applicable contractor employees*

F. Type of Work Performed, Products Produced, and Typical Hazards

- 1. Provide a comprehensive description of the work performed at your site and the type of products produced.*
- 2. Provide a description of the types of hazards typically associated with your industry and your site.*

G. Applicant's Industrial Classification Codes

- 1. Provide what you believe to be your site's 6-digit North American Industry Classification System (NAICS) code. MOSH will verify the NAICS code for purposes of VPP.*
- 2. Contact the MD VPP Manager if you are having difficulty identifying an appropriate code. You can also find NAICS on the Bureau of Labor Statistics (BLS) [Website](#).*

H. Injury and Illness Performance

- 1. Using information from your OSHA injury and illness logs (OSHA-300), complete and submit the appropriate rate table(s) from section V of this application.*
 - a. Applicants should submit Table 1.*
 - b. If you employ applicable contractors, submit Table 2 (one table for each applicable contractor).*
- 2. Provide your site's 3-year Total Case Incidence Rate (TCIR) for recordable nonfatal injuries and illnesses.*
- 3. Provide your site's 3-year incidence rate for recordable nonfatal injuries and illnesses involving Days Away from Work, Restricted Activity, or Job Transfer (DART rate).*

II. Employee Support for VPP Participation

A. Your application for VPP participation must reflect the support of your employees.

B. Unionized Workforce

If, at the time of application, any of your employees are organized into one or more collective bargaining units, the authorized representative for each unit must either:

1. *Sign the application or*
2. *Submit a signed statement indicating that the collective bargaining agent supports or is not opposed to VPP participation.*
3. *Without such concurrence from all authorized agents, MOSH will not accept the application.*

C. Non-union Sites

At non-union sites, MOSH will verify employee support during the onsite evaluation when the MD VPP team interviews employees.

III. Assurances Statement

VPP applications must include a signed statement affirming the following:

A. Compliance

Applicant will comply with the Maryland Occupation Safety and Health Act (MOSH Act) and will correct in a timely manner all hazards discovered through self-inspections, employee notification, accident investigations, MOSH onsite reviews or enforcement inspections, process hazard reviews, annual evaluations, or any other means. You will provide effective interim protection, as necessary to keep employees safe while corrections are being made.

B. Correction of Deficiencies

You will correct any site deficiencies related to compliance with MOSH requirements and identified during any MOSH onsite review. You understand that the correction period will be determined by the VPP Team Leader and will not exceed 90 days.

C. VPP Elements

Following approval, you will continue to meet and maintain the requirements of the VPP elements.

D. VPP Orientation

All employees, including newly hired employees, temporary employees, and contractor/subcontractor employees when they reach the site, will have the VPP explained to them, including employee rights under the Maryland VPP program and Section 5-604 of the MOSH Act.

E. Protection from Discrimination

You will protect employees engaged in safety and health activities, including those employees specifically given safety and health duties as part of your safety and health management system, from discriminatory actions resulting from their activities/duties in accordance with Section 5-604 of the MOSH Act.

F. Employee Access to Information

- 1. Employees will have access to the results of self-inspections, accident investigations, and other safety and health management system data upon request.*
- 2. At unionized sites, this requirement may be met through employee representative access to these results.*

G. Documentation

To enable MOSH to determine initial and continued VPP approval, you will maintain and make available for MOSH review the following information:

- 1. Your written safety and health management system.*
- 2. Any agreements between management and the collective bargaining agent(s) concerning safety and health.*

H. Annual Submission

Each year by February 15, you will submit the following information to the MOSH VPP Manager:

- 1. Data reflecting all regular site employees, including temporary and contractor employees who are regularly intermingled with owner's employees and under direct supervision by management. The data will consist of:*
 - a. For the previous calendar year, the site's TCIR rate for all employees.*
 - b. For the previous calendar year, the site's DART rate for all employees.*
 - c. The total number of cases for each of the above two rates.*
 - d. Hours worked and estimated average employment for the past full calendar year.*
- 2. Applicable Contractor Injury and Illness Rates. Submit data on each applicable contractor. The data will consist of:*
 - a. For the previous calendar year, the site's TCIR rate for each applicable contractor.*
 - b. For the previous calendar year, the site's DART rate for each applicable contractor.*
 - c. The total number of cases for each of the above two rates.*
 - d. Hours worked and estimated average employment for the past full calendar year.*
 - e. The appropriate NAICS code for each applicable contractor's work at the site.*
- 3. Annual Self-Evaluation*
 - a. Submit a copy of the most recent annual safety and health self-evaluation. Include current goals.*
 - b. Include a description of any success stories, such as reductions in workers' compensation rates, increases in employee involvement, and improvements in employee morale.*

- c. *As the result of an onsite evaluation provide information on how these recommendation may have been implemented.*
- d. *If under a formal or informal rate reduction plan, you must include a self-evaluation of the plan and its progress.*
- e. *Give requested information concerning any Special Government Employees (SGEs) at the site.*
- f. *Provided any other requested information.*

I. Organizational Changes

Whenever significant organizational or ownership changes occur, you will provide MOSH within 60 days a new Statement of Commitment signed by both management and any authorized collective bargaining agents and a copy of a new organizational chart.

J. Union Representation Changes

Whenever a change occurs in the authorized collective bargaining representative, you will provide MOSH within 60 days a new signed statement indicating that the new representative supports VPP participation.

IV. VPP Safety and Health Management System

Describe your written safety and health management system, including safety and health policies, procedures, systems, and programs.

Program descriptions must contain pertinent information that clearly explains the management and administration of the program, such as responsibilities and types of documentation maintained. Include those systems applicable to operations considered highly hazardous (e.g., Lockout/Tagout, Confined Space, Process Safety Management) and those considered non-routine.

Please provide a list/index for any supporting documentation you choose to attach to the written description of the program.

A. Management Leadership and Employee Involvement

1. Commitment

Management must clearly demonstrate its commitment to meeting and maintaining the requirements of the VPP and taking ultimate responsibility for worker safety and health. Attach a copy of your top-level safety policy specific to your facility.

2. Organization

a. *Briefly describe how your company's safety and health function fits into your overall management organization.*

b. *Attach a copy of your organizational chart.*

3. Authority and Responsibility

Describe what authority and responsibility you give managers, supervisors, and regular employees regarding safety and health and hazard mitigation.

4. Accountability

- a. Briefly describe your accountability system used to hold managers, line supervisors, and employees responsible for safety and health. Examples are job performance evaluations, disciplinary action, and contract language.*
- b. Describe system documentation.*

5. Resources

- a. Identify the available safety and health resources. Describe the safety and health professional staff available, including appropriate use of certified safety professionals (CSP), certified industrial hygienists (CIH), other licensed health care professionals, and other experts as needed, based on the hazards at your site.*
- b. Identify any external resources (including corporate office and private consultants) used to help with your safety and health management system.*

6. Goals and Planning

- a. Identify your annual plans that set specific safety and health goals and objectives.*
- b. Describe how planning for safety and health fits into your overall management planning process.*

7. Self-Evaluation

- a. Provide a copy of the most recent annual self-evaluation of your site's safety and health management system. Include assessments of the effectiveness of the VPP elements listed in these application guidelines, documentation of action items completed, and recommendations for improvement.*
- b. Describe how you prepare and use the self-evaluation.*

8. Employee Involvement

- a. List at least three meaningful ways employees are involved in your safety and health management system. These must be in addition to employees reporting hazards and attending training.*
- b. Provide specific information about decision processes in which employees participate, such as hazard assessment, inspections, safety and health training, and/or evaluation of the safety and health management system.*

9. Employee Notification

- a. Describe how you notify employees about site participation in the VPP, their right to register a complaint with MOSH, and their right to obtain reports of inspections and accident investigations upon request.*

Methods may include, but are not limited to, new employee orientation; intranet or email if all employees have access; bulletin boards; toolbox talks; or group meetings.

10. Contract Workers' Safety and Health

- a. Describe the process and the pre-selection criteria used for selecting contractors to perform jobs at your site.*
- b. Describe your documented oversight and management system for ensuring that all contract workers who do work at your site enjoy the same safe and healthful working conditions and the same quality protection as your regular employees.*

11. Site Map.

Attach a site map or general layout.

B. Worksite Analysis

1. Baseline Hazard Analysis

- a. Describe the methods you use for baseline hazard analysis to identify hazards associated with your specific work environment. For example, air contaminants, noise, or lead.*
- b. Identify the safety and health professionals involved in the baseline assessment and subsequent needed surveys.*
- c. Explain any sampling rationale and strategies for industrial hygiene surveys if required.*

2. Hazard Analysis of Routine Jobs, Tasks, and Processes

- a. Describe the system you use (when, how, who) for examination and analysis of safety and health hazards associated with routine tasks, jobs, processes, and/or phases.*
 - i. You should base priorities for hazard analysis on historical evidence, perceived risks, complexity, and the frequency of jobs/tasks completed at your worksite.*
 - ii. In construction, the emphasis must be on the safety and health hazards of each craft and phase of work.*
- b. Provide specific examples of some analyses you have performed and any (completed) forms used.*

3. Hazard Analysis of Significant Changes

Explain how, prior to activity or use, you analyze significant changes to identify uncontrolled safety and health hazards and the actions needed to eliminate or control these hazards. Significant changes may include non-routine tasks and new processes, materials, equipment, and facilities.

4. Self-Inspections

- a. *Describe your worksite safety and health routine general inspection procedures.*
 - b. *Indicate who performs inspections, their training, and how you track any hazards through to elimination or control.*
 - c. *For routine health inspections, summarize the testing and analysis procedures used and qualifications of personnel who conduct them.*
 - d. *Include some completed forms used for self-inspections.*
- 5. Employee Reports of Hazards**
- a. *Describe the different ways employees notify management of uncontrolled safety or health hazards. NOTE: An opportunity to use a written form to notify management about safety and health hazards must be part of your reporting system.*
 - b. *Explain procedures for follow up, tracking corrections, and reporting back to employees.*
- 6. Accident and Incident Investigations**
- a. *Describe your written procedures for investigation of accidents, near misses, first-aid cases, and other incidents.*
 - b. *What training do investigators receive?*
 - c. *How do you determine which accidents or incidents warrant investigation?*
 - d. *Describe how you use investigation results.*
- 7. Trend Analysis**
- a. *Describe the system you use for safety and health data analysis.*
 - b. *Indicate how you collect and analyze data from all sources, including injuries, illnesses, near-misses, first-aid cases, work order forms, incident investigations, inspections, and self-audits.*
 - c. *Describe how you use analysis results.*

C. Hazard Prevention and Control

Applicants and participants must be in compliance with any hazard control program required by an MOSH standard, such as PPE, Respiratory Protection, Lockout/Tagout, Confined Space Entry, Process Safety Management (PSM), Bloodborne Pathogens, etc. VPP applicants and participants must periodically review these programs (most OSHA standards require an annual review) to ensure they are up-to-date.

Applicants and participants who are covered by the PSM standard must additionally submit answers to all applicable questions found in the VPP PSM Application Supplement A. (Other Supplements will be used during annual self-evaluations and MOSH onsite approval/reapproval visits.)

- 1. Hierarchy of Controls**
 - a. *Engineering Controls*

- b. *Explain how you utilize the services of licensed occupational health care professionals.*
- c. *Indicate the coverage provided by employees trained in first aid, CPR, and other paramedical skills, their training, and available equipment.*

5. Emergency Preparedness

Describe your emergency planning and preparedness system. Provide information on emergency drills and training, including evacuations.

D. Safety and Health Training

- 1. *Describe the formal and informal safety and health training provided for managers, supervisors, and employees.*
- 2. *Identify training protocols, schedules, and information provided to supervisors and employees on programs such as hazard communication, personal protective equipment, and handling of emergency situations.*
- 3. *Describe how you verify the effectiveness of the training you provide.*

V. Injury and Illness Performance

See Appendix A for instructions on calculating required rates and completing this section's tables, and for an alternative rate calculation for qualifying small employers.

A. Injury and Illness Rate Requirements

- 1. *To qualify for VPP Star, both your 3-year TCIR and your 3-year DART rate must be below at least 1 of the 3 most recent years of specific industry national averages for nonfatal injuries and illnesses at the most precise level published by the U.S. Department of Labor's Bureau of Labor Statistics (BLS).*
- 2. *MOSH will compare all submitted rates against the most advantageous single year that would qualify the applicant out of the last 3 published years.*
- 3. *If, after completing Table 1, you determine that either your 3-year TCIR, 3-year DART rate, or both are at or above your industry's average in all 3 comparison years, you still may qualify for VPP participation at the Merit level. If this is the case, specify your short- and long-term goals for reducing these rates to a level below the industry average, thereby achieving the Star rate requirements. Include specific methods you will use to address this problem. It must be feasible to reduce rates sufficiently within 2 years.*

B. Alternative Rate Calculation.

Some applicants, after consulting the VPP Manager, may use an alternative method for calculating incidence rates. Review Appendix A - Alternative Rate Calculation for more information.

C. TABLE 1: Injury and Illness Rate Calculations for General Industry

- 1. *Table 1 tracks the injury and illness rates of all employees over whom the applicant has responsibility and authority for safety and health. These rates must be calculated from data that reflects the experience of all regular site employees, including*

temporary employees and any contractor employees regularly intermingled with your employees and **under the direct supervision** of your managers. Do not include applicable contractors in these rates.

2. MOSH considers the site's most recent 3-year recordable injury and illness experience and compares that experience with industry averages published by the Bureau of Labor Statistics.
3. Calculate your Total Recordable Case Incidence Rate (TCIR) for each of the past 3 years and for the 3 years combined.
4. Calculate your site's incidence rate for cases involving days away from work, restricted work activity, and job transfer (DART) for each of the past 3 years and for the 3 years combined.
5. Compare your rates with BLS national average rates to determine whether you meet the STAR Designated rate requirements.

Table 1 VPP Participant's Recordable Non-Fatal Injury and Illness Case Incidence Rates						
1	2	3 (EH)	4 (N)	5	6	7
Year	Total Number Employees	Total Work Hours	Total Number of Injuries & Illnesses	Total Case Incidence Rate for Injuries and Illnesses (TCIR)	Total Number of Injury & Illness Cases Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer	DART rate: Days Away from Work, Restricted Work Activity, and/or Job Transfer Rate
Year 1						
Year 2						
Year 3						
Latest published BLS rate for NAICS code: _____						
Percent above or below National Average						
Applicant's 3-Year TCIR and DART rate						

D. Table 2. Provide a separate Table 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).

1. Report applicable contractor injury and illness experience only for work at your site.
2. Do not combine this data with your own site employee data.
3. The NAICS code should reflect the applicable contractor's primary work activity at your site, and not necessarily the participant's NAICS code.
4. On the Participant Summary Sheet (see Section A, Table 1) you will record combined data for all applicable contractors.

Table 2 Applicable Contractor Recordable Nonfatal Injury and Illness Case Incidence Rates (for the applicable contractor's work at your site only)						
Name of Contractor:						
NAICS Code for applicable contractor's work at your site:						
1	2	3	4	5	6	7
Year	Total Number Employees	Total Work Hours	Total Number of Injuries & Illnesses	Total Case Incidence Rate for Injuries and Illnesses (TCIR)	Total Number of Injury & Illness Cases Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer	DART rate: Days Away from Work, Restricted Work Activity, and/or Job Transfer Rate
Latest published BLS rate for NAICS code: _____						
Percent above or below National Average						

APPENDIX A- Instructions for Calculating Injury and Illness Rates

I. Definitions.

- A. **Total Case Incidence Rate (TCIR).** Total number of recordable injuries and illness cases per 100 full-time employees that an applicant/participant has experienced in a given time frame.
- B. **Days Away, Restricted, and/or Transferred (DART) Case Incidence Rate.** Number of recordable injuries and illness cases per 100 full-time employees resulting in days away from work, restricted work activity, and/or job transfer that an applicant/participant has experienced in a given time frame.

II. Review of Rates.

New applicants and current participants are required to calculate annual rates and 3-year rates for the last 3 complete calendar years. Use information recorded in the OSHA 300 log.

VPP onsite teams will calculate the applicant/participant's rates for the previous 3 full calendar years and year-to-date. When reviewing participants, the VPP onsite teams also will review the rates of each applicable contractor.

III. Contractor Rates.

Copies of each applicable contractor's hours worked and injury and illness data pertaining to the applicant/participant must be maintained by management

Injury and illness data for temporary and contractor employees who are regularly intermingled with the owner's employees and under direct supervision by management must be included in the applicant/participant's rates.

IV. Rate Calculations

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

N = Sum of the number of recordable injuries and illnesses in the year.

For the TCIR use the total number of injuries plus illnesses.

For the DART rate use injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer.

EH = total number of hours worked by all employees in the year, including temporary employees and contractors directly supervised by applicant/participant.

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

- B. **3-Year TCIR Calculation.** To calculate 3-year TCIR, add the number of all recordable injuries and illnesses for the past 3 years and divide by total hours worked for those years. Multiply the result by 200,000.

$$\frac{[(\#inj + \#ill) + (\#inj + \#ill) + (\#inj + \#ill)]}{[\text{hours} + \text{hours} + \text{hours}]} \times 200,000$$

- C. **3-year DART Rate Calculation.** To calculate 3-year DART rates, use the same formula as in B. above, except add the number of all recordable injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer for the past 3 years.

$$\frac{[(\#DART \text{ inj} + \text{ill}) + (\#DART \text{ inj} + \text{ill}) + (\#DART \text{ inj} + \text{ill})]}{[\text{hours} + \text{hours} + \text{hours}]} \times 200,000$$

- D. **Rounding Instructions.** You must round the rates to the nearest tenth following traditional mathematical rounding rules. For example, round 5.88 up to 5.9; round 5.82 down to 5.8; round 5.85 up to 5.9.

- V. **Comparison to National Averages** Compare the 3-year TCIR and DART rate to any one of the three most recent years of specific industry national averages for nonfatal injuries and illnesses at the most precise level published by the Bureau of Labor Statistics (BLS).

- A. These national averages, currently broken down by NAICS code, are found in the Table of Incidence Rates of Non-fatal Occupational Injuries and Illnesses by Industry of the BLS Occupational Injuries and Illnesses Bulletin that BLS publishes each year

- B. To calculate the percent above or below the national average, do the following:

$$\frac{\text{Site rate} - \text{BLS rate}}{\text{BLS rate}} \times 100$$

VI. Alternative Calculation for Small Worksite

- A. An alternative rate calculation is available to worksites where a single or relatively small number of incidences would cause the worksite’s disqualification when using the normal 3-year rate calculation.

- B. If the following criteria are met, the TCIR and DART rate calculations can be based on the best 3 out of the most recent 4 complete calendar years’ injury and illness incidence experience.

1. Using the most recent calendar year’s hours worked, calculate a hypothetical TCIR assuming that the employer had two cases for the year.
2. Compare the hypothetical rate to the 3 most recently published years of BLS combined injury/illness Total Case Incidence Rates for the industry.
3. If the hypothetical rate is equal to or higher than the BLS rate in at least 1 of the 3 years, the employer qualifies for the alternative rate calculation method.