TOSHA INSTRUCTION

TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
DIVISION OF OCCUPATIONAL SAFETY & HEALTH

DIRECTIVE NUMBER: CSP-TN 03-01-003	EFFECTIVE DATE: April 11, 2016

SUBJECT: TOSHA VOLUNTARY PROTECTION PROGRAM POLICY AND PROCEDURES MANUAL

ABSTRACT

Purpose: This Instruction revises and clarifies the overall framework of policy and procedure for administering the TOSHA Voluntary Protection Program (VPP).

Scope: This Instruction applies TOSHA-wide.

Cancellations: OSHA Instruction CSP 03-01-003, Voluntary Protection Programs (VPP): Policies and Procedures Manual, August 18, 2014.

References: "Revisions to the Voluntary Protection Programs to Provide Safe and Healthful Working Conditions," *Federal Register* notice 65 FR 45650, July 24, 2000, as revised by 68 FR 68475, December 8, 2003.

"Policies and Procedures Manual for Special Government Employee (SGE) Activity Conducted Under the Auspices of the Occupational Safety and Health Administration's (OSHA) Voluntary Protection Program," OSHA Instruction #CSP 03-01-001, January 4, 2002. Hereafter referred to as the SGE Policies and Procedures Manual.

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Executive Summary

This Instruction cancels and replaces OSHA Instruction OSHA CSP 03-01-003. The purpose of the manual is to provide Tennessee state specific guidance concerning implementation of the Voluntary Protection Programs (VPP), including revised policies and procedures a) published as ***Federal Register*** Notice 68 FR 68475, December 8, 2003; b) affecting VPP participants covered under the Process Safety Management (PSM) standard; and c) enabling OSHA to employ an alternative reapproval process, the Compressed Reapproval Process to Recognize Sustained Excellence (CRP), for qualifying VPP STAR participants.

Major Changes

- **Benchmark Rates.** This Instruction incorporates changes published in ***Federal Register*** Notice 68 FR 68475, December 8, 2003, that revised the benchmark injury and illness rates used within VPP.

- **Process Safety Management.** This Instruction modifies procedures for VPP applications, OSHA onsite evaluations, and annual participant self-evaluations for applicants/participants subject to OSHA's Process Safety Management (PSM) standard.

- **Compressed Reapproval Process.** This Instruction introduces an alternative onsite reapproval process for STAR participants who have demonstrated sustained excellence in safety and health systems management.

- **Other.** This Instruction removes template letters that OSHA periodically modifies and that are more appropriately disseminated through other means. It includes changes in the VPP recognition process. It also removes temporary instructions no longer applicable, and references to specific VPP affiliates. Minor editorial changes improve readability.

- **Clarifications.** This Instruction includes a clarification of recertification procedures.

Tennessee OSHA - Voluntary Protection Program
Policy and Procedures Manual

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Chapter 1
Introduction

I. Purpose. This instruction provides policy and procedures concerning the Tennessee Occupational Safety and Health Administration (TOSHA) Voluntary Protection Program (VPP).

II. Scope. This instruction applies TOSHA wide.

III. Cancellations. OSHA Instruction CSP 0301-002.

IV. Significant Changes.

A. Benchmark Rates**.** This Instruction incorporates changes published in ***Federal Register*** Notice 68 FR 68475, December 8, 2003, that revised the benchmark injury and illness rates used within VPP.

B. Process Safety Management**.** This Instruction modifies procedures for VPP applications, OSHA onsite evaluations, and annual participant self-evaluations for applicants/participants subject to OSHA's Process Safety Management (PSM) standard.

C. Compressed Reapproval Process**.** This Instruction introduces an alternative onsite reapproval process for STAR participants who have demonstrated sustained excellence in safety and health systems management.

D. Other**.** This Instruction removes template letters that OSHA periodically modifies and that are more appropriately disseminated through other means. It includes changes in the VPP recognition process. It also removes temporary instructions no longer applicable, and references to specific VPP affiliates. Minor editorial changes improve readability.

V. References.

"Revisions to the Voluntary Protection Programs to Provide Safe and Healthful Working Conditions," *Federal Register* notice 65 FR 45650, July 24, 2000, as revised by 68 FR 68475, December 8, 2003.

"Policies and Procedures Manual for Special Government Employee (SGE) Activity Conducted Under the Auspices of the Occupational Safety and Health Administration's (OSHA) Voluntary Protection Program," OSHA Instruction #CSP 03-01-001, January 4, 2002. Hereafter referred to as the SGE Policies and Procedures Manual.

VI. Definitions.

A. 1-Year Conditional Goal. A target for correcting deficiencies in safety and health management system elements or sub-elements identified by TOSHA during the onsite evaluation of a STAR participant. Such deficiencies, which indicate that a site no longer fully meets STAR requirements, must be corrected within 90 days, and the participant must then operate at the STAR level for 1 year for the participant's conditional status to be lifted. Failure to meet this requirement will result in termination from the VPP.

B. Contingency-Day Items. Compliance-related issues that must be corrected within a maximum of 90 days, with effective protection provided to employees in the interim.

C. Annual Evaluation. A participant's yearly self-assessment to gauge the effectiveness of all required VPP elements and any other elements of the participant's safety and health management system.

D. Annual Submission. A document written by a participant and submitted to TOSHA by February 15th each year, consisting of the following information: Updated names and addresses; the participant's and applicable contractors' injury and illness case numbers and rates, average annual employment and hours worked for the previous calendar year; a copy of the most recent annual evaluation of the participant's safety and health management system; descriptions of significant changes or events; progress made on the previous year's recommendations or 1-Year Conditional goals (if applicable); and any success stories. [See Appendix B for the Annual Submission Format.] Additionally, participants covered by the Process Safety Management Standard (PSM) will be required to respond to applicable questions from the annual VPP PSM questionnaire.

E. Applicable Contractor. A contractor whose employees worked at least 1,000 hours for a VPP participant in any calendar quarter within the last 12 months and are not directly supervised by the applicant/participant.

F. Accepted Application. An application that has been reviewed by TOSHA and found to be complete. Also referred to as a completed application.

G. Backup Team Leader. A member of an onsite evaluation team who provides assistance to the team leader and can assume his/her duties when necessary.

H. Compliance Officer. A TOSHA compliance safety or health officer.

I. Contract Employees. Those individuals who are employed by a company that provides services under contract to the VPP applicant or participant, usually at the VPP applicant's or participant's worksite.

J. Days Away, Restricted, and/or Transfer Case Incidence Rate (DART rate). The rate of all injuries and illnesses resulting in days away from work, restricted work

activity, and/or job transfer. This rate is calculated for a worksite for a specified period of time (usually 1 to 3 years). [See Appendix A.]

K. Federal Register. The official Federal government publication, published by the Government Printing Office (GPO), in which OSHA announces the philosophy and criteria for VPP approval and participation in a public notice commonly referred to as the "VPP Federal Register Notice."

L. General Contractor. A construction site owner or site manager who controls construction operations and has contract responsibility for assuring safe and healthful working conditions at a worksite.

M. Injury/Illness Rates. Numerical rates that represent recordable injuries and illnesses at a worksite and that are an important factor when TOSHA assesses an applicant/participant's qualification for VPP. [See VIII..J., above, and VIII.MM. below.)

N. Mentoring. The assistance that a VPP participant provides to another worksite to improve that location's safety and health management system or prepare it for VPP application or participation.

O. Onsite Assistance Visit. A visit to an applicant or participant site by a TOSHA VPP Manager, Compliance Assistance Specialist, or other non-enforcement personnel, to offer assistance to the applicant including help with their application, conduct a records review, and/or make general observations about the applicant's safety and health management system.

P. Onsite Evaluation. A visit to an applicant or participant site by a TOSHA onsite evaluation team to determine whether the applicant/participant qualifies to participate, continue participation, or advance within the VPP.

Q. Onsite Evaluation Report. A document written by the TOSHA onsite evaluation team consisting of the site report and site worksheet [see Appendix E]. This document contains the team's assessment of an applicant/participant's safety and health management system and the team's recommendation regarding approval of the applicant or reapproval of the participant in VPP.

R. Onsite Evaluation Team. An interdisciplinary group of TOSHA professionals and/or other government employees who conduct onsite evaluations. The team normally consists of a team leader, a backup team leader, safety and health specialists, and other specialists as appropriate.

S. Process Hazard Analysis (PHA). For the purposes of this document, a PHA is an organized and systemic effort to identify and analyze the significance of potential hazards associated with the processing or handling of highly hazardous chemicals.

T. Process Safety Management (PSM). A reference to OSHA standard 29 CFR 1910.119 and 1926.64, which covers all employers who either use or produce highly hazardous chemicals exceeding specified limits.

U. PSM Application Supplement. A series of questions designed to establish a basic understanding of a VPP applicant's PSM policies and procedures. Applicants covered by the PSM Standard must submit responses to the PSM application supplement along with their VPP application.

V. PSM "Level 1" Auditor. A PSM "Level 1" Auditor is an OSHA employee with experience in the chemical processing or refining industries. Specific requirements for a PSM "Level 1" Auditor include:

1. The OSHA Training Institute's (OTI) Courses 3300, Safety and Health in the Chemical Processing Industries, and 3400, Hazard Analysis in the Chemical Processing Industries.

2. Advanced training such as OTI Course 3410, Advanced Process Safety Management, or other equivalent specialized seminars in PSM.

3. Prior experience with chemical industry safety. This experience should include experience obtained in any one of the following ways:
   a. Through accident investigations in chemical, petrochemical or refinery plants involving fires, explosions and/or toxic chemical releases;
   b. Through previous chemical inspections involving process safety management evaluations; or
   c. Through previous chemical industry employment.

4. Special Government Employees may alternatively serve in the capacity of a PSM "Level 1" Auditor upon demonstrating training and experience equivalent to the above requirements.

W. PSM Questionnaire. The PSM Questionnaire is a supplemental document required from participants covered under the PSM standard as part of their Annual Submission.

X. Recommendations. Suggested improvements noted by the onsite evaluation team that are not requirements for VPP participation but that would enhance the effectiveness of the participant's safety and health management system. (Compliance with TOSHA standards is a requirement, not a recommendation.)

Y. Resident Contractor. A company that provides ongoing, onsite services to a VPP applicant/participant.

Z. Safety and Health Management System. For the purposes of the VPP, a method of preventing employee fatalities, injuries and illnesses through the ongoing planning, implementation, integration, and control of four interdependent elements: Management Leadership and Employee Involvement; Worksite Analysis; Hazard Prevention and Control; and Safety and Health Training.

AA. Small Business. A company having no more than 250 employees at any one facility, and no more than 500 employees nationwide.

BB. Special Government Employee (SGE). An employee volunteer from a VPP participant or corporation, knowledgeable in safety and health management system assessment, formally trained by OSHA in the policies and procedures of the VPP, and determined by TOSHA to be qualified to perform VPP onsite evaluations, who participates as a team member on VPP onsite evaluations.

CC. State Plan. A state-operated occupational safety and health program that has received approval and partial funding from Federal OSHA.

DD. Team Leader. The TOSHA staff person who coordinates the TOSHA onsite evaluation team and ensures that all evaluation activities are performed.

EE. Temporary Employees. Employees hired on a non-permanent basis by the applicant/participant.

FF. Termination. Formal removal by TOSHA of a VPP participant from the program.

GG. Total Case Incidence Rate (TCIR). A number that represents the total recordable injuries and illnesses per 100 full-time employees, calculated for a worksite for a specified period of time (usually 1 to 3 years). [See Appendix A.]

HH. VPP Application Status Report. A monthly report prepared by the VPP Manager and submitted to TOSHA Administrtor that provides information on VPP applications, including the number of applications pending in the Region and the number of applicants whose onsite evaluation has not yet begun.

II. VPP Approval Ceremony. An event planned by the approved worksite and normally held at the site, where a representative from the TOSHA recognizes the participant's achievement, presents the VPP plaque and flag.

JJ. VPP Manager. The TOSHA staff person directly responsible for the day-to-day operations of the VPP in Tennessee.

KK. VPP Participant Representative. The person designated by an applicant or participant as the primary contact regarding VPP activity at the worksite.

LL. Withdrawal. Decision by the applicant or participant to discontinue pursuing or participating in the VPP.

MM. Worksite. For VPP purposes, a worksite is a location where work is performed by employees of an employer.

VII. Background. The Occupational Safety and Health Administration (OSHA) on July 2, 1982, announced establishment of the Voluntary Protection Programs (VPP) to recognize and promote effective worksite-based safety and health management systems. Tennessee OSHA established a state wide version of the VPP in 1997. In the VPP, management, labor, and TOSHA establish cooperative relationships at workplaces that are implementing or have implemented comprehensive safety and health management systems. Approval into the VPP is TOSHA's official recognition of the outstanding efforts of employers and employees who have created exemplary worksite safety and health management systems. TOSHA offers assistance to sites committed to achieving the VPP level of excellence.

The enabling legislation for VPP is Section (2)(b)(1) of the OSH Act, which declares the Congress's intent "*to assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources b (1) by encouraging employers and employees in their efforts to reduce the number of occupational safety and health hazards at their places of employment, and to stimulate employers and employees to institute new and to perfect existing programs for providing safe and healthful working conditions. . . .*"

VIII. VPP Principles. The following principles are embodied in the Voluntary Protection Programs:

A. Voluntarism. Participation in VPP is strictly voluntary. The applicant who wishes to participate freely submits information to TOSHA on its safety and health management system, goes above and beyond compliance with the TOSH Act and applicable TOSHA requirements, and opens itself to agency review.

B. Cooperation. TOSHA has long recognized that a balanced, multifaceted approach is the best way to accomplish the goals of the TOSH Act. VPP's emphasis on trust and cooperation between TOSHA, the employer, employees, and employees' representatives complements the agency's enforcement activity, but does not take its place. VPP staff and VPP participants work together to resolve any safety and health problems that may arise. This partnership enables the Agency to remove participants from programmed inspection lists, allowing TOSHA to focus its inspection resources on establishments in greater need of agency oversight and intervention. However, TOSHA continues to investigate valid employee safety and health complaints, fatalities, catastrophes, and other significant events at VPP participant sites.

C. A Systems Approach. Compliance with the TOSH Act and all applicable TOSHA requirements is only the STARting point for VPP participants. VPP participants

develop and implement systems to effectively identify, evaluate, prevent, and control occupational hazards so that injuries and illnesses to employees are prevented. STAR participants, in particular, are often on the leading edge of hazard prevention methods and technology. As a result, VPP worksites serve as models of safety and health excellence, demonstrating the benefits of a systems approach to employee protection.

D. Model Worksites for Safety and Health. TOSHA selects VPP participants based on their written safety and health management system, the effective implementation of this system over time, and their performance in meeting VPP requirements. Not all worksites are appropriate candidates for VPP. At qualifying sites, personnel are involved in the effort to maintain rigorous, detailed attention to safety and health. VPP participants often mentor other worksites interested in improving safety and health, participate in safety and health outreach and training initiatives, and provide TOSHA with input on proposed policies and standards. They also share best practices and promote excellence in safety and health in their industries and communities.

E. Continuous Improvement. VPP participants must demonstrate continuous improvement in the operation and impact of their safety and health management systems. Annual VPP self-evaluations help participants measure success, identify areas needing improvement, and determine needed changes. TOSHA onsite evaluation teams verify this improvement.

F. Employee and Employer Rights. Participation in VPP does not diminish employee and employer rights and responsibilities under the TOSH Act.

IX. Categories of Participation. The VPP in Tennessee recognizes only the STAR level of participation. The Volunteer STAR Program recognizes the excellence of worksites where employees are successfully protected from fatality, injury, and illness by the implementation of comprehensive and effective workplace safety and health management systems. These worksites are self-sufficient in identifying and controlling workplace hazards.

X. The Elements. To qualify for the VPP, an applicant/participant must operate a comprehensive safety and health management system that includes four essential elements and their sub-elements. These elements, when integrated into a worksite's daily operations, can reduce the incidence and severity of illnesses and injuries:

A. Management leadership and employee involvement.

B. Worksite analysis.

C. Hazard prevention and control.

D. Safety and health training.

Chapter 2
Responsibilities

I. Introduction. This chapter describes TOSHA's responsibilities for managing the Voluntary Protection Programs (VPP). These responsibilities must be carried out by the identified individual or his/her designee.

II. Commissioner of Labor and Workforce Development or "Commissioner". The Commissioner of the Tennessee Department of Labor and Workforce Development (TDLWD) is responsible for all decisions relating to approval of new participants, lifting of 1-Year Conditional status, reapproval of current participants, and termination of participation.

III. TOSHA Administrator. The TOSHA Administrator is responsible for:

A. Policies and Procedures. The Administrator must develop, interpret, and revise, as needed, policies and procedures for the administration and management of the VPP, including the VPP Policies and Procedures Manual.

B. Review of Onsite Evaluation Reports. The Administrator must:

1. Review all onsite evaluation reports for new participants and spot-check recommendations or reapprovals to ensure that the VPP requirements are met is clearly documented.

2. Review report documentation for the Commissioner's decisions and signature.

3. Notify the VPP Manager of the Commissioner's final decision.

4. Forward copies of the Commissioner's approval letter to the worksite, appropriate labor unions, VPP Manager, and other affected offices.

5. Support the VPP Program. The Administrator must:
   a. Provide program support when requested and when resources are available.
   b. Respond to Legislative inquiries and provide information to the public upon request.

C. Maintenance of Records and Data. The Administrator must:

1. Maintain a public file on all approved participants that includes:
   a. The General Information section from the application.
   b. The Administrator's memorandum to the Commissioner requesting approval of a VPP onsite evaluation report.
   c. Onsite evaluation reports.

d. The Commissioner's letter to the participant (which includes notification of a copy sent to any and all collective bargaining agents).
e. Legislative and Gubernatorial letters.
f. Any other formal correspondence relating to a VPP activity.

2. Supply information as reqired by OSHA's Directorate of Information Technology (DIT), including, but not limited to, name, location, contact person, telephone number, approval date, VPP status, TCIR and DART rate, union information if applicable, and number of employees.

3. Generate and distribute to appropriate offices monthly VPP information, including:
a. VPP Onsite Evaluation Log.
b. VPP Application Status Log.
c. Monthly Statistical Charts.
d. SGE Usage Report.
e. Regular information updates for the OSHA VPP web site.
f. Monthly information for inclusion in publications.
g. Monthly information for inclusion in OSHA's Government Performance and Results Act (GPRA) and Strategic Plan reports.

D. Training and Education. The Administrator must develop and deliver training curricula for TOSHA staff in the knowledge and skills required to effectively administer the VPP.

IV. VPP Manager. The VPP manager is responsible for the day-to-day management of the VPP and must develop and maintain a working knowledge of the VPP and must:

A. Application Processing. Review and process applications to the VPP in accordance with Chapter 4. In addition:

1. Provide application information and assistance to interested employers, employee groups, and other parties such as trade associations, state and local governments.
2. Obtain from the OSHA website and review the applicant's TOSHA inspection history to determine its eligibility for VPP.

B. Onsite Evaluations.

1. Ensure that an onsite evaluation is conducted within 6 months of accepting an application.

2. Schedule onsite evaluations, taking into consideration due dates, deadlines, priorities, and coordination with company officials.

3. Inform the TOSHA Administrator to assure that the participant can be removed from the programmed inspection list. Such removal may occur no more than 75 days prior to the onsite evaluation.

C. Approval.

1. Ensure completion of onsite evaluation reports.

2. Forward to the TOSHA Administrator the onsite evaluation reports and recommendations.

3. Inform applicants of the Commissioner of the TDLWFD decisions regarding approval.

D. Annual Submissions from VPP Participants. (See Appendix B.)

1. Ensure that each VPP participant's annual submission is received by February 15th of each year. On a case-by-case basis, additional time, not to exceed 45 days, may be negotiated by the VPP Manager and a company's VPP representatives. If, after 45 days, the annual submission has not been received, the participant may be asked to withdraw from the program.

2. Review the annual submissions and:
   a. Request an explanation from the participant if a substantial increase (or decrease) in rates or some problem with the program evaluation is noted.
   b. If an unresolved serious problem is evident, make arrangements with the company for an onsite assistance visit.

3. As a courtesy, notify the participant in writing that the annual evaluation submission has been received. Note any areas of concern.

E. Reapproval.

1. Track current VPP participants and ensure that onsite evaluations to determine a recommendation for reapproval are scheduled and conducted.

2. Obtain the TOSHA Administrator's approval for any requests to extend with just cause the period between onsite evaluations.

F. Withdrawal or Termination. Upon receiving a withdrawal letter from a participant, or upon termination of a participant, the VPP Manager must:

1. Remove the participant's application, onsite evaluation reports, approval letters, and annual evaluations from the public file.

2. Notify the TOSHA Administrator of the withdrawal or termination so that the worksite may be returned to the programmed inspection list, if applicable, at the time of the next inspection cycle.

G. Special Circumstances.

1. Discuss any change in ownership, organization, and union representation (if applicable) with the participant representative, and schedule an onsite visit if needed to evaluate the change's impact. Forward to the TOSHA Administrator any resultant updates to the participant's information.

2. Review any formal or non-formal complaints, referrals, fatalities or catastrophes, accidents or incidents, and resultant inspection reports or letters.

H. Ongoing Assistance. The VPP manager will be available to assist participants as needed, e.g., when changes occur at the worksite that may affect continued participation.

I. Maintenance of Participant Files. The VPP manager must maintain a public file of all approved participants in the State and make available to the public on request:

1. VPP application and amendments.

2. Onsite evaluation reports.

3. The Commissioner's approval letter.

4. Notification to the TOSHA Administrator removing an approved participant from the general inspection list.

5. Participant's annual self-evaluations.

6. Related formal correspondence.

V. Area Supervisors. In addition to being knowledgeable about the VPP and its participants, the Area Supervisors must:

A. Inspection Deferral.

1. Ensure that programmed inspections of applicants are deferred for no more than 75 days prior to their scheduled onsite evaluation.

2. Remove approved participants from any programmed inspection lists for the duration of participation, unless a participant chooses otherwise.

3. Return participants that have withdrawn or been terminated to the programmed inspection list, if applicable, at the time of the next inspection cycle.

4. Upon the Administrator's request, the Area Supervisors must assign properly trained compliance officers (CSHOs) and/or other approved staff members to serve as VPP team members or team leaders.

5. The Area Supervisors must use routine procedures for conducting complaint, referral, and/or fatality/catastrophe investigations at VPP worksites and:
   a. Notify the VPP Manager when a complaint (including an informal complaint responded to by letter) is received from a VPP participant and of the subsequent disposition of the complaint. (See Chapter 8.)
   b. Immediately notify the VPP Manager of any fatalities, catastrophes or other accidents, or incidents requiring enforcement that occur at a VPP worksite.
   c. Send the VPP Manager a copy of any report resulting from an enforcement case.

B. Promoting VPP. In promoting VPP, Area Supervisors must:

1. Respond completely and promptly to public inquiries about VPP.

2. Promote VPP publicly and within TOSHA by:
   a. Giving speeches and presentations and attending VPP ceremonies.
   b. Ensuring that CSHOs are knowledgeable about VPP requirements and objectives and encouraging them to identify possible candidates.
   c. Referring likely VPP candidates to the VPP Manager.
   d. Maintaining communication with VPP participants about OSHA standards and policies, training needs, and outreach.
   e. Supporting statewide VPP activity to the greatest extent possible.

3. Encourage VPP participants, where appropriate, to assist TOSHA with accomplishing the Agency's mission, e.g., ask VPP participants to "sell" the value of safety and health to sites on the Site-Specific Targeting (SST) list.

4. Notify the VPP Manager of each VPP outreach.

Chapter 3
Requirements for STAR

I. The STAR Program. The STAR Program recognizes the very best workplaces that are in compliance with TOSHA regulations and that operate outstanding safety and health management systems for employee protection. All of the VPP requirements, published in *Federal Register* Notice 65 FR 45650-45663 and detailed below, must be in place and working effectively for at least 1 year prior to STAR approval.

II. Term of Participation. There is no limit to the term of participation in STAR, as long as a participant continues to meet all STAR requirements and to maintain STAR quality.

III. Injury and Illness History Requirements. Evaluate the applicant/participant's injury and illness history by using a 3-year total case incidence rate (TCIR) and a 3-year days away, restricted, and/or job transfer incidence rate (DART rate) (See Appendix A.). The 3-year TCIR and DART rates 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 Bureau of Labor Statistics (BLS). Compare both rates to a single year.

An alternative rate calculation may be used for eligible smaller worksites using their best 3 out of the most recent 4 years of incidence rates. (See Appendix A)

IV. Comprehensive Safety and Health Management System Requirements. The following safety and health management system elements and sub-elements must be implemented. For small applicants/participants, at the discretion of the onsite team, some of the requirements may be implemented and documented less formally.

A. Management Leadership and Employee Involvement.

1. Management Commitment. Management demonstrates its commitment by:
   a. Establishing, documenting, and communicating to employees and contractors clear goals that are attainable and measurable, objectives that are relevant to workplace hazards and trends of injury and illness, and policies and procedures that indicate how to accomplish the objectives and meet the goals.
   b. Signing a statement of commitment to safety and health.
   c. Meeting and maintaining VPP requirements.
   d. Maintaining a written safety and health management system that documents the elements and sub-elements, procedures for implementing the elements, and other safety and health programs including those required by TOSHA standards.
   e. Identifying persons whose safety and health responsibility includes carrying out safety and health goals and objectives, and clearly defining and communicating their responsibilities in their written job descriptions.

f. Assigning adequate authority to those persons who are responsible for safety and health, so they are able to carry out their responsibilities.

g. Providing and directing adequate resources (including time, funding, training, personnel, etc.) to those responsible for safety and health, so they are able to carry out their responsibilities.

h. Holding those assigned responsibility for safety and health accountable for meeting their responsibilities through a documented performance standards and appraisal system.

i. Planning for typical as well as unusual/emergency safety and health expenditures in the budget, including funding for prompt correction of uncontrolled hazards.

j. Integrating safety and health into other aspects of planning, such as planning for new equipment, processes, buildings, etc.

k. Establishing lines of communication with employees and allowing for reasonable employee access to top management at the worksite.

l. Setting an example by following the rules, wearing any required personal protective equipment, reporting hazards, reporting injuries and illnesses, and basically doing anything that they expect employees to do.

m. Ensuring that all employees (including contract employees) are provided equal, high-quality safety and health protection.

n. Conducting an annual evaluation of the safety and health management system in order to:

(i) Maintain knowledge of the hazards of the worksite.

(ii) Maintain knowledge of the effectiveness of system elements.

(iii) Ensure completion of the previous years' recommendations.

(iv) Modify goals, policies, and procedures.

2. Employee Involvement. Employees must be involved in the safety and health management system in at least three meaningful, constructive ways in addition to their right to report a hazard. Avenues for employees to have input into safety and health decisions include participation in audits, accident/incident investigations, self-inspections, suggestion programs, planning, training, job hazard analyses, and appropriate safety and health committees and teams. Employees do not meet this requirement by participating in incentive programs or simply working in a safe manner.

a. Employees must be trained for the task(s) they will perform. For example, they must be trained in hazard recognition to participate in self-inspections.

b. Employees must receive feedback on any suggestions, ideas, reports of hazards, etc. that they bring to management's attention. An applicant/participant must provide documented evidence that

employees' suggestions were followed up and implemented when appropriate and feasible.

c. All employees, including new hires, must be notified about participation in VPP and employees' rights (such as the right to file a complaint) under the OSH Act. Orientation training curriculum must include this information.

d. Employees and contractors must demonstrate an understanding of and be able to describe the fundamental principles of VPP.

3. Contract Employee Coverage. Contract employees must be provided with safety and health protection equal in quality to that provided to employees.

a. All contractors, whether regularly involved in routine site operations or engaged in temporary projects such as construction or repair, must follow the safety and health rules of the host.

b. VPP participants must have in place a documented oversight and management system covering applicable contractors. Such a system must:

(i) Ensure that safety and health considerations are addressed during the process of selecting contractors and when contractors are onsite.

(ii) Encourage contractors to develop and operate effective safety and health management systems.

(iii) Include provisions for timely identification, correction, and tracking of uncontrolled hazards in contractor work areas.

(iv) Include a provision for removing a contractor or contractor's employees from the worksite for safety or health violations. Note: A worksite may have been operating effectively for 1 year without actually invoking this provision if just cause to remove a contractor or contractor's employee did not occur.

c. Injury and Illness Data Requirements.

(i) Nested contractors (such as contracted maintenance workers) and temporary employees who are supervised by host site management are governed by the host's safety and health management system and are, therefore, included in the host's rates.

(ii) Management must maintain copies of the TCIR and DART rate data for all applicable contractors based on hours worked at the worksite. (See Appendix A.)

(iii) Participants must report all applicable contractors' TCIR and DART rate data to TOSHA annually.

d. Training. Managers, supervisors, and non-supervisory employees of contract employers must be made aware of:

(i) The hazards they may encounter while on the worksite.

(ii) How to recognize hazardous conditions and the signs and symptoms of workplace-related illnesses and injuries.

(iii) The implemented hazard controls, including safe work procedures.
(iv) Emergency procedures.

4. Safety and Health Management System Annual Evaluation. There must be a system and written procedures in place to annually evaluate the safety and health management system. The annual evaluation must be a critical review and assessment of the effectiveness of all elements and sub-elements of a comprehensive safety and health management system. An annual evaluation that is merely a workplace inspection with a brief report pointing out hazards or a general statement of the sufficiency of the system is inadequate for purposes of VPP qualification.
   a. The written annual evaluation must identify the strengths and weaknesses of the safety and health management system and must contain specific recommendations, time lines, and assignment of responsibility for making improvements. It must also document actions taken to satisfy the recommendations.
   b. The annual evaluation may be conducted by participant employees with managers, qualified corporate staff, or outside sources who are trained in conducting such evaluations.
   c. At least one annual evaluation and demonstrated corrective action must be completed before VPP approval.
   d. The annual evaluation must be included with the participant's annual submission to TOSHA. Appendix B provides a suggested format.

B. Worksite Analysis. A hazard identification and analysis system must be implemented to systematically identify basic and unforeseen safety and health hazards, evaluate their risks, and prioritize and recommend methods to eliminate or control hazards to an acceptable level of risk. Through this system, management must gain a thorough knowledge of the safety and health hazards and employee risks. The required methods of hazard identification and analysis are described below.

1. Baseline Safety and Industrial Hygiene Hazard Analysis. A baseline survey and analysis is a first attempt at understanding the hazards at a worksite. It establishes initial levels of exposure (baselines) for comparison to future levels, so that changes can be recognized. Systems for identifying safety and industrial hygiene hazards, while often integrated, may be evaluated separately. Baseline surveys must:
   a. Identify and document common safety hazards associated with the worksite (such as those found in TOSHA regulations or building standards, for which existing controls are well known), and how they are controlled.

b. Identify and document common health hazards (usually by initial screening using direct-reading instruments) and determine if further sampling (such as full-shift dosimetry) is needed.

c. Identify and document safety and health hazards that need further study.

d. Cover the entire worksite, indicate who conducted the survey, and when it was completed.

The original baseline hazard analysis need not be repeated subsequently unless warranted by changes in processes, equipment, hazard controls, etc.

2. Hazard Analysis of Routine Jobs, Tasks, and Processes. Task-based or system/process hazard analyses must be performed to identify hazards of routine jobs, tasks, and processes in order to recommend adequate hazard controls. Acceptable techniques include, but are not limited to: Job Hazard Analysis (JHA), and Process Hazard Analysis (PHA).

a. Hazard analyses should be conducted on routine jobs, tasks and processes that:

(i) Have written procedures.

(ii) Have had injuries/illnesses associated with them or have experienced significant incidents or near-misses.

(iii) Are perceived as high-hazard tasks, i.e., they could result in a catastrophic explosion, electrocution, or chemical overexposure.

(iv) Have been recommended by other studies and analyses for more in-depth analysis.

(v) Are required by a regulation or standard.

(vi) Any other instance when the VPP applicant or participant determines that hazard analysis is warranted.

3. Hazard Analysis of Significant Changes. Hazard analysis of significant changes, including but not limited to non-routine tasks (such as those performed less than once a year), new processes, materials, equipment and facilities, must be conducted to identify uncontrolled hazards prior to the activity or use, and must lead to hazard elimination or control.

If a non-routine or new task is eventually to be done on a routine basis, then a hazard analysis of this routine task should subsequently be developed.

4. Pre-use analysis. When a worksite is considering new equipment, chemicals, facilities, or significantly different operations or procedures, the safety and health impact to the employees must be reviewed. The level of detail of the analysis should be commensurate with the perceived risk and number of employees affected. This practice should be integrated in the procurement/ design phase to maximize the opportunity for proactive hazard controls.

5. Documentation and Use of Hazard Analyses. Hazard analyses performed to meet the requirements of c. or d., above, must be documented and must:
   a. Consider both health and safety hazards.
   b. Identify the steps of the task or procedure being analyzed, hazard controls currently in place, recommendations for needed additional or more effective hazard controls, dates conducted, and responsible parties.
   c. Be used in training in safe job procedures, in modifying workstations, equipment or materials, and in future planning efforts.
   d. Be easily understood.
   e. Be updated as the environment, procedures, or equipment change, or errors are found that invalidate the most recent hazard analyses.

6. Routine Self-Inspections. A system is required to ensure routinely scheduled self-inspections of the workplace. It must include written procedures that determine the frequency of inspection and areas covered, those responsible for conducting the inspections, recording of findings, responsibility for abatement, and tracking of identified hazards for timely correction. Findings and corrections must be documented.
   a. Inspections must be made at least monthly, with the actual inspection schedule being determined by the types and severity of hazards.
   b. The entire worksite must be covered at least once each quarter.
   c. Top management and others, including employees who have knowledge of the written procedures and hazard recognition, may participate in the inspection process.
   d. Personnel qualified to recognize workplace hazards, particularly hazards peculiar to their industry, must conduct inspections.
   e. Documentation of inspections must evidence thoroughness beyond the perfunctory use of checklists.

7. Hazard Reporting System for Employees. The applicant/participant must operate a reliable system that enables employees to notify appropriate management personnel in writing--without fear of reprisal--about conditions that appear hazardous, and to receive timely and appropriate responses. The system can be anonymous and must include timely responses to employees and tracking of hazard elimination or control to completion.

8. Industrial Hygiene (IH) Program. A written IH program is required. The program must establish procedures and methods for identification, analysis, and control of health hazards for prevention of occupational disease.
   a. IH Surveys. Additional expertise, time, technical equipment, and analysis beyond the baseline survey may be required to determine

which environmental contaminants (whether physical, biological, or chemical) are present in the workplace, and to quantify exposure so that proper controls can be implemented.

b. Sampling Strategy. The written program must address sampling protocols and methods implemented to accurately assess employees' exposure to health hazards. Sampling should be conducted when:

(i) Performing baseline hazard analysis, such as initial screening and grab sampling.

(ii) Baseline hazard analysis suggests that more in-depth exposure analysis, such as full-shift sampling, is needed.

(iii) Particularly hazardous substances (as indicated by a TOSHA standard, chemical inventory, material safety data sheet, etc.) are being used or could be generated by the work process.

(iv) Employees have complained of signs of illness.

(v) Exposure incidents or near-misses have occurred.

(vi) It is required by a standard or other legal requirement.

(vii) Changes have occurred in such things as the processes, equipment, or chemicals used.

(viii) Controls have been implemented and their effectiveness needs to be determined.

(ix) Any other instance when the VPP applicant or participant determines that sampling is warranted.

c. Sampling Results. Sampling results must be analyzed and compared to at least TOSHA permissible exposure limits (PELs) to determine employees' exposure and possible overexposure. Comparison to more restrictive levels, such as action levels, threshold limit values (TLVs), or self-imposed standards are encouraged to reduce exposures to the lowest feasible level.

(i) Documentation. The results of sampling must be documented and must include a description of the work process, controls in place, sampling time, exposure calculations, duration, route, and frequency of exposure, and number of exposed employees.

(ii) Communication. Sampling results must be communicated to employees and management.

(iii) Use of Results. Sampling results must be used to identify areas for additional, more in-depth study, to select hazard controls, and to determine if existing controls are adequate.

d. IH Expertise. IH sampling should be performed by an industrial hygienist, but initial sampling, full-shift sampling, or both may be performed by safety staff members with special training in the specific procedures for the suspected or identified health hazards in the workplace.

(i) Procedures. Standard, nationally recognized procedures must be used for surveying and sampling as well as for testing and analysis.

(ii) Use of Contractors. If an outside contractor conducts industrial hygiene surveys, the contractor's report must include all sampling information listed above and must be effectively communicated to site management. Any recommendations contained in the report should be considered and implemented where appropriate. Use of contractors does not remove responsibility for the IH program, including identification and control of health hazards, from the VPP applicant or participant.

9. Investigation of Accidents and Near-Misses. The applicant/ participant must investigate all accidents and near-misses and must maintain written reports of the investigations. Accident and near-miss investigations must:

a. Be conducted by personnel trained in accident investigation techniques. Personnel who were not involved in the accident or who do not supervise the injured employee(s) should conduct the investigation to minimize potential conflicts of interest.

b. Document the entire sequence of relevant events.

c. Identify all contributing factors, emphasizing failure or lack of hazard controls.

d. Determine whether the safety and health management system was effective, and where it was not, provide recommendations to prevent recurrence.

e. Not place undue blame or reprisal on employees, although human error can be a contributing factor.

f. Assign priority, time frames, and responsibility for implementing recommended controls.

g. The results of investigations (to include, at a minimum, a description of the incident and the corrections made to avoid recurrence) must be made available to employees on request, although the actual investigation records need not be provided.

10. Trend Analysis. The process must include analysis of information such as injury/illness history, hazards identified during inspections, employee reports of hazards, and accident and near-miss investigations for the purpose of detecting trends. The results of trend analysis must be shared with employees and management and utilized to direct resources; prioritize hazard controls; and determine or modify goals, objectives, and training to address the trends.

C. Hazard Prevention and Control. Management must ensure the effective implementation of systems for hazard prevention and control and ensure that necessary resources are available, including the following:

1. Certified Professional Resources. Access to certified safety and health professionals and other licensed health care professionals is required. They may be provided by offsite sources such as corporate headquarters, insurance companies, or private contractors. TOSHA will accept certification from any recognized accrediting organization.

2. Hazard Elimination and Control Methods. The types of hazards employees are exposed to, the severity of the hazards, and the risk the hazards pose to employees should all be considered in determining methods of hazard prevention, elimination, and control. In general, the following hierarchy should be followed in determining hazard elimination and control methods. When engineering controls have been studied, investigated, and implemented, yet still do not bring employees' exposure levels to below TOSHA permissible exposure limits; or when engineering controls are determined to be infeasible, then a combination of controls may be used. Whichever controls an applicant/participant chooses to employ, the controls must be understood and followed by all affected parties; appropriate to the worksite's hazards; equitably enforced through the disciplinary system; written, implemented, and updated by management as needed; used by employees; and incorporated in training, positive reinforcement, and correction programs.
   a. Engineering. Engineering controls directly eliminate a hazard by such means as substituting a less hazardous substance, by isolating the hazard, or by ventilating the workspace. These are the most reliable and effective controls.
      (i) Protective Safety Devices. Although not as reliable as true engineering controls, such methods include interlocks, redundancy, failsafe design, system protection, fire suppression, and warning and caution notes.
   b. Administrative. Administrative controls significantly limit daily exposure to hazards by control or manipulation of the work schedule or work habits. Job rotation is a type of administrative control.
   c. Work Practices. These controls include workplace rules, safe and healthful work practices, personal hygiene, housekeeping and maintenance, and procedures for specific operations.
   d. Personal Protective Equipment (PPE). PPE to be used are determined by hazards identified in hazard analysis. PPE should only be used when all other hazard controls have been exhausted or more significant hazard controls are not feasible.

3. Hazard Control Programs. Applicants and participants must be in compliance with any hazard control program required by a TOSHA standard, such as PPE, Respiratory Protection, Lockout/Tagout, Confined Space Entry, Process Safety Management, or Bloodborne Pathogens. VPP

applicants and participants must periodically review these programs (most TOSHA standards require an annual review) to ensure they are up-to-date.

a. Participants who are covered by the PSM standard must additionally submit answers to all applicable questions found in the VPP PSM Application Supplement. Answers must address all PSM-covered operations.

4. Occupational Health Care Program

a. Licensed health care professionals must be available to assess employee health status for prevention, early recognition, and treatment of illness and injury.

b. Arrangements for needed health services such as pre-placement physicals, audiograms, and lung function tests must be included.

c. Employees trained in first aid, CPR providers, physician care, and emergency medical care must be available for all shifts within a reasonable time and distance. The applicant or participant may consider, based on worksite conditions, providing Automated External Defibrillators (AEDs) and training in their use.

d. Emergency procedures and services including provisions for ambulances, emergency medical technicians, emergency clinics or hospital emergency rooms should be available and explained to employees on all shifts. Also see paragraph h, below.

5. Preventive Maintenance of Equipment. A written preventive and predictive maintenance system must be in place for monitoring and maintaining workplace equipment. Equipment must be replaced or repaired on a schedule, following manufacturers' recommendations, to prevent it from failing and creating a hazard. Documented records of maintenance and repairs must be kept. The system must include maintenance of hazard controls such as machine guards, exhaust ventilation, mufflers, etc.

6. Tracking of Hazard Correction. A documented system must be in place to ensure that hazards identified by any means (self inspections, accident investigations, employee hazard reports, preventive maintenance, injury/illness trends, etc.) are assigned to a responsible party and corrected in a timely fashion. This system must include methods for:

a. Recording and prioritizing hazards, and

b. Assigning responsibility, time frames for correction, interim protection, and follow-up to ensure abatement.

7. Disciplinary System. A documented disciplinary system must be in place. The system must include enforcement of appropriate action for violations of the safety and health policies, procedures, and rules. The disciplinary policy must be clearly communicated and equitably enforced to employees

and management. The disciplinary system for safety and health can be a subpart of an all-encompassing disciplinary system.

8. Emergency Preparedness and Response. Written procedures for response to all types of emergencies (fire, chemical spill, accident, terrorist threat, natural disaster, etc.) on all shifts must be established, must follow TOSHA standards, must be communicated to all employees, and must be practiced at least annually. These procedures must list requirements or provisions for:
   a. Assessment of the emergency.
   b. Assignment of responsibilities (such as incident commander).
   c. First aid.
   d. Medical care.
   e. Routine and emergency exits.
   f. Emergency telephone numbers.
   g. Emergency meeting places.
   h. Training drills, minimally including annual evacuation drills. Drills must be conducted at times appropriate to the performance of work so as not to create additional hazards. Coverage of critical operations must be provided so that all employees have an opportunity to participate in evacuation drills.
   i. Documentation and critique of evacuation drills and recommendations for improvement.
   j. Personal protective equipment where needed.

D. Safety and Health Training

1. Training must be provided so that managers, supervisors, non-supervisory employees, and contractors are knowledgeable of the hazards in the workplace, how to recognize hazardous conditions, signs and symptoms of workplace-related illnesses, and safe work procedures.

2. Training required by TOSHA standards must be provided in accordance with the particular standard.

3. Managers and supervisors must understand their safety and health responsibilities and how to carry them out effectively.

4. New employee orientation/training must include, at a minimum, discussion of hazards at the worksite, protective measures, emergency evacuation, employee rights under the TOSH Act, and VPP.

5. Training should be provided for all employees regarding their responsibilities for each type of emergency. Managers, supervisors, and non-supervisory employees, including contractors and visitors, must understand what to do in emergency situations.

6. Persons responsible for conducting hazard analysis, including self-inspections, accident/incident investigations, job hazard analysis, etc., must receive training to carry out these responsibilities, e.g., hazard recognition training, accident investigation techniques, etc.

7. Training attendance must be documented. Training frequency must meet TOSHA standards, or for non-TOSHA required training, be provided at adequate intervals. Additional training must be provided when changes occur in work processes, new equipment, new procedures, etc.

8. Training curricula must be up-to-date, specific to worksite operations, and modified when needed to reflect changes and/or new workplace procedures, trends, hazards and controls identified by hazard analysis. Training curricula must be understandable for all employees.

9. Persons who have specific knowledge or expertise in the subject area must conduct training.

10. Where personal protective equipment (PPE) is required, employees must understand that it is required, why it is required, its limitations, how to use it, and maintenance.

Chapter 4
The Application Process

I. Eligibility and Program Requirements

A. Eligibility. The VPP accepts applications from general industry, private sector worksites that have implemented a safety and health management system meeting the requirements of 29 CFR 1960. The VPP accepts applications from owners and site managers who control worksite operations and have ultimate responsibility for assuring safe and healthful working conditions at the worksite. Applications for participation are subject to the following conditions.

1. Employees' Support of Participation. Employees must support participation in VPP. Requirements vary according to whether the applicant/participant has a recognized employee representative, as explained in the *Federal Register* 65 FR 45650, July 24, 2000.

2. TOSHA Inspection History. If TOSHA has inspected an applicant worksite in the 36 months preceding the application, the inspection, abatement, and any other history of interaction with TOSHA must indicate good faith attempts by the employer to improve safety and health at the worksite. This includes verification of correction of all serious violations. In addition, the existence of any of the following at the worksite precludes participation in VPP:
   a. Open enforcement investigations.
   b. Pending or open contested citations or notices under appeal at the time of application.
   c. Affirmed willful or 11(c) violations during the 36 months prior to application.
   d. Unresolved, outstanding enforcement actions such as long-term abatement agreements or contests.

   TOSHA history pertaining to a non-VPP worksite of the same company will not adversely affect VPP participation, unless it is determined that a corporate decision, program, or policy which applies to all company worksites does not meet TOSHA standards.

B. Program Requirements. Applicants must understand and agree, through assurances, to fulfill program requirements for participation in the VPP.

1. Applicants must assure that:
   a. The applicant will comply with the TOSH Act and will correct in a timely manner all hazards discovered through self-inspections, employee notification, accident investigations, a TOSHA onsite review, process hazard reviews, annual evaluations, or any other means. The applicant will provide effective interim protection as necessary.

b. Worksite deficiencies related to compliance with TOSHA requirements and identified during the TOSHA onsite review will be corrected within 90 days, with interim protection provided to employees.

c. Employees support the VPP application.

d. VPP elements are in place, and the requirements of the elements will be met and maintained.

e. Employees, including newly hired employees and contract employees when they reach the worksite, will have the VPP explained to them, including employee rights under the program and under the Act or 29 CFR Part 1960.

f. Employees performing safety and health duties as part of the applicant's safety and health management system will be protected from discriminatory actions resulting from their carrying out such duties, just as Section 11(c) of the Act and 29 CFR 1960.46(a) protect employees who exercise their rights.

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

h. The information listed below will be maintained and available for TOSHA review to determine initial and continued approval to the VPP:

(i) Written safety and health management system.

(ii) All application required documentation.

(iii) Any agreements between management and the collective bargaining agent(s) concerning safety and health.

(iv) Any data necessary to evaluate the achievement of individual Merit or 1-Year Conditional goals.

i. Each year by February 15, each participant must send its annual evaluation submission to the appropriate VPP Manager (See Appendix B). Sites covered under the PSM Standard must additionally complete the PSM Questionnaire.

j. Whenever significant organizational, ownership, union, or operational changes occur, such as but not limited to a change in management, takeover, or merger, the participant will provide TOSHA within 60 days a new statement of commitment signed by both management and any authorized collective bargaining agents, as appropriate.

2. The applicant must demonstrate a willingness to follow through on all assurances.

3. Employees must be aware of the recourse available to them if management fails to fulfill any of these assurances. This may include

rescinding their support of VPP participation or exercising the right to file a TOSHA complaint.

II. Preparing the Application.

A. Pre-application Assistance. The VPP Manager may visit a prospective applicant's site to offer assistance in the application process or before scheduling the onsite evaluation to obtain additional information or clarification of information provided in the application.

B. Single or Multiple Applications. In most cases, a single VPP application is sufficient. Exceptions may occur, such as the following circumstances:

If:	*And:*	*Then:*
The applicant operates at a worksite where operations are physically separated but where a single, effective onsite evaluation is still feasible.	All applicant employees are covered by a single safety and health management system.	A single application is required
Less than 50 percent of the predominant work* performed by employees is performed at off-site location(s), for example, the sales force of a manufacturing company.		
The applicant has multiple operations.		A single application is required reflecting the appropriate NAICS code for the worksite.*
The applicant's operations are separated by distances that would prevent an effective, single onsite evaluation.	All employees may or may not be covered by a single safety and health management system.	More than one application required.
More than one employer at a single worksite is applying for VPP (for example, an office building).	N/A	

*Follow the directions in the North American Industrial Classification System (NAICS) Manual to determine the predominant work and the appropriate NAICS code. If questions still exist, contact TOSHA.

C. Confidentiality. During the application process, prior to program approval, the application and all related information is confidential and, therefore, must be used solely for VPP-related activities. Only applications of approved participants will be kept in a public file. If an applicant withdraws, the original application and related documents must be returned. The assigned VPP Manager's marked working copy will be held in the appropriate office for 1 year in order to respond to any questions the applicant may have.

III. Application Records. The VPP Manager must submit updated application information to the TOSHA Administrator monthly.

IV. Procedures for Receipt and Review of Applications.

A. The VPP Manager must process applications as received, except as instructed below:

1. Priority One. The highest priority must be assigned to worksites that are specifically identified by TOSHA for VPP participation to support agency-wide initiatives outlined in the Strategic Plan. Worksites also may be selected because they represent a potentially useful demonstration of the VPP concept in non-traditional workplaces. In addition TOSHA may decide to select particular worksites for special attention because, for example, they have the potential to serve as good role models for key regional industries or they represent locally successful "turnaround" companies.

2. Priority Two. Second level priority must be given to those worksites whose participation would increase the number of small establishments in the program. A worksite is considered a small employer if it has no more than 250 employees at any one facility, and no more than 500 employees in the corporation nationwide.

3. Priority Three. The third level of priority must be assigned to worksites whose participation in VPP would increase the industrial diversity of the program. In determining the priority for a worksite, however, TOSHA should take into consideration the VPP sites under its jurisdiction. Thus, it might be appropriate to provide priority to a chemical plant applicant if there are no other representatives of this industry in the State.

4. Priority Four. Fourth level priority must be given to applicants in those industries that already have VPP participants. Preferential treatment should be provided to those worksites that, based on an assessment of the application and other factors, appear to have a greater likelihood of achieving STAR status during the initial onsite evaluation.

B. Original Application. Upon receipt of an application, the VPP Manager must stamp it with the date received and reserve it for placement in the public file, should the applicant be approved to VPP.

C. Acknowledgment and Record of Receipt. The VPP Manager must notify the applicant by letter or e-mail of receipt of the application within 15 working days. The acknowledgment must also include the name and telephone number of the VPP Manager or a designee.

D. Review of Application. The VPP Manager must oversee the application review process. The VPP Manager may delegate the review of individual applications to other TOSHA personnel trained to perform this function with the permission of the TOSHA Administrator. The reviewer must determine if the application includes all required information listed in the most recent VPP application instructions, if the applicant is eligible for onsite review, to pinpoint any major deficiencies, and to notify the applicant that the identified deficiencies must be rectified prior to application acceptance. In general, application review should include an examination of the following:

1. General Information. Ensure that the general information includes but is not limited to: the applicant's worksite name, address, key contact personnel and titles, corporate identification, collective bargaining agent contact information, number of employees and contractor employees, type of work performed, and products produced.

2. Injury and Illness Rates. The rates supplied in the application must be examined as follows:
   a. For general industry, the reviewer of the application must calculate the 3-year total case incidence rate (TCIR) for injuries and illnesses, using data from the last 3 complete calendar years. Similarly, calculate the 3-year days away, restricted, and/or job transfer (DART) rate. [See Appendix A.]
   b. Evaluate the applicant/participant's injury and illness history by using a 3-year total case incidence rate (TCIR) and a 3-year days away, restricted, and/or job transfer incidence rate (DART rate). (See Appendix A.) The 3-year TCIR and DART rates 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 Bureau of Labor Statistics (BLS). Compare both rates to a single year.
      An alternative rate calculation may be used for eligible smaller worksites using their best 3 out of the most recent 4 years of incidence rates. (See Appendix A)
   c. The reviewer must determine if the applicant's injury and illness rates are low enough to warrant an onsite review.

3. Safety and Health Elements. The reviewer must determine if the application describes how the applicant is meeting the VPP requirements, addressing each of the elements and sub-elements of an effective safety and health management system listed in Chapter III and as outlined below.
   a. Management Leadership and Employee Involvement. The applicant must describe top-level management leadership in the applicant/participant's safety and health management system. Note: Management must clearly describe its commitment to meeting and maintaining the requirements of VPP. The applicant must also describe how employees are involved in safety and health.
   b. Worksite Analysis. The applicant must describe methods used to recognize, identify, and analyze hazards. Effective worksite analysis provides the information managers and employees need for a thorough understanding of all hazardous situations to which they may be exposed.
   c. Hazard Prevention and Control. The applicant must describe and give examples of how hazards are addressed, including preventative maintenance, occupational health care program, emergency preparedness, and hazard elimination employing the hierarchy of controls.
   d. Safety and Health Training. The applicant must describe its formal and informal safety and health training program for managers, supervisors, and employees. The information must include training protocols and schedules of training.

4. Assurances. The reviewer must determine that the application contains a signed statement of assurances and that all of the required assurances have been included. [See I.B., above.]

5. Additional Attachments. The reviewer must determine if the application contains the required additional attachments, as follows:
   a. Copy of top-level safety policy.
   b. Organization chart.
   c. Most recent annual evaluation.
   d. Site map.
   e. Signed statement of union support, if applicable.
   f. VPP PSM Application Supplement, if applicable.

E. Incomplete Applications. If the application is considered incomplete, the VPP Manager must notify the applicant, noting the missing elements and requesting that the missing information be submitted within 90 days. If the additional information is not provided within that time, the application must be returned to the applicant. It can be resubmitted when completed.

F. Ineligible Applications. If it is clear that the applicant cannot qualify for VPP, the VPP Manager must ask the applicant to withdraw the application within 30 days. If the application is not withdrawn, the VPP Manager must return the application with a letter indicating the reasons the application was denied by TOSHA and forward a copy of the letter to the TOSHA Administrator.

G. Voluntary Withdrawal of an Application. An applicant may withdraw the application by notifying the VPP Manager. The withdrawal is effective on the date the notification is received. The VPP Manager must then:

1. Determine the cause of withdrawal and notify the TOSHA Administrator.

2. Return the original application to the applicant within 10 working days. If the application had already been accepted, the VPP Manager must retain a working copy for 1 year, for use in responding to questions that may arise.

3. Acknowledge the withdrawal by letter, giving the official withdrawal date. The letter must include a statement that TOSHA will entertain re-application if circumstances change.

H. Decision to Conduct the Onsite Evaluation. Once an application is accepted, the VPP Manager must:

1. Notify the applicant--by letter or e-mail in a timely manner--that an onsite evaluation will be conducted. However, no onsite evaluation may be conducted until all enforcement actions have been closed.

2. Notify the TOSHA Administrator so that the applicant can be removed from any programmed inspection lists, effective no more than 75 days prior to the scheduled onsite review.

Chapter 5
Onsite Evaluations

I. Purpose. An onsite evaluation consists of a thorough evaluation of a VPP applicant's or participant's safety and health management system in order to recommend approval or reapproval. Onsite evaluations are carried out by a team consisting of TOSHA staff acting in a non-enforcement capacity and other qualified team members.

II. Preparation for Onsite Evaluations.

A. Scheduling Onsite Evaluations. Onsite evaluations must be scheduled according to the priorities described in Chapter 4. For new applicants, an onsite evaluation must be conducted within 6 months of the receipt of a completed application. For participants, onsite evaluations must be conducted as follows:

1. STAR Participants. Certifications are for a 36 month period. The first evaluation must be conducted between 30 and 42 months following initial approval. For all subsequent re-certifications, at the end of the 36 month period, TOSHA reserves the right to extend the current certification for a period of 24 months. An onsite evaluation must be completed at the end of that period.

2. 1-Year Conditional STAR Participants. The onsite evaluation must be conducted within 15 months (90 days plus 1 year's experience operating at STAR level) after the participant was placed on conditional status.

3. Scheduling Exceptions.
   a. Onsite evaluations must be conducted earlier than normal scheduling requirements when:
      (i) Significant changes have occurred in management, process(es), or product(s) that may require evaluation to ensure the participant is maintaining a VPP quality safety and health management system.
      (ii) TOSHA has learned of significant problems, such as increasing injury and illness rates, serious deficiencies described in the participant's annual evaluation of its safety and health management system, or deficiencies discovered through TOSHA enforcement activity resulting from an employee complaint, fatality, catastrophe, or other event.
   b. An onsite evaluation may be conducted earlier when requested by a participant.

B. Arrangements with the Applicant/Participant. Arrangements for the onsite evaluation must be coordinated by the team leader, who must contact the applicant or participant (site representative) to:

1. Set the date for the onsite evaluation and explain the onsite evaluation process.

2. Inform the site representative of the documents that must be reviewed by the onsite evaluation team. OSHA 300 logs may be requested in advance of the onsite evaluation, if appropriate.

3. The VPP Manager or team leader must inform the employer if a Special Government Employee (SGE) will be used as a member of the onsite evaluation team. The employer must agree with this arrangement.

4. Employee Representation. Where collective bargaining agents are involved, the team leader must tell the site representative that such agents must be included in the initial and closing conferences and allowed the opportunity to accompany the onsite evaluation team on the worksite walkthrough. Similar employee involvement must be encouraged at non-collective bargaining worksites.

C. The Onsite Evaluation Team.

1. Team Composition. Team composition is based on the size of the worksite and nature of the process, and must include at least (a) through (c) below. Applicants/participants who fall under the PSM Standard must also include (d).
   a. Team Leader.
   b. Safety Engineer or Safety Specialist.
   c. Industrial Hygienist.
   d. PSM "Level 1" Auditor.
   e. Backup Team Leader.
   f. Additional Safety or Health Specialists, including others with knowledge and skills appropriate to the worksite.
   g. Special Government Employees (SGEs). Refer to the latest SGE Policies and Procedures Manual for guidance on selecting, requesting, and utilizing OSHA SGEs.

2. Selection of the Team. The VPP Manager must coordinate the selection of team members with the TOSHA Administrator. All Team members must have a working knowledge of both VPP policy and safety and health management systems. Personnel whose current duties include enforcement responsibilities over the worksite may be assigned to a VPP onsite team. However, as a general rule, such personnel may not subsequently engage in enforcement activity at the worksite for 2 years or until the worksite is no longer a VPP participant, whichever comes first. The TOSHA Administrator, on a case-by-case basis, may choose to override this 2-year requirement.

3. Preparing the Onsite Evaluation Team.

a. In Advance. The team leader must supply the team with the following information in advance of arrival at the worksite to be evaluated.

(i) VPP History. For new applicants, team members must be given relevant sections of the application and the most recent self-evaluation. For current participants, team members must be given a copy of the participant's last onsite evaluation report.

(ii) Inspection History. Team members must be given the inspection history and a summary of past interactions between the applicant and TOSHA.

(iii) Any Documents Obtained with the Application. If any records were submitted in advance of the onsite evaluation these should be shared with team members.

(iv) PPSM Application Supplement and/or PSM Questionnaire where applicable.

b. Preparation Required of Onsite Evaluation Team Members. In advance of the onsite evaluation, team members must prepare in the following ways:

(i) Review. When feasible, team members must carefully review the application and any previous onsite evaluation reports.

(ii) Onsite Evaluation Report Format. Team members must familiarize themselves with the onsite evaluation report format to ensure they understand what information they will be responsible for obtaining during the onsite evaluation. [See Appendices E and F.]

(iii) Interview Questions. Team members must carefully review the interview questions in preparation for conducting onsite interviews. [See Appendix G.]

(iv) Personal Protective Equipment (PPE). Team members must equip themselves with any PPE, such as safety shoes and safety glasses, required for the onsite evaluation (unless they have been informed that PPE will be provided).

c. Onsite. Once the team has arrived at the location, the team leader must hold a strategy meeting with all team members to prepare the team for the onsite evaluation and to make assignments.

III. Conducting the Onsite Evaluation. This Section describes the standard onsite evaluation process and, at E. below, provides an alternative onsite evaluation protocol for qualifying participants seeking reapproval. For all onsite evaluations, the three primary methods of evaluation are document review, walkthrough, and interviews. Additional activities that must occur are the opening conference, daily briefings, report preparation, and closing conference.

Onsite evaluations include an evaluation of each element and sub-element of the applicant/participant's safety and health management system (see Chapter III) by following the procedures in Section III.A.-D. below. At the conclusion of the onsite evaluation, the onsite evaluation team must provide the TOSHA Administrator with its recommendation, that is, the applicant/participant's suitability for participation or continued participation in VPP.

For current VPP participants who demonstrate a sustained commitment to safety and health excellence, as described in section III.E. below, TOSHA may choose to employ a Compressed Reapproval Process to Recognize Sustained Excellence (CRP) onsite evaluation. At the conclusion of the CRP, the onsite evaluation team must provide the TOSHA Administrator with its recommendation, that is, the participant's suitability for continued participation in VPP.

A. Opening Conference. The opening conference with the employer and employee representatives will set the stage for the onsite evaluation, letting everyone know what to expect and what assistance the team will need. During this session the onsite evaluation team should be able to get a sense of the extent of commitment that exists at the worksite. The team leader must convey the following information:

1. Balanced Approach. Describe TOSHA's view of the Voluntary Protection Program and VPP's importance to TOSHA's approach to balancing cooperative programs and enforcement.

2. Purpose. Clearly state the purpose of the onsite evaluation.

3. Full Disclosure. Indicate that the onsite evaluation team expects the applicant/participant will adhere to the signed full disclosure assurances submitted with the application.

4. Schedule. Outline the schedule for the onsite evaluation.

5. Interviews. State that arrangements must be made to conduct private interviews with supervisors, union representative(s), maintenance personnel, recordkeepers, occupational health staff, and randomly selected employees, including contractor employees (if any).

6. Responding to Hazards. Explain the differences between the walkthrough and an enforcement or consultation visit, as well as the hazard correction requirements detailed in V., below.

7. Status. Explain how the onsite evaluation team will keep the site representative updated daily on the progress of the onsite evaluation. When the onsite evaluation is completed, the VPP onsite evaluation team

will discuss its findings with the site representative so that the recommendations are clearly understood.

8. Employee Rights. Outline the rights of employees under the TOSH Act.

B. Document Review. The applicant/participant's written safety and health management system must describe how each of the requirements outlined in Chapter 3 are being met. The documents listed below are part of the written safety and health management system. The documentation of the system must be site specific. On a case-by-case basis for small businesses, some documentation need not be in writing, provided that all employees have the same clear understanding of the particular policy. This will be verified by the onsite evaluation team.

1. Injury/Illness Data. The following documents must be reviewed to verify that the applicant/participant is properly and accurately recording injuries and illnesses.
   a. Summary of Occupational Injuries and Illnesses.
      (i) Review data for the most recent complete 3-year period, current year-to-date, and for any applicable contractors.
      (ii) Recalculate the total case incidence rate (TCIR) and the days away, restricted, and/or transfer case incidence rate (DART rate) using the instructions found in Appendix A.
   b. Incentive Programs. The review of incentive programs must focus on ensuring that any incentive programs in operation are not based solely on providing awards to employees for the reduction or absence of safety or health incidents. Instead, these programs should be innovative, positive, and promote safety awareness and employee participation in safety-related activities. The onsite evaluation will focus on the incentive program's potential impact on the accuracy of reporting, injury and illnesses data.
   c. First Reports of Injury.
   d. Accident and Near-Miss Investigation Reports. Verify that all accidents and near-misses are properly reported and investigated, and that all injuries and illnesses resulting from an accident are properly recorded.
   e. First-Aid Reports. Verify that the first-aid incidents are properly categorized as such, and are not causing possible over-reporting.
   f. Team-selected medical surveillance reports, such as audiometric testing records, respirator fittest records, etc. [See II.B.4., above.]
   g. Any cause for under- or over-reporting, such as lack of training in TOSHA recordkeeping requirements, an incentive program, misdiagnosis of an injury or illness, etc., must be addressed. Discuss any discrepancies or omissions with the recordkeeper. Determine corrective actions, and recalculate the 3-year TCIR and DART rate, if necessary.

h. If during the course of the on-site evaluation a need to access employee medical records is identified, the procedures outline in CPL: 02-02-072-Rules of agency practice and procedure concerning OSHA access to employee medical records will be followed to obtain a Medical Access Order.

The team leader must direct the applicant or participant to post a copy of the Medical Access Order immediately. The posting must include a notice advising employees to inform management of any objection to their medical records being reviewed, in confidence, by the evaluation team.

2. Management Leadership.
   a. Management's statement of commitment to safety and health.
   b. Written goals and objectives for safety and health.
   c. Annual safety and health evaluation.
   d. Job descriptions.
   e. Performance standards and appraisals (these reviews must be performed in a manner that protects confidentiality and anonymity).
   f. Resource documents including budget projections.

3. Employee Involvement.
   a. Safety and health committee minutes, if applicable.
   b. Self-inspection forms and records, accident investigations, hazard analyses, and employee reports of hazards.
   c. Documents attesting to union support, if applicable.

4. Worksite Analysis.
   a. Baseline safety and industrial hygiene surveys.
   b. Self-inspection forms and records.
   c. Health hazard assessment and monitoring records (such as industrial hygiene surveys, sampling results, exposure calculations, and summary reports).
   d. Hazard analysis forms and reports.
   e. Accident/incident investigations to verify that all causes of an accident/incident are identified, undue blame or reprisal is not placed on employees, and recommendations for preventing future occurrences are listed.
   f. Hazard reporting system for employees.
   g. Annual safety and health management system evaluations, worksite audits, and when needed to demonstrate that VPP criteria are being met, corporate audits that an applicant/participant voluntarily chooses to provide in support of its application.
   h. The system for managing contractor safety and health, and related documents.

i. Trends analysis reports of injury/illness, accidents, employee hazard reports, etc.

5. Hazard Prevention and Control.
   a. Hazard control programs required by TOSHA standards (such as Lockout/Tagout, Hazard Communication, Respiratory Protection, Process Safety Management, Bloodborne Pathogens, Confined Space Entry, Emergency Response, etc.).
   b. Preventive maintenance program, maintenance schedule, and examples of work orders.
   c. Engineering studies to verify that any over-exposures to health hazards were adequately addressed and controlled following the hierarchy of controls.
   d. Hazard correction/work order and tracking reports.
   e. Safety rules, examples of safe work procedures and practices.
   f. Disciplinary system, including a review of policy.

6. Training.
   a. New employee and contractor orientation curricula.
   b. Training curricula related to required TOSHA standards.
   c. Additional safety and health training curricula to verify that personnel performing hazard analysis and accident investigation are trained to do so. Also to verify that information from hazard analysis, accident reports, etc., are incorporated into training.
   d. Training attendance records and tracking method.

7. Any other related documents that support and verify that VPP requirements are being met.

C. Walkthrough.

1. Scope. The onsite evaluation team must walk through the worksite to understand the type of work performed and to gain a sense of overall work conditions. An orientation tour is conducted with the entire onsite evaluation team on the first day of the onsite evaluation. The remainder of the onsite evaluation must include a walkthrough of the entire worksite, unless the size of the worksite or nature of the process does not allow for it, in which case a representative sampling of all major operating areas and supporting activities must be covered.
   a. Contractors. The onsite evaluation team must review areas where work is performed by contract employees to ensure that they are provided equally effective protection.
   b. Hazard Analysis. The safety and health specialists must examine the worksite in sufficient detail to understand the types of hazards that exist and to determine that such hazards are controlled systematically by the safety and health management system.

c. Problem Areas. The onsite evaluation team must examine areas where site reports of the following indicate that uncontrolled hazards may be present:
   (i) Baseline hazard analysis.
   (ii) Trends in injuries or illnesses.
   (iii) Employee complaints or concerns.
   (iv) Recurring accidents.
   (v) Health hazard surveys.
   (vi) Self-inspections.

d. Informal Interviews. During the walkthrough (and at other times, as appropriate) the onsite evaluation team must question randomly selected employees (including contract employees) privately at their workstations about prescribed work procedures, hazards to which they may be exposed, and their knowledge of how to protect themselves from hazards, including how to use and maintain their personal protective equipment. The team must keep track of the number of employees interviewed, but employee names and addresses must not be recorded. [See Appendix G.]

2. General Industry Safety and Health Review. The safety specialist/engineer and industrial hygienist must:
   a. Follow the process flow where possible. Focus on areas where document review and/or interviews indicate that uncontrolled safety and health hazards may be present.
   b. Look for evidence that hazards are appropriately controlled following the hierarchy of controls. [See Chapter 3]
   c. Identify and note any uncontrolled hazards that must be corrected. Ensure that a responsible member of management takes notes, as well, and agrees on a reasonable time period for correction.
   d. If uncontrolled hazards are present, determine the causative deficiencies in the safety and health management system.
   e. Relate hazards seen in the work areas to safety and health management system improvements that would control the hazards and prevent recurrence.
   f. Inform the team leader of findings at the end of each day.

3. The safety specialist/engineer and industrial hygienist must follow the procedures above and make every attempt to view all areas of construction covered by the application. If the entire worksite is not viewed, ensure that all types of construction work in progress are seen.

4. Process Safety Review. A process safety review is required at all worksites producing or using highly hazardous chemicals. The review must select one or more complete processes and follow the process flow. Elements of the review should include:
   a. Review process hazard analysis and operating procedures.

b. Check process lines as necessary to verify documented system protection.
c. Ask questions concerning system failure procedures during informal interviews with appropriate operator, maintenance, and contract personnel.
d. Review training records.
e. Look for evidence that all considerations have been addressed and that management has identified and is controlling all hazards and potential releases.
f. Verify the answers provided by the applicant/participant to the questions found in the PSM application supplement that are most appropriate to the facility's operations (new approvals only).
g. Ask and verify answers for the questions from recent Dynamic Inspection Priority Lists that are most appropriate to the facility's operations.

D. Interviews.

1. Formal Interviews. Private formal interviews are conducted in a private area away from the workstation to ascertain the extent of safety and health involvement and program awareness of managers, supervisors, employees, and contractors.

2. Informal Interviews. Informal interviews are conducted at employees' workstations during the walkthrough and at other times, as appropriate. [See C.1.d., above.]

3. Persons to Be Interviewed.
a. Managers. A representative number of managers must be interviewed to ascertain the depth of management leadership in the safety and health management system.
b. Supervisors. A representative number of supervisors must be interviewed.
c. Line Employees. Conduct employee interviews with those individuals involved in the actual process or production at the worksite to verify aspects of the safety and health management system.
d. Occupational Health Care Professionals.
e. Maintenance Personnel. Maintenance personnel should be interviewed. At chemical plants making or using highly hazardous chemicals, they must be interviewed.
f. Recordkeepers. The person responsible for keeping injury and illness records must be interviewed to ensure that records are properly kept and that the recordkeeper understands the requirements and interpretations.

g. PSM Coordinator (or equivalent). A person responsible for overseeing PSM processes on site.

h. Contract Employees.

(i) Temporary Employees. Temporary employees who are supervised by the applicant company's employees must be selected for formal interviews to establish the quality of safety and health protection afforded them.

(ii) Other Contract Employees. Contract employees who work under their own company's supervision must be interviewed to determine whether they are aware of all the hazards to which they are exposed, and whether they are protected by a safety and health management system equal in quality to the applicant's. Representatives from each craft should be interviewed, where possible.

4. Selecting Persons to be Interviewed. The selection of persons to be interviewed must be made by the onsite evaluation team, not by the employer. The team must be flexible in choosing the most reasonable method of selection, given the characteristics of the worksite and any concerns expressed by the employer. Methods for selecting employees for interviews include:

a. Identifying the most hazardous areas, selecting employees at random from those areas, and conducting informal interviews in these areas during the walkthrough.

b. For formal interviews, the team leader may select appropriate employees at random from an employee roster or using a random selection protocol.

5. Scheduling Formal Interviews. Formal interviews lasting at least 15 minutes must be conducted in a manner that minimizes disruption. The number of formal interviews is up to the team leader, based upon the size and nature of the worksite and whether a new applicant or current participant is being evaluated.

6. Confidentiality of Formal Interviews. The reviewers must assure each interviewee that responses will be treated confidentially, and that no single answer they give will influence the team's recommendation. Notes (without names or addresses) should be made of employees' interview responses and other comments. These notes later will be used to support the team's recommendation and the Agency's decision.

E. Compressed Reapproval Process to Recognize Sustained Excellence (CRP). For STAR participants seeking continued participation and meeting all requirements detailed in 1. below, TOSHA may choose to employ a CRP evaluation.

1. Eligibility Requirements. To qualify for a CRP evaluation, the participant must meet each of the following requirements and conditions:
   a. The participant is in compliance with all Voluntary Protection Program Assurances.
   b. The participant's most recent Annual Evaluation was complete and demonstrated VPP-quality safety and health excellence.
   c. The participant has experienced no work-related fatalities or catastrophes since the most recent VPP onsite evaluation.
   d. The participant has not received willful, repeat, or high gravity serious citations since the most recent VPP onsite evaluation.

2. Additional Eligibility Requirements. To qualify for a CRP evaluation, the participant also must meet each of the following requirements and conditions. However, these involve a judgment by the VPP Manager that may disqualify the participant for a CRP.
   a. The participant's most recent 3-year injury and illness rates (TCIR and DART) must meet STAR requirements. However, the VPP Manager/Coordinator may determine that irregularities within rates that otherwise meet this requirement (for example, rates that trend up) warrant a comprehensive onsite evaluation.
   b. The VPP Manager determines that the participant's TOSHA complaint history and findings since its most recent VPP onsite evaluation do not indicate the need for a comprehensive onsite evaluation. In making this determination, the VPP Manager will consider the participant's size, complexity, and work culture.
   c. The participant has notified TOSHA of changes in management, ownership, or bargaining unit status in accordance with the Voluntary Protection Prgram Assurance. The VPP Manager determines that the changes do not warrant a comprehensive onsite evaluation.

3. Notification. The onsite evaluation Team Leader will notify the participant of TOSHA's decision to perform a CRP when making arrangements to perform the evaluation. The Team Leader will also inform the participant that the CRP may be expanded into a comprehensive onsite evaluation if more information is required to make a decision regarding continued VPP participation.

4. Scope. In general, the conduct of a CRP evaluation will parallel the standard onsite evaluation delineated in this Section's first paragraph and A-D, above, except:
   a. Opening/Closing Conference. The Opening and Closing Conferences should focus on changes since the most recent VPP onsite evaluation and the information covered in the most recent annual evaluation.

b. Document Review. The review of the participant's written safety and health management system should focus on new and changed policies and procedures and highly hazardous operations (e.g., LOTO, Confined Space, PSM).

c. Site Walkthrough.

(i) The CRP evaluation must include a walkthrough of the entire worksite that pays special attention to any changes in equipment, process flow, and/or operating procedures.

(ii) For participants who produce or use highly hazardous chemicals, as defined in TOSHA's Process Safety Management (PSM) regulations, a process safety review must be conducted by a team member qualified to evaluate PSM in accordance with VPP procedures. The findings of this review must be included on the Onsite Evaluation Worksheet.

d. Employee/Management Interviews. The emphasis should be on conducting informal interviews. Formal interviews should still be conducted with key personnel (e.g., site manager, recordkeepers, union stewards) as well as some employees.

5. Switching from the CRP to the Standard Evaluation Process. The onsite Team Leader may decide to switch from the CRP to the standard evaluation process (as described in Sections A.-D. above) if more information is needed to make a decision regarding a participant's continued participation in VPP. The Team Leader should inform both the TOSHA Administrator and the participant of this decision.

IV. Discussion of Findings.

A. Daily Debriefings. The onsite evaluation team must meet privately to discuss members' findings daily. The team leader is responsible for organizing the findings and conducting daily briefings with the management and employees.

B. Uncontrolled Hazards.

1. Informing Management. As hazards are found and discussed during the walkthrough, the onsite evaluation team must add them to a written list of the uncontrolled hazards identified. This list will be used when the team briefs management at the end of the day.

2. Hazard Correction. TOSHA expects that every effort will be made by the applicant/participant to correct identified hazards before the closing conference. If hazard correction cannot be accomplished before the conclusion of the onsite evaluation, the onsite evaluation team and management must discuss and agree upon correction methods and time frames.

a. Contingency Items. The applicant/participant may be given a maximum of 90 days to correct uncontrolled hazards, as long as interim protection is provided. These "Contingency Items" must be corrected before the final onsite evaluation report can be processed. [See also Section XII.]

Management must provide the team leader with a signed letter indicating how and when the correction will be made. The team leader may decide to return to the worksite to verify the correction.

b. If after repeated attempts to reach agreement, management refuses to correct a situation that endangers the safety and health of employees, that situation must be referred to the TOSHA Administrator for review and enforcement action, if necessary.

C. Deficiencies in the Safety and Health Management System. Where the team detects deficiencies in the safety and health management system, even when physical hazards are not present, the onsite evaluation team must document these deficiencies as contingency items, recommendations for improvement, or both.

1. Contingency Item. If the system deficiency is a requirement for VPP, it must become the subject of a contingency item. Implementation of contingency items is mandatory for VPP participation. Time frames, interim protection, and methods of achieving contingency items must be discussed and agreed to with management.

2. Recommendations. If improvement of the system deficiency is not necessarily a requirement for VPP, but will improve employee safety and health at the worksite, the improvement must be a recommendation. Implementation of recommendations is encouraged but is not mandatory for VPP participation.

V. Final Analysis of Findings. When the documentation review, the walkthrough, and employee interviews have been completed, the onsite evaluation team must meet privately to review and summarize its findings. The team leader must facilitate the discussion and assist the team members in drawing conclusions about the quality of the applicant/ participant's safety and health management system, based on their findings.

A. In analyzing their findings, the onsite evaluation team must consider the following:

1. Observations made in the work areas.

2. The nature of injuries or illnesses recorded on the Summary of Occupational Injuries and Illnesses and reflected in the First Report of Injury data.

3. The degree to which implementation of written programs has been verified.

4. Responses to formal and informal interviews. The reviewer must look for an overall pattern in the perceptions of managers, supervisors, employees, and contract employees regarding worksite conditions and the safety and health management system. Employee responses that are supported by information obtained by document review, observation, or other employee interviews should carry the most weight.

5. When the applicant or participant is very small or in a low-hazard industry, some of the requirements for formality may be relaxed (for example, informal programs or scaled-down documentation), providing that a strong case can be made to support the effectiveness of the safety and health management system.

B. If the team's analysis of findings fails to produce consensus on specific issues or the overall recommendation, the team leader should contact the TOSHA Administrator for guidance. This should occur before holding the closing conference and sharing the team findings and recommendation with the applicant/participant.

VI. Recommendations for First-time Participation. In the final private meeting prior to the closing conference, the onsite evaluation team must reach consensus on their recommendation for program participation. If they cannot reach consensus, they should consult with the TOSHA Administrator.

A. General Applicants. The onsite evaluation team must decide among the following recommendations:

1. Approval. When the onsite evaluation team finds that an applicant's safety and health management system meets all VPP requirements a recommendation for participation in the VPP must be made.

2. Withdrawal of Application. The onsite evaluation team must recommend withdrawal of the application if the applicant does not meet the requirements for VPP.

VII. Recommendations for Participants. The onsite evaluation team must decide among the following recommendations:

A. STAR Participants.

1. Recommendation for STAR Reapproval. When the onsite evaluation team has judged that the participant's safety and health management system

continues to meet all VPP requirements, the team must recommend reapproval to VPP upon satisfactory completion of any contingency items.

2. Recommendation for 1-Year Conditional Participation in the STAR Program. The onsite evaluation team must recommend conditional VPP participation for 1 year (dating from the end of the contingency item deferral period) when the participant meets the conditions of both a. and b., below:
   a. The participant's safety and health management system has fallen below STAR quality in one or more safety and health management system requirements and those requirements can be satisfactorily met during a 90-day deferral of decision.
   b. 1-Year Conditional Goals. The team leader, with input from the team members and participant representatives, must establish goals to be accomplished in order for the participant to return to full STAR status.

3. Withdrawal. The onsite evaluation team must recommend withdrawal from VPP if a STAR participant is deficient in one or more requirements and any of the following apply:
   a. Agreement cannot be reached on correction.
   b. Correction cannot be accomplished within a 90-day deferral of decision.
   c. The participant has not made good faith effort on agreed-upon corrections.

B. 1-Year Conditional STAR Participants.

1. Lifting of 1-Year Conditional Status. If all 1-Year Conditional goals have been met and the safety and health management system has been restored to STAR quality, then the onsite evaluation team must recommend lifting the 1-Year Conditional status and returning the participant to full STAR Program participation.

2. Withdrawal. If all 1-Year Conditional goals have not been met, the onsite evaluation team must recommend that the participant withdraw from the program.

VIII. Closing Conference. The findings of the onsite evaluation team, including its recommendation to the TOSHA Administrator, should be presented to management and appropriate employee representatives before the team leaves the worksite. During the closing conference, the team leader must review:

A. Findings. Review the team's findings, addressing each of the major VPP elements as outlined in Chapter 3. Also review the injury and illness rates and how they compare to the industry national average.

B. The Onsite Evaluation Team's Recommendation to the TOSHA Administrator. Discuss and support the onsite evaluation team's recommendation to the TOSHA Administrator so that the applicant or participant has a clear idea of how it measures up to the requirements of VPP.

C. Contingency Items. Review all uncorrected hazards, expected correction methods, and time frames.

D. Recommendations. Review any recommendations made by the onsite evaluation team for improvement of the applicant/participant's safety and health management system.

E. Responsibilities. Remind the applicant/participant of its responsibilities under Chapter 4, Assurances, and Chapter 6, Withdrawal Process.

IX. The Onsite Evaluation Report. Within a week following the closing conference the VPP Manager must document in a letter to the applicant the evaluation team's findings. The letter will include a description of any contingency items and recommendations left unresolved at the time of the evaluation team's departure from the site.

X. Correction of Contingency Items. Within 90-days of the receipt of the On-site Evaluation Report the applicant must document to the TOSHA VPP Manager the sites correction of all contingency items. Items that require more than 90-days to correct must be addressed with a plan for correction and progress to-date. Recommendations need not be addressed at this time but may be included in the sites annual self evaluation.

XI. Failure to Correct Hazards by End of the 90-Day Deferral Period. If the 90-Day deferral period has expired, the applicant/participant has not corrected the hazards, and the VPP Manager has made every attempt to resolve the problem in a manner consistent with the cooperative spirit of the VPP, then:

A. The VPP Manager must inform the applicant or participant that the matter is being referred to the TOSHA Administrator. The referral, shall detail the hazard(s) and the cooperative efforts made by the VPP Manager to achieve resolution.

B. The TOSHA Administrator must review the situation and make a decision regarding enforcement action. If the TOSHA Administrator decides that all cooperative efforts have failed and that TOSHA must ensure hazard correction, he/she must inform the appropriate personnel to take enforcement action. [See Chapter 7.]

C. For withdrawal, termination, and reapplication procedures, refer to Chapter 6.

Chapter 6
Participation Decisions and Management

I. Report Processing. Following the VPP Managers receipt of the applicant's response to the onsite evaluation report the VPP Manager shall prepare the final report for submission to the TOSHA Administrator. The report shall include:

A. The VPP Site Report (see Appendix E) including the evaluation team's recommendation of the applicant's VPP Status.

B. The On-Site Worksheet (see AppendixF).

C. The On-site Evaluation Report along with the applicants response to any Contingency Items.

D. A congratulatory letter of VPP approval for to be signed by the Commissioner of the Department of Labor and Workforce Development.

II. TOSHA Administrator Approval. Following review of the final report and concurrence with the on-site evaluation team's recommendation the TOSHA Administrator shall forward his recommendation of the applicant's VPP status to the Commissioner of the Department of Labor and Workforce Development.

III. Approval by the Commissioner of the Tennessee Department of Labor and Workforce Development. Following acceptance of the TOSHA Administrator's recommendation the Commissioner of the Tennessee Department of Labor and Workforce Development shall notify the applicant by letter of their VPP Status.

IV. Approval Date. The applicant's VPP status becomes final on the date of the Commissioner of the Tennessee Department of Labor and Workforce Development's approval letter.

V. Approval Ceremonies. Upon notification of approval, a site representative should contact the VPP Manager to schedule the ceremony.

A. The Commissioner of the Tennessee Department of Labor and Workforce Development or the highest level Tennessee Department of Labor and Workforce Development representative available must make the presentation.

B. The VPP Manager shall assist the site with presentation of press releases and media coverage.

C. TOSHA shall award all new and reapproved applicants a Volunteer STAR flag and plaque.

VI. Withdrawal. Participants may withdraw of their own accord or may be asked by TOSHA to withdraw from VPP. In either case, the VPP Manager must determine the cause of withdrawal and notify the TOSHA Administrator of the reason and date of withdrawal.

A. Participant Decides to Withdraw. Any participant may choose to withdraw at any time after approval, following the procedures in C. below.

B. TOSHA Requests Withdrawal. TOSHA must request that a participant withdraw from VPP if the Agency determines that the participant is no longer meeting the requirements for VPP participation.

C. When a Participant's Location or Ownership Changes.

1. If 75 percent or more of the employees remain with the employer, then the participant can maintain its VPP status, but must:
   a. Submit a new letter of management commitment.
   b. Submit a new self-evaluation including a comprehensive baseline hazard analysis.
   c. Receive a satisfactory TOSHA onsite evaluation within 12 months.

2. If no substantive changes are made to the participant's staffing or safety and health system, TOSHA reserves the right to allow the participant to continue in their current certification period and waive the requirements of Chapter 6, Section VI, Paragraphs (C)(1)(b) and (C)(1)(c). A TOSHA on-site evaluation must be completed at the end of that period.

3. If fewer than 75 percent of the employees remain with the employer then the participant must withdraw and reapply.

D. Withdrawal Process. The participant must write a letter addressed to the TOSHA VPP Manager, stating that it is withdrawing from the program, with the reasons for withdrawal, effective on the date of the letter. The TOSHA VPP Manager must send the participant a letter acknowledging the withdrawal, with a copy to the TOSHA Administrator. The letter must also state:

1. That the VPP flag and plaque are invalid and must no longer be used.

2. That the company's application, onsite evaluation reports, approval letters, and annual evaluations will be removed from the public file.

3. That the establishment must be returned to the programmed inspection list, if applicable, at the time of the next inspection cycle.

4. That TOSHA will consider a reapplication to VPP if and when eligibility requirements are met. [See IX., below.]

VII. Termination. TOSHA may terminate a participant from the VPP for failure to maintain the requirements of the program. Except where employees appear to be at serious risk, termination by TOSHA must occur only when all efforts for assistance have been exhausted. An example is when TOSHA has identified one or more serious problems and recommended technologically feasible solutions, but the participant has refused.

Termination may also occur when evidence exists that the trust and cooperation among labor, management, and TOSHA, upon which approval was based, no longer exist, or when TOSHA requests a participant to withdraw and it does not.

If a resident contractor leaves the hosting VPP participant's worksite, the resident contractor will no longer be in the VPP. TOSHA must handle the termination of a VPP participant as follows:

A. Notice of Intent to Terminate. The VPP Manager, must notify the TOSHA Administrator, the participant, and union representative(s) in writing of TOSHA's intent to terminate participation in the VPP.

B. Appeal Process. The participant has 30 days from the receipt of the notice to appeal the intent to terminate. It must provide to the VPP Manager, in writing, the reasons why it should not be removed from the VPP. Upon review of the participant's justifications for continued participation, the TOSHA Administrator with the VPP Manager must make the final decision. If the TOSHA Administrator finds the participant's appeal valid, the participant may continue in VPP.

VIII. Reinstatement. Reinstatement requires reapplication. See table below for time frames.

If:	*And:*	*Then:*
An applicant withdraws it application or a participant withdraws from the program of it's own accord	TOSHA Inspection history conditions and Assurances are meet	Reapplication can occur at any time
An applicant withdraws it application or a participant withdraws from the program due to an TOSHA enforcement inspection		Reapplication can occur when all enforcement activity is closed.
An applicant withdraws it application or a participant withdraws from the program due to withdrawal of union support		Reapplication can occur when a new letter of union support is received by the VPP Manager

TOSHA terminate participation	N/A	The site must wait 3 years to reapply

Chapter 7
Enforcement Activity at VPP Worksites

I. Additional VPP Assessment. This chapter describes the procedures followed by TOSHA in the event of enforcement activity at a VPP applicant's or participant's worksite. Two types of enforcement activity trigger additional VPP assessment:

A. Unprogrammed TOSHA Inspections. Unprogrammed inspections occur in response to all referrals, formal complaints, fatalities, and catastrophes.

B. Other Accidents or Events. Other accidents or events, whether or not injuries or illnesses have occurred and whether or not normal enforcement procedures apply to the situation, may trigger reassessment. TOSHA may reassess the participant's safety and health management system if there is reason to believe that a serious deficiency exists that would have an impact on the participant's continued qualification for VPP.

II. TOSHA Personnel. As a general rule, a Compliance Officer who served as a VPP onsite team member may not conduct an enforcement inspection at that VPP participant for the following 2 years or until the participant is no longer in VPP, whichever occurs first. The TOSHA Administrator, on a case-by-case basis, may choose to override this 2-year requirement.

III. VPP Activity.

A. If the event that triggers enforcement activity occurs during the time between application and onsite evaluation, the onsite evaluation must be postponed until the enforcement case is closed. If there already is an open enforcement case at a worksite when the TOSHA Administrator is notified by a VPP Manager of a pending onsite evaluation, the TOSHA Administrator must inform the VPP Manager of the enforcement activity so that the VPP evaluation can be postponed.

B. If the event that triggers enforcement activity occurs during the time between the scheduling and the beginning of an onsite evaluation, the VPP onsite visit must be postponed until the enforcement case is closed.

C. If the event that triggers enforcement activity occurs during the VPP onsite evaluation, VPP onsite team members must not switch to an enforcement capacity. The VPP onsite must cease until the enforcement case is closed.

IV. Initiation of Enforcement Activity.

A. When TOSHA receives a complaint, a referral other than from the onsite team, or is notified of a fatality, catastrophe, or other event requiring enforcement occurring at a VPP worksite, the TOSHA Administrator must initiate an inspection following normal TOSHA enforcement procedures.

B. When TOSHA receives a referral from the VPP onsite team, the VPP Manager must notify the participant and the TOSHA Administrator. Enforcement action may be initiated only after the TOSHA Administrator approves such action.

V. Notification.

A. The TOSHA Administrator must notify the VPP Manager of any fatalities, catastrophes or other accidents, or incidents requiring enforcement that occur at a VPP worksite, as well as when a referral or complaint is received from a VPP worksite, including informal complaints that receive responses by letter.

B. If the VPP Manager is the first person to be notified by the participant of an event requiring enforcement, the VPP Manager must instruct the participant to contact the appropriate TOSHA personnel.

VI. Inspection Results. When enforcement activity is complete:

A. Enforcement personnel must send the VPP Manager a copy of all reports resulting from enforcement activity.

B. The VPP Manager must review any reports of investigations triggered by referrals, formal or non-formal complaints, letters written by the enforcement personnel concerning conditions at the VPP worksite, fatalities/catastrophes, and other accidents or incidents requiring enforcement or involving publicity.

C. The VPP Manager and TOSHA Administrator must assess whether deficiencies in the participant's safety and health management system led to the event and, if so, must use their professional judgment and discretion to determine one of the following courses of action:

1. In cases where there are no obvious systemic errors in the participant's safety and health management system, the participant was cooperative with the investigation, TOSHA issued no willful violations, all cited hazards were abated, and VPP elements continue to be in place, a phone call with the participant is sufficient to:
   a. Obtain assurances that management and unions (if applicable) remain committed to VPP.
   b. Note any improvements in the participant's systems, policies, procedures, and/or hazard controls.
   c. Determine whether the participant remains qualified for VPP participation.

2. In cases where there were minor systemic errors/failures in the participant's safety and health management system or incorrect/ inappropriate hazard control(s) selected, and where there may or may not

have been fatalities, the participant was cooperative with the investigation, TOSHA issued no willful violations, and all cited hazards were abated, but where VPP elements may not be in place, the VPP Manager must visit the participant to:

a. Review conditions pertaining to the event.
b. Obtain assurances that management and unions (if applicable) remain committed to VPP.
c. Determine if the participant remains qualified for VPP participation.

3. In cases where the enforcement inspection leads to concerns about major failures in the participant's safety and health management system, or a fatality or multiple fatalities occurred indicating that VPP elements are not in place, or the participant is due for reapproval, an onsite evaluation must be conducted to:

a. Review all safety and health management system elements.
b. Obtain assurances that management and unions (if applicable) remain committed to VPP.
c. Determine if the participant remains qualified for VPP participation.

4. In cases where willful violations were issued and upheld, the participant's participation will not automatically be terminated; however, the VPP Manager will closely review the case. If it is obvious that the participant no longer meets the requirements of VPP, then an onsite is not necessary, and procedures for withdrawal or termination outlined in Chapter 6 apply.

VII. Documentation and Submission of Assessment. The VPP Manager must prepare a report of findings as follows:

A. If a telephone interview or onsite visit was conducted in the case of VI.C.1 or 2 respectively, above, the VPP Manager must prepare and submit a simplified report to the TOSHA Administrator detailing the findings and recommendation for participation, withdrawal, or termination.

B. If an onsite evaluation was conducted in the case of VI.C.3., above the VPP Manager must prepare and submit a full onsite evaluation report to the TOSHA Administrator detailing the findings and recommendation for participation, withdrawal, or termination.

VIII. Continued Participation Determination.
In the case of VI.C.1, 2 or 3, above, the TOSHA Administrator may approve the participant's continued participation. If the TOSHA Administrator decides that termination is required, the procedures in Chapter 6 must be followed.

IX. Confidentiality. Information gathered during the VPP assessment cannot be used by the

Area Office for any enforcement activity at the worksite unless the worksite has refused to correct hazards found by the VPP team, the team has recommended enforcement action, and the TOSHA Administrator has initiated such action.

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 Transfered (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.

A. Copies of each applicable contractor's hours worked and injury and illness data pertaining to the applicant/participant must be maintained by management. (See glossary for definition of applicable contractor).

B. 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. Construction Sites. Construction applicants must provide TCIR and DART rates. All employees, including all subcontractors who worked at the worksite, must be included in the calculation. The rates must reflect experience from time of worksite inception until time of application, but must be at least 12 months. The applicant/participant's NAICS code is determined by the type of construction project, not individual trades.

V. Rate Calculations.

A. Annual rates are calculated by the formula (N/EH) x 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.

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

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.

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

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.

VI. 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:

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

VII. Alternative Calculation for Small Worksites.

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.

The following tables may be used in calculating rates and comparing them to the national averages. A separate Table 2 should be used for each applicable contractor, and the information should pertain to the worksite experience only, not the contractor's entire company.

Table 1. Site Employee Recordable Nonfatal Injury and Illness Case Incidence Rates					
Year	Total Work Hours	Total Number of Injuries and 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	Days Away from Work, Restricted Work Activity, and/or Job Transfer Rate (DART Rate)
3 Years Ago (annual)					
2 Years Ago (annual)					
Last Year (annual)					
3-Year Totals & Rates					
BLS Rates for NAICS code_____ : Year 1 (most recently published) Year 2 (prior to Year 1) Year 3 (prior to Year 2)					
Percent above or below BLS year _____ National Average (select the most advantageous single year; compare both your 3-year rates with that year's average rates)					

Table 2. Site Applicable Contractor Recordable Nonfatal Injury and Illness Case Incidence Rates (for work at your site only)					
Year	Total Work Hours	Total Number of Injuries and 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	Days Away from Work, Restricted Work Activity, and/or Job Transfer Rate (DART Rate)
3 Years Ago (annual)					
2 Years Ago (annual)					
Last Year (annual)					

Appendix B

Suggested Format for Site's Annual Submission

Participation in the VPP requires each participant to annually evaluate the effectiveness of its safety and health management system. The evaluation must include assessments of the effectiveness of all elements and sub-elements of the participant's safety and health management system. [See the July 24, 2000 VPP Revisions, *Federal Register*, Volume 65, No. 142, Section III.F.5.a. (8) Safety and Health Program Evaluation. See also Chapter 3 of this Instruction for a complete description of the elements and sub-elements of a safety and health management system.]

The most comprehensive evaluation includes reviewing written programs, walking through the workplace, and interviewing employees. During this process participants should be answering the following questions relating to each element and sub-element of their safety and health management system:

1. Is it comprehensive?
2. Is it operating effectively and meeting established goals and objectives?
3. What improvements can be made to make it even more effective?
4. What goal modifications should be made for the upcoming year?

A self-evaluation is not a compliance audit. It is a critical review of all of the elements of the safety and health management system, including a review of participant and applicable contractors' injury and illness data and trends.

The VPP revisions (published in the *Federal Register* of July 24, 2000) require program participants to submit their annual evaluation to their TOSHA VPP Manager by February 15 of each year. TOSHA expects the evaluation to include participant and applicable contractors' injury and illness data, progress towards 1-Year Conditional goals (if applicable), and success stories. TOSHA uses the information to update records and statistics, to showcase successes related to implementation of the VPP requirements, and to demonstrate that participants are committed to continuously improving employee safety and health at their facilities.

Additionally, participants that fall under TOSHA's Process Safety Management (PSM) standard must provide responses to all applicable questions found in the PSM Questionnaire. The responses must cover all PSM operations at the site.

The following is a suggested format.

Section A: Summary Sheet

Site Name:	Calendar Year	Date Submitted

Corporate Information	Name/Address
Phone: Site Information	
Site Information	Address
Phone: Plant Manager Site VPP Contact	

Plant Manager	Site VPP Contact	NAICS / SIC
FAX	e-mail	VPP Status

# Applicable Contractors*	# Site Employees*	Total	Total Hours Worked

Site Injury & Illness Rate** (Last Yr.)	TCIR:	DART:
Applicable Contractor** (name)	TCIR:	DART:
Applicable Contractor** (name)	TCIR:	DART:

Union Name:			
Site Representative			
Address: Local:			
Local:			
Phone:		Fax:	
E-mail:			

* Enter Average Employment figure as recorded in worksite's own records.
**Obtain from tables in Section B below. If you have more than one applicable contractor or union, copy and attach additional summary sheets.

Section B: Injury & Illness Rate Information

Please copy and submit separate tables (example below) for:

1). All site employees including temporary and contract employees who are directly supervised by site management,

2). Each applicable contractor's employees (contractor whose employees worked 1,000 hours or more in any calendar quarter). Report contractor injury and illness experience only for work at your site.

Recordable Non-fatal Injury and Illness Case Incidence Rates					
1	2	3	4	5	6
Year	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 Awayfrom Work, RestrictedWork Activity, and/orJob Transfer	Days Away from Work, Restricted Work Activity, and/or Job Transfer Rate (DART rate)
Last Year					
Most recent published BLS rate for					
NAICS code _____					
% above or below National Average					

column 2: Insert the total person hours worked for the year (not an estimate).

column 3: Insert the total number of OSHA recordable injuries and illnesses for the year.

column 4: (TCIR)=(total recordable non-fatal injuries and illnesses ÷ total hours worked) x 200,000

column 5: Insert the total number of OSHA recordable injuries and illnesses involving days away from work, restricted work activity, and/or job transfer.

column 6: (DART rate) = (total recordable non-fatal injuries and illnesses resulting in days away, restricted work activity, and/or job transfer ÷total hours worked) x 200,000

BLS data: Insert the TCIR and DART rates for your industry from BLS's Table of Incidence

Rates of Nonfatal Occupational Injuries and Illnesses by Industry. Find the table at www.BLS.gov or obtain from your VPP Manager.

Compare your rates to BLS: Calculate the percent above or below the BLS national average for your TCIR and DART rates using the formula: [(Site rate - BLS rate) ÷ BLS rate] x 100

If your rates have increased since last year you must identify and describe the contributing factors and corrective actions taken in the body of the evaluation of each related element and sub-element in Section D, below. If your 3year rates are now above the national average, you must submit a rate reduction plan based on your findings. Contact your Regional VPP Manager to discuss the terms of your rate reduction plan.

Section C: Significant Changes or Events

Describe the impact of any significant changes (management, corporate buy-outs, etc.) and events (fatality, catastrophe, accident, complaints, etc.) and steps taken to ensure or restore employee safety and health.

Section D: Narrative Evaluation of Safety and Health Management System

In narrative form, assess the effectiveness of each of the four elements and their sub-elements in your safety and health management system. They are:

1. Management Leadership and Employee Involvement
   a. Management Commitment to Safety and Health Protection and to VPP Participation
   b. Policy
   c. Goals, Objectives, and Planning
   d. Visible Top Management Leadership
   e. Responsibility and Authority
   f. Line Accountability
   g. Resources
   h. Employee Involvement
   i. Contract Employee Coverage
   j. Written Safety and Health Management System

2. Worksite Analysis
   a. Hazard Analysis of Routine Jobs, Tasks, and Processes
   b. Hazard Analysis of Significant Changes, New Processes, and Non-Routine Tasks Including pre-use analysis and new baselines
   c. Routine Self-Inspections
   d. Hazard Reporting System for Employees
   e. Industrial Hygiene Program
   f. Investigation of Accidents and Near-Misses
   g. Trend/Pattern Analysis

3. Hazard Prevention and Control
   a. Certified Professional Resources

b. Hazard Elimination and Control Methods
   i. Engineering Controls
   ii. Administrative Controls
   iii. Work Practice Controls and Hazard Control Programs
   iv. Safety and Health Rules and Disciplinary System
c. Personal Protective Equipment
d. Process Safety Management (if applicable)
e. Occupational Health Care Program
f. Preventive/Predictive Maintenance
g. Tracking of Hazard Correction
h. Emergency Preparedness

4. Safety and Health Training
   a. Managers
   b. Supervisors
   c. Employees
   d. Emergencies
   e. PPE

For each sub-element include a description of:

1. Improvements made since the previous year and completion of the previous year's recommendations.
2. Any deficiencies identified, recommendations for improvement, the person(s) responsible for fulfilling each new recommendation, target dates for their completion, and the data/information reviewed to assess the effectiveness of the sub-element.

Section E: Summary Chart of 1-Year Conditional Goals if Applicable

Please fill in the table below, using as many rows as necessary to summarize all of the goals currently awaiting completion of implementation, either from the previous year or the current year.

Goal	Status
Goal 1:	
Goal 2:	
Goal 3:	

Section F: Success Stories

Please 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.

Appendix C Volunteer STAR Application

Volunteer STAR Application

Volunteer Star

Safety Through Accountability & Recognition

A. General Information

1. Applicant
Site Name
Site Address
Site Manager
Title
Site VPP Contact for TOSHA correspondence
Title
Phone Number
E-Mail Address

2. Company/Corporate Name
Name (if different from above)
Address
VPP Contact (if applicable)
Title
Phone Number
E-mail Address

3. Collective Bargaining Agent(s) (list information on each separately)
Union Name and Local #
Agent's Name
Address
Phone Number
E-mail Address

4. Number of Employees and Contractor Employees
Number of Employees working at Applicant's site
Number of Temporary Employees supervised by Applicant
Number of Applicable Contractor* Employees

5. Type of Work Performed and Products Produced
Provide a comprehensive description of the work performed at your site, the type of products produced.

6. Types of Hazards
Provide an overview of the typical hazards and hazard sources encountered in your workplace(s), e.g., explosives, highly hazardous chemicals, radiation hazards.

7. Applicant's North America Industry Classification System (NAICS) Code
Provide your site's NAICS code.

8. Recordable Injury plus Illness Case Incidence Rates
Complete and submit the tables at the end of this application (Section G), then
Record your combined 3-year TCIR** here.
Record your combined 3-year DART*** here. If you are a small business, you may be eligible for the alternative rate calculation. Contact your regional VPP Manager or review the VPP *Federal Register* Notice of July 24, 2000 for more details. Complete *Table 2* for rates of Applicable Contractors, listing each contractor individually.
**TCIR is the Total Recordable Case Incidence Rate.
***DART is the Incidence Rate for Cases Involving Days Away from Work, Restricted Work Activity and/or Job Transfer.

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*An Applicable Contractor has employees working 1,000 or more hours in at least 1 calendar quarter at the Applicant's site.

B. Management Leadership and Employee Involvement

Management Leadership

1. Commitment

Required Information:

Provide a narrative describing the site's management approach to the occupational safety and health policy.
Describe the system in place for communicating the policy to all employees.
Describe the system used to set goals and objectives.
Describe how goals and objectives are communicated to all employees.
Describe how top management is visibly involved in the safety and health program.
Attach the current year's goal and objectives.

Additional Guidance:

Attach the site's occupational safety and health policy, goals, and objectives for current year. This section should not include specific safety and health programs, such as confined space entry, but rather the site's overall occupational safety and health policy.
Objectives should be aimed at specific areas of performance that can be measured or verified.
Examples of management participation include an "open door" policy, participation in formal and informal inspections, participation in regular safety meetings, and insistence on accountability.

2. Organization

Required Information:

Provide a narrative describing how the site safety and health functions fit into the overall management organization.
Attach the overall organizational chart.
For larger sites, include a separate organizational chart for the safety and health functions.

Additional Guidance:

Names are not necessary on the organizational charts.

3. Responsibility

Required Information:

Describe the assignment of line and staff safety and health responsibility.
Attach previously established written material, such as job descriptions.

Additional Guidance:

Responsibility for safety and health at all levels should be clearly defined.
Any examples of authority provided to responsible persons would be helpful.

4. Accountability

Required Information:

Describe the system used for holding managers, line supervisors, and employees responsible for safety and health and how that system is documented.
Attach blank performance appraisal forms, warning notices, or contract language.

Additional Guidance:

Previously established written material, such as management objectives or performance evaluations for managers, supervisors, and employees, may be attached.

5. Resources

Required Information:

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 risks at your site. Identify any external

resources (including corporate office and private consultants) used to help with your safety and health program.
Provide a narrative summary of personnel, equipment, budget, capital investments (if any), and other resources devoted to the safety and health program.

6. Goals and Planning

Required Information

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

7. Self-Evaluation

Required Information:

Describe the safety and health program evaluation system.
Provide a narrative describing how the safety and health objectives are evaluated annually.
Describe how recommendations from the annual program evaluation are integrated into safety and health objectives.
Attach the current year's goal and objectives.
Attach a copy of the most recent annual evaluation of the entire safety and health program.

Additional Guidance:

Include assessments of the effectiveness of the VPP elements listed in these application guidelines, recommendations for improvement, assignment of responsibility, and documentation of action items completed. Describe how you prepare and use the self-evaluation. Checklists should not be submitted as demonstration of program evaluation.

8. Contract Workers' Safety

Required Information:

Describe the process used for selecting contractors to perform jobs at your site. Describe how past performance in safety and health is taken into account in selecting contractors.
Describe your system for ensuring that all contract workers who do work at your site are provided the same healthful working conditions and the same quality protection as your regular employees.
Describe the methods used for oversight, coordination, and enforcement to ensure that the contractor safety and health program is adequate and is implemented properly.
Specify site entry and exit procedures for contractors.
Describe the programs for familiarizing and holding accountable all persons in contractor-controlled areas.
Describe the means used to ensure prompt correction and/or control of hazards, however detected, under the contractor's control.
Describe the methods used to ensure that all injuries and illnesses occurring during work performed under your contract are recorded and submitted to you.
Describe methods, such as monetary penalties and dismissal from the site, used to discourage willful or repeated noncompliance by contractors or their employees.
Provide the number of resident contractors on the site.
Describe the program(s) for familiarizing and holding accountable all persons using the site, including vendors, consultants, students, and visitors.

Additional Guidance:

Include criteria for selecting contractors.

9. Employee Notification

Required Information:

Describe the methods used to ensure that all employees, including newly hired employees, are aware of the following:

1. Participation in the Volunteer STAR - VPP.
2. Their right to express concerns related to occupational safety and health to TOSHA.
3. Their rights to receive the results of self-inspections and accident investigations upon request.

Additional Guidance:

Various methods may include new employee orientation; Intranet or e-mail, if all employees have access; bulletin boards; toolbox talks; or group meetings. Examples can be attached

10. Site Map

Attach a site map or general layout.

Employee Involvement

11. Degree and Manner of Involvement

Required Information:

Describe the ways in which employees are involved in the safety and health program.
Provide specific information about decision processes that employees affect, such as hazard analysis, accident investigation, safety and health training, or evaluation of the safety and health program. Also address the role of employees in problem resolution.

Additional Guidance:

Documents containing input from employees on any of the above items would be of value.
Any description or documentation of the results of employee participation, such as workplace changes or corrections, would be helpful.

12. Safety and Health Committees

1. Date of committee inception
2. Method of selecting employee members
3. Name, job, and length of service of employee members
4. Average length of service of employee members
5. Description of committee meeting requirements:
    a. Frequency
    b. Quorum rules
    c. Minutes
6. Description of committee role:
    a. Frequency and scope of committee inspections
    b. Procedures for inspecting entire worksite
    c. Role in accident investigation
    d. Role in employee hazard notification
7. Description of hazard recognition training procedures.
8. Safety and health information accessible to and used by the committee

C. Worksite Analysis

1. Pre-Use Analysis

Required Information:

Explain how new or significantly modified equipment, materials, processes, and facilities are analyzed for potential hazards prior to use.

Additional Guidance:

Documentation such as project design evaluations, preliminary hazard analyses, process hazard analyses, fault tree analyses, or management change forms may be attached.
Do not include complete Safety Analysis Reports or Operational Readiness Reviews.
Summaries of findings and tables of contents from recent documents may be attached.

2. Comprehensive Hazard Analysis

Required Information:

Describe the methods used for initial determination of safety and health hazards.
Methods may include baseline industrial hygiene surveys, noise surveys, comprehensive safety surveys, radiological surveys/exposure mappings, and/or project safety reviews at the time of design.
Provide evidence that the surveyors are trained and qualified to perform the work.

Additional Guidance:

Do not attach entire surveys; executive summaries and tables of contents should be sufficient.
Evidence that nationally recognized procedures are used for all sampling and analysis would be helpful.
Industrial hygienists, safety professionals, health physicists, and specialists in occupational medicine are the professionals generally used on teams performing comprehensive surveys.

3. Self-Inspections

Required Information:

Describe the system used to conduct routine, general worksite safety and health inspections.
Include schedules and types of inspections, the qualifications and training of those conducting the inspections, and how corrections are tracked.
For routine health inspections, summarize the testing and analysis procedures used and qualifications of personnel who conduct them.
Describe how these inspections cover the entire site at least quarterly.

Additional Guidance:

Include sample tracking forms.
Samples of checklists used for self-inspections would be of value.

4. Hazard Analysis for Routine Jobs, Tasks, and Processes

Required Information:

State how the site reviews jobs, processes, and/or the interaction among activities to determine safe work procedures.
Describe the frequency of these analyses and provide supporting documentation.
Describe how results from analyses, such as job hazard analyses, are used in training employees to do their jobs safely and in planning and implementing the hazard correction and control program.
You should base priorities for hazard analysis on historical evidence, perceived risks, complexity, and the frequency of jobs/tasks completed at your worksite.
If process hazard analyses are being conducted, describe how you decide which processes to analyze.

Additional Guidance:

Include procedures used in conducting job hazard analyses.
Documentation showing that line personnel participate in job hazard analyses would be helpful.
Include a list of any processes for which hazard analyses have been conducted and two or three examples of job hazard analyses.

5. Employee Reports of Hazards

Required Information:

Describe how employees notify management when they observe conditions or practices that may pose safety and health hazards.
Employees must have the option of submitting notification anonymously.
The reporting system must include protection from reprisal, timely and adequate response, and correction of identified hazards tracked to completion.
Describe how "imminent danger" situations are reported by employees and handled by management.
Describe the mechanism used by management to respond to employees.
Describe how corrections are tracked.

Additional Guidance:

Forms or procedures, such as maintenance work orders or "stop" cards, may be attached.
An actual tracking form following a hazard to correction would be valuable.
Documentation of individual employees receiving timely and appropriate responses would be helpful.

6. Accident and Incident Investigations

Required Information:

Describe the system used to conduct accident, near miss, first-aid case, and other incident investigations.
Describe training and/or guidance given to investigators; provide criteria used for deciding which accidents/incidents will be investigated; and describe how near-miss incidents are handled.
Describe the "lessons learned" process being used at the site, and demonstrate root cause analysis.

Additional Guidance:

Included a copy of a brief accident investigation report.
Do not include supervisors' first reports of injury.

7. Trend Analysis

Required Information:

Describe the system(s) used to conduct trend analysis of all data generated under the safety and health program, including employee reports of hazards, hazard assessment data, and injury and illness experience data.
Describe methods for data collection.
Describe how the results of the trend analysis are disseminated and utilized by the line organizations.

Additional Guidance:

Attach a copy of a recent trend analysis; include recommendations if applicable.

D. Hazard Prevention and Control

1. Engineering Controls

Required Information:

Describe and provide examples of engineering controls you have implemented that either eliminated or limited hazard by reducing their severity, their likelihood of occurrence, or both.

Additional Guidance:

Engineering controls include, for example, reduction in pressure or amount of hazardous material, substitution of less hazardous material, reduction of noise produced, fail-safe design, leak before burst, fault tolerance/redundancy, and ergonomic design changes.
Although not as reliable as true engineering controls, this category also includes protective safety devices such as guards, barriers, interlocks, grounding and bonding systems, and pressure relief valves to keep pressure within a safe limit.

2. Administrative Controls

Required Information:

Describe ways you limit daily exposure to hazards by adjusting work schedules or work tasks, for example, job rotation.

3. Work Practice Controls

Required Information:

Describe and provide examples of your work practice controls. These include, for example, workplace rules, safe and healthful work practices, specific programs to address TOSHA standards, and procedures for specific operations. Identify major technical programs and regulations that pertain to your site, such as lockout/tagout, process safety management, hazard communication, machine guarding, and fall protection.

4. Personal Protective Equipment

Required Information:

Describe the requirements for the use of personal protective equipment and how the equipment is maintained and distributed.

Additional Guidance:

If respirators are used, attach the table of contents from the respirator program.

5. Safety and Health Rules

Required Information:

List the site's safety and health rules and attach a description of the disciplinary system used to enforce those rules.

Demonstrate that there is a system for equitably enforcing the disciplinary system for managers, supervisors, and employees.

Demonstrate that the rules apply to and are communicated to all employees.

Describe positive reinforcement system(s).

Additional Guidance:

Entire safety and health manuals are not appropriate here. It is acceptable to attach a table of contents from the manual, with pages that demonstrate the disciplinary system.

Positive reinforcement may include such activities as:

- Informal positive feedback
- Formal "one-on-one" feedback sessions
- Rewards for desirable behavior

Award systems should recognize positive activities, rather than simply an absence of injuries.

6. Preventive/Predictive Maintenance

Required Information:

Summarize and briefly describe the procedures used for the equipment preventive maintenance programs that predict and prevent equipment breakdowns that may cause hazards. Include information on scheduling, and describe how the maintenance timetable is followed.

Additional Guidance:

Examples of maintenance schedules are of value.

Describe how computerization is used in the scheduling and tracking of preventive maintenance.

7. Medical Programs

Required Information:

Describe how the medical program is integrated with the safety and health program.

Describe the availability of both onsite, and offsite medical services or physicians.

Indicate the coverage provided by employees trained in first aid, CPR, and other paramedical skills, and indicate what type of training they have received. Address coverage on all shifts.

Describe how occupational health professionals are involved in routine hazard analysis, early recognition and treatment of illness and injury, and in limiting severity of harm.

Describe how the site addresses specific programs—e.g., hearing conservation, fitness testing for respirators, bioassay and/or whole body counting, and other required medical testing—under TOSHA standards, such as those for lead, asbestos, and HAZWOPER. Describe how the medical program interacts with the industrial hygiene, health physics, and safety programs.

Additional Guidance:

Individual medical tests should not be attached, although aggregated results may be included. Similarly, forms may be included, as long as there are no personal identifiers present.

Describe the location and the accessibility of medical services. Maps, directions, and access times are valuable information, but are not required.

8. Emergency Preparedness

Required Information:

Describe the company's emergency planning and preparedness program.

Include information on emergency or annual evacuation drills.

Describe how credible scenarios are chosen for emergency drills and how they are related to site specific hazards.

Additional Guidance:

Actual forms from training drills may be attached.

9. List of Occupational Safety and Health Programs

Required information:

List the occupational safety and health written programs that are in effect at your facility.

Additional Guidance:

Do not attach the programs themselves to this application. Only a list is required, but it should include document numbers that will facilitate identifying and retrieving the documents during the onsite visit.

E. Safety and Health Training

1. Employees

Required Information:

Describe formal and informal safety and health training programs for employees.
Specifically address how employees are taught to recognize the hazards of their jobs.
Describe how often and in what way courses are evaluated and updated.
Describe what types of testing or other methods are utilized to verify the effectiveness and retention of training.

Additional Guidance:

Sample course attendance lists and tracking methods may be attached.
Address how employees receive safety training at the same time they are taught their jobs. Supporting documentation is helpful.
A list of safety and health courses provided to employees would be helpful.

2. Supervisors

Required Information:

Describe formal and informal safety and health training for supervisors.
Particular attention should be given to understanding hazards associated with a job; potential effects on employees; how to ensure through teaching and enforcement that employees follow rules, procedures, and work practices; and how to ensure that everyone knows what to do in emergencies.
Describe how supervisors are trained to be safety and health observers.

Additional Guidance:

Sample course attendance lists and tracking methods may be attached.
A list of safety and health courses provided to supervisors would be helpful.

2. Managers

Required Information:

Describe how top-level managers are trained in their safety and health responsibilities.

Additional Guidance:

This training may be accomplished through informal means, e.g., staff meetings.

F. Assurances

VPP applications must include a signed statement affirming that

1. Compliance

You will comply with all TOSHA regulations and correct in a timely manner all hazards discovered through self-inspections, employee notification, accident investigations, TOSHA onsite reviews, process hazard reviews, annual evaluations, or any other means. You will provide effective interim protection, as necessary.

2. Correction of Deficiencies

Within 90 days, you will correct safety and health deficiencies related to compliance with TOSHA requirements and identified during any TOSHA onsite review.

3. Employee Support

Your employees support the VPP application. At sites with employees organized into one or more collective bargaining units, the authorized representative for each collective bargaining unit must either sign the application or submit a signed statement indicating that the collective bargaining agent(s) support VPP participation. TOSHA must receive concurrence from all such authorized agents to accept the application. At non-union sites, management's assurance of employee support will be verified by the TOSHA onsite review team during employee interviews.

4. VPP Elements

VPP elements are in place, and management commits to meeting and maintaining the requirements of the elements and the overall VPP.

5. Orientation

Employees, including newly hired employees and contract employees, will receive orientation on the VPP, including employee rights under VPP and under the *OSH Act* or *29 CFR* 1960.

6. Non-Discrimination

You will protect employees given safety and health duties as part of your safety and health program from discriminatory actions resulting from their carrying out such duties, just as Section 11(c) of the *OSH Act* and *29 CFR* 1960.46(a) protect employees who exercise their rights.

7. Employee Access

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

8. Documentation

You will maintain your safety and health program information and make it available for TOSHA review to determine initial and continued approval to the VPP. This information will include:

- Any agreements between management and the collective bargaining agent(s) concerning safety and health.
- All documentation enumerated under SectionIII.J.4. of the July 24, 2000 *Federal Register* Notice.
- Any data necessary to evaluate the achievement of 1-Year Conditional STAR goals.

9. Annual Submission

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

- Participant Rates
  a. For the previous calendar year, the TCIR for injuries plus illnesses, and the DART. (See tables at end of this application.)
  b. The total number of cases for each of the above two rates.
  c. Hours worked and estimated average employment for the past full calendar year.
- Contractor Rates

You will submit data on each applicable contractor. Applicable contractors are those employers who have contracted with you to perform certain jobs and whose employees worked a total of 1,000 or more hours in at least 1 calendar quarter at your worksite. The data will consist of:

a. The sites TCIR and DART for each applicable contractor's employees.
b. The total number of cases from which these two rates were derived.
c. Hours worked and estimated average employment for the past full calendar year.
d. The appropriate SIC code for each applicable contractor's work at the site.

- Annual Evaluation

A copy of the most recent safety and health annual evaluation. Include a description of any success stories, such as reductions in workers' compensation rates, increases in employee involvement, and improvements in employee morale.

10. Organizational Changes

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

11. Collective Bargaining Changes
Whenever a change occurs in the authorized collective bargaining agent, you will provide TOSHA within 60 days a new signed statement indicating that the new representative supports VPP participation.

G. Rate Calculations and Tables

Follow these steps to complete the two tables below. Submit with your application. You must fill out and submit a Table 2 for each applicable contractor (see step 9).

Rate Calculations.

1. Annual rates are calculated by the formula (N/EH) x 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.

2. 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.

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

3. 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.

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

4. 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.

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).

1. 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.

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

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

Alternative Calculation for Small Worksites.

1. 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.

2. 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.

   i. Using the most recent calendar year's hours worked, calculate a hypothetical TCIR assuming that the employer had two cases for the year.
   ii. Compare the hypothetical rate to the 3 most recently published years of BLS combined injury/illness Total Case Incidence Rates for the industry.
   iii. 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.

The following tables may be used in calculating rates and comparing them to the national averages. A separate Table 2 should be used for each applicable contractor, and the information should pertain to the worksite experience only, not the contractor's entire company.

Table 1. Site Employee Recordable Nonfatal Injury and Illness Case Incidence Rates					
Year	Total Work Hours	Total Number of Injuries and 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	Days Away from Work, Restricted Work Activity, and/or Job Transfer Rate (DART Rate)
3 Years Ago (annual)					
2 Years Ago (annual)					
Last Year (annual)					
3-Year Totals & Rates					
BLS Rates for NAICS code_____ : Year 1 (most recently published) Year 2 (prior to Year 1) Year 3 (prior to Year 2)					
Percent above or below BLS year _____ National Average (select the most advantageous single year; compare both your 3-year rates with that year's average rates)					

Table 2. Site Applicable Contractor Recordable Nonfatal Injury and Illness Case Incidence Rates (for work at your site only)					
Year	Total Work Hours	Total Number of Injuries and 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	Days Away from Work, Restricted Work Activity, and/or Job Transfer Rate (DART Rate)
3 Years Ago (annual)					
2 Years Ago (annual)					
Last Year (annual)					

APPENDIX D
VPP Application Supplement for Sites Subject to the Process Safety Management (PSM) Standard

VPP applicants whose operations are covered by the Process Safety Management (PSM) Standard must provide responses to each question that is applicable to their operations. Responses must cover all PSM-related operations. Please indicate that a question is "Not Applicable" if it addresses functionality outside the scope of the operations, and briefly explain why.

I. Management of Change.

A. Has the throughput changed from its original design rate? Has the site conducted a management of change (MOC) procedure for each throughput change since May 26, 1992?

B. For the MOC procedures conducted for the unit(s), has the procedure listed the technical basis for the change and ALL potential safety and health impacts of the change prior to its implementation?

C. From the site's list of MOCs, identify the oldest MOC procedure which might affect the integrity of one or more pressure vessels in the unit(s). Do these MOC procedures meet all 1910.119(l) requirements?

D. Does the MOC process address temporary changes as well as permanent changes?

E. Have MOCs been conducted on all changes to process chemicals, technology, equipment and procedures, and changes to facilities that affect a covered process?

II. Relief Design.

A. For each throughput MOC procedure conducted, has the procedure addressed a review/analysis of the relief system (includes relief devices, relief discharge lines, relief disposal equipment and flare system) to determine if there may be any safety and health impacts due to increased flow as a result of throughput changes which might impact the existing relief system?

Guidance: An MOC procedure is required anytime a change per the requirements of 1910.119(l) is considered. An MOC procedure is a proactive management system tool used in part to determine if a change might result in safety and health impacts. OSHA's MOC requirement is prospective. The standard requires that an MOC procedure be completed, regardless of whether any safety and health impacts will actually be realized by the change.

B. After a change in the throughput in the unit(s), did the process hazard analysis (PHA) team consider the adequacy of the existing relief system design with

respect to the increased throughput during the next PHA?

Guidance: Typically, the PHA team does not do a relief system engineering analysis. However, the PHA team should determine, through proper evaluation and consultation with the engineering/technical staff, if the existing/current engineering analysis of the relief system is adequate for the current/actual unit throughput.

If the throughput change was implemented between the time the PSM standard became effective (May 26, 1992) and the time the original PHA was required based on the PHA phase-in schedule, the original PHA would need to address the throughput change. However, if there was a throughput change after the original PHA, the next PHA update/"redo" or PHA revalidation would need to address the throughput change. In either event, an MOC procedure on the throughput change would need to have been conducted and incorporated into the next scheduled PHA.

C. Does the site's process safety information (PSI) include the codes and standards used in the design of relief systems?

D. Does the site's PSI include the relief system design and design basis?

Guidance: This includes the original design and design changes. Examples of PSI related to relief devices, their design and design basis include, but are not limited to such items as:

1. *Identification/descriptor of each relief device;*
2. *A listing of all equipment which will be relieved through the device;*
3. *Design pressure;*
4. *Set pressure;*
5. *Listing of all sources of overpressure considered;*
6. *Identification of the worst case overpressure scenario or relief design;*
7. *State of material being relieved (i.e.,, liquid, vapor, liquid-vapor, liquid-vapor-solid, along with an identification of the material which was the basis for the relief device selection);*
8. *Physical properties of the relieved materials, vapor rate, molecular weight, maximum relieving pressure, heat of vaporization, specific gravity and viscosity; and*
9. *Design calculations.*

Similar design and design bases PSI are required for the rest of the relief system equipment downstream from the relief devices, i.e., relief vent lines, manifolds, headers, other relief disposal equipment, and flare stack.

E. Are there intervening valves on the upstream or downstream lines to/from relief devices? If so, does the PHA consider the possibility that these valves could be

closed during operation, rendering the relief devices non-functional?

F. If there are intervening valves on the upstream or downstream lines to/from relief devices, does the site have effective controls in place to ensure these intervening valves remain open during operations?

G. If there are intervening valves on the upstream or downstream lines to/from relief devices, is there an administrative procedure (e.g., car-seal procedure) to assure these valves are in the open position during operations? If so, has this procedure been subsequently audited?

H. Are there open vents which discharge to atmosphere from relief devices? If so, has the PHA considered whether these relief devices discharge to a safe location?

Guidance: PHA teams must address basic questions regarding what happens to the hazardous materials after they are relieved to atmosphere, including:

1. *Are there negative effects on employees or other equipment that could cause another release ("domino effects") of hazardous materials/HHC?*

2. *What presumptions or assessments exist to support that there will be no negative effects of an atmospheric release of hazardous materials/HHC?*

3. *Are employees near where relief devices discharge, including downwind locations (e.g., on the ground, on platforms on pressure vessels in the vicinity of elevated relief devices, etc.)?*

4. *Could a release from a relief device cause a release from other equipment, or could other nearby equipment affect the released material (e.g., a furnace stack could be an ignition source if it is located proximate to an elevated relief device that is designed to relieve flammable materials)?*

Part of the site's PHA team's evaluation, after it identifies the locations of open vents, is to determine if employees might be exposed when hazardous materials are relieved. If the PHA team concludes that a current and appropriate evaluation (such as the use of dispersion modeling) has been conducted, the evaluation could find that the vessels/vents relieve to a safe location. If the PHA team determines that this hazard has not been appropriately evaluated, the PHA team must request that such an evaluation be conducted, or make some other appropriate recommendation to ensure that the identified hazard/deviation is adequately addressed.

I. Does the site have a mechanical integrity (MI) procedure for inspecting, testing, maintaining, and repairing relief devices which maintains the ongoing integrity of process equipment?

J. Does the process use flares? If so, verify that the flares have been in-service/operational when the process has been running. If the flares have not been in-service, has the site used other effective measures to relieve equipment in the event of an upset? Has an MOC procedure been used to evaluate these changes?

III. Vessels.

A. Do pressure vessels which have integrally bonded liners, such as strip lining or plate lining, have an MI procedure which requires that the next scheduled inspection after an on-stream inspection be an internal inspection?

B. Does the site have an MI procedure for establishing thickness measurement locations (TML) in pressure vessels, and does the site implement that procedure when establishing the TML?

C. Does the site have an MI procedure for inspecting pressure vessels for corrosion-under-insulation (CUI), and does the site inspect pressure vessels for CUI?

D. Does the site's MI procedure address testing (e.g. leak testing) and repair of pressure vessels? For example, does the MI procedure indicate how the testing and repair will be conducted and which personnel are authorized to do the testing and repair, including what credentials those conducting the testing and repair must have?

Guidance: *API 510 requires in-service pressure vessel tests when the API authorized pressure vessel inspector believes they are necessary.*

Guidance: Recognized and Generally Accepted Good Engineering Practices (RAGAGEP) that require credentials include, but are not limited to:

1. Credentials for pressure vessel inspectors, see API 510, Section 4.2.

2. RAGAGEP for pressure vessel examiners credentials/experience and training requirements, see API 510, Section 3.18.

3. RAGAGEP for contractors performing NDE are the training and certification requirements ASNT-TC-1A, see CCPS, Section 10.3.2.1, (In-service Inspection and Testing) Nondestructive Examination.

4. RAGAGEP for qualifications for personnel who conduct pressure vessel repairs, alteration and rerating including qualifications for welders, see API 510, Section 7.2.1 and the BPVC, Section IX.

5. *RAGAGEP for certifications at CCPS, Section 5.4 Certifications, Table 5-3, Widely Accepted MI Certifications, and Table 9-13, Mechanical Integrity Activities for Pressure Vessels.*

E. Were any deficiencies found during pressure vessel inspections? If so, how were they resolved?

Guidance: A deficiency (as per 1910.119 (j)(5)) means a condition in equipment or systems that is outside of acceptable PSI limits. In the case of a pressure vessel, this could mean degradation in the equipment/system exceeding the equipment's acceptable limits (e.g., operating a vessel, tank or piping with a wall thickness less than its retirement thickness).

F. Do the operating procedures for pressure vessels list the safety systems that are applicable to the vessels?

Guidance: Examples of safety systems include but are not limited to: emergency relief systems including relief devices, disposal systems and flares; automatic depressurization valves; remote isolation capabilities, aka emergency isolation valves; safety-instrumented-systems (SIS) including emergency shutdown systems and safety interlock systems; fire detection and protection systems; deluge systems; fixed combustible gas and fire detection system; safety critical alarms and instrumentation; uninterruptible power supply; dikes; etc.

G. Have there been any changes to pressure vessels or other equipment changes that could affect pressure vessel integrity, such as a change to more corrosive feed, a change in the type of flange seal material used for the vessel heads or nozzles, etc.,? If so, was an MOC procedure completed prior to implementing the change?

IV. Piping.

A. Is there information in the MI piping inspection procedures or other PSI that indicates the original thickness measurements for all piping sections?

B. Is there information in the MI piping inspection procedures or other PSI that indicates the locations, dates and results of all subsequent thickness measurements?

C. Is there anomalous data that has not been resolved for any piping? (For example, the current thickness reading for a TML indicates the pipe wall thickness is greater/thicker than the previous reading(s) with no other explanation as to how this might occur.)

D. Has each product piping been classified according to the consequences of its failure?

Guidance: If the site inspects and tests all piping the same, regardless of the consequence of failure of the piping (i.e., piping inspections are implemented using the same MI program (1910.119(j)(2) and action/task (1910.119(j)(4)

procedure for all piping without consideration of their consequence of failure or other operational criteria), then this question is not applicable.

E. Based on a review of piping inspection records, have all identified piping deficiencies been addressed?

Guidance: An example of a piping deficiency would be a situation where piping inspection data indicates that its actual wall thickness is less than its retirement thickness, and the site has conducted no other evaluation to determine if the piping is safe for continued operation. For a discussion on equipment deficiencies the definition of deficient/deficiency.

F. How does the site ensure that replacement piping is suitable for its process application?

Guidance: Typically, piping replacements are replacements-in-kind (RIK) when the process service does not change. However, if the piping replacement is not an RIK, then an MOC procedure is required.

G. Does the site's MI procedure list required piping inspectors' qualifications, welders' qualifications for welding on process piping, and when qualified welding procedures are required?

H. Is there information in the MI piping inspection procedures or other PSI that indicates the original installation date for each section of piping?

I. Is there information in the MI piping inspection procedures or other PSI that indicates the specifications, including the materials of construction and strength levels for each section of piping?

J. Does the site's MI procedure for piping inspections list criteria/steps to be followed when establishing TML for injection points in piping circuits?

V. <u>Operating Procedures – Normal Operating Procedures (NOP), Emergency Shutdown Procedures (ESP) and Emergency Operations (EOP)</u>.

A. Are there established operating procedures, including: normal operating procedures (NOP), emergency operating procedures (EOP), and emergency shutdown procedures (ESP)?

B. Are operating procedures implemented as written?

C. Are there ESP for the all Unit(s), and if so, do these ESP specify the conditions that require an emergency shutdown?

Guidance: ESP are usually warranted during events that may include the failure of process equipment (e.g., vessels, piping, pumps, etc.) to contain or control HHC releases, loss of electrical power, loss of instrumentation or cooling, fire, explosion, etc. When EOP do not succeed during upset or emergency conditions in returning the process to a safe state, implementation of an ESP may be necessary.

When normal operating limits for parameters such as pressure, temperature, level, etc., are exceeded during an excursion, system upset, abnormal operation, etc., a catastrophic release can occur if appropriate actions are not taken. These actions must be listed in the EOP and must specify the initiating conditions or the operating limits for the EOP (e.g., temperature exceeds 225°F or pressure drops below 15 psig).

Information typically listed in EOP and/or ESP includes, but is not limited to the responsibilities for performing actions during an emergency, required PPE, additional hazards not present during normal operations, consequences of operating outside operating limits, steps to shutdown the involved process in the safest, most direct manner, conditions when operators must invoke the emergency response plan, or scenarios when they themselves must stop and evacuate.

D. Have control board operators received sufficient training, initial and refresher, to be qualified to shutdown the units?

E. Does the ESP specify that qualified operators are assigned authority to shutdown the unit(s)?

F. Are qualified control board operators authorized or permitted to initiate an emergency shutdown of the unit without prior approval?

G. Do EOP procedures identify the “entry point,” i.e., the initiating/triggering conditions or operating limits when the EOP is required, the consequences of a deviation from the EOP, and the steps required to correct a deviation/upset once the operating limits of the EOP have been exceeded?

H. Do NOP list the normal operating limits or “exit points” from NOP to EOP; the steps operators should take to avoid deviations/upsets; and the precautions necessary to prevent exposures, including engineering and administrative controls and PPE?

Guidance: For NOP, the "operating limits" required are those operating parameters that if they exceed the normal range or operating limits, a system upset or abnormal operating condition would occur which could lead to operation outside the design limits of the equipment/process and subsequent potential release. These operating parameters must be determined by the site and can include, but are not limited to, pressure, temperature, flow, level,

composition, pH, vibration, rate of reaction, contaminants, utility failure, etc.

It is at the point of operation outside these NOP "operating limits" that EOP procedures must be initiated. There may be a troubleshooting area defined by the site's EOP where operator action can be used to bring the system upset back into normal operating limits. During this troubleshooting phase, if an operating parameter reaches a specified level and the process control strategy includes automatic controls, other safety devices (e.g., safety valves or rupture disks) or automatic protection systems (e.g., safety instrumented systems/emergency shutdown systems), would activate per the process design to bring the process back to a safe state. Typically, once the predefined limits for troubleshooting have been reached for a particular operating parameter, the process has reached a "never exceed limit". A buffer zone is typically provided above(and below if applicable) the trouble shooting zone ("never exceed limit") to ensure the operating parameters do not reach the design safe upper or lower limit of the equipment/process. This design safe upper and lower limits of the equipment or process are also known as the boundaries of the design operating envelope or the limit above (or below) which it is considered unknown or unsafe to operate. Once the operating parameter(s) reach the buffer zone entry point, there is no designed or intentional operator intervention (i.e., troubleshooting) to bring the process system upset back to a safe state. Any intervention in the buffer zone is as a result of the continued activation of the safety devices and automatic protection systems which initially activated at the predefined level during the troubleshooting phase. All of these predefined limits are important information for operators to know and understand and must be included in the PSI and operating procedures.

I. Are operating procedures implemented as written?

VI. <u>PHA, Incident Investigation, and Compliance Audits Findings/Recommendations</u>.

A. Have all corrective actions from PHA, incident investigations, MOCs, and compliance audits been corrected in a timely manner and documented? Provide a list of all outstanding corrective actions, the date of corrective initiation, and the projected completion dates.

Guidance: There may be instances when a PHA team identifies deficiencies in equipment/systems which would violate the requirements of 119(j)(5) if left uncorrected. If the site continues to operate the deficient equipment/system, they must take interim measures per 119(j)(5) to assure safe operation, and they must also meet the 119(e)(5) requirements to resolve the findings and recommendations related to the identified deficiency.

The phrase from 119(j)(5), "safe and timely manner when necessary means are taken to assure safe operation", when taken in conjunction with 119(e)(5) means that when a PHA team identifies a deficiency in equipment/systems and the site does not correct the deficiency before further use, the site's system for promptly

addressing the PHA team's findings and recommendations must assure: 1) that the recommendations are resolved in a timely manner and that the resolutions are documented; 2) the site has documented what actions are to be taken, not only to resolve the recommendation, but to assure safe operation until the deficiency can be corrected; 3) that the site complete actions as soon as possible; and 4) that the site has developed a written schedule describing when corrective actions related to the resolution and any interim measures to assure safe operations will be completed.

The system that promptly addresses and resolves findings and recommendations referred to in both 1910.119(e)(5) and 1910. 119(m)(5) are not requirements to develop a management program for globally addressing the resolution of findings and recommendations. Rather, these "system" requirements address how each specific finding and recommendation will be individually resolved (Hazard Tracking requirement under VPP). Each finding or recommendation will have its own unique resolution based on its nature and complexity.

B. Has the PHA incorporated all the previous incidents since May 26, 1992 which had a likely potential for catastrophic consequences?

VII. Facility Siting/Human Factors.

A. Does the PHA consider the siting of all occupied structures?

Guidance: Facility siting considerations for occupied structures include both permanent and temporary (e.g., trailers) structures.

Global/generic facility siting questionnaires/checklists. Some employers (PHA teams) attempt to comply with this 1910.119(e)(3)(v) requirement by answering global/generic facility siting questions on a short questionnaire/checklist. PSM is a performance standard and the means the site uses to comply with the standard are generally up to them as long as their performance ensures compliance with the requirement of the standard. If the site uses a questionnaire/checklist as part of its PHA to identify, evaluate and control all hazards associated with facility siting, this is permissible as long as the method they used complies with the PHA methodology requirement, and, more importantly, all facility siting hazards have been addressed (i.e., identified, evaluated and controlled). This questionnaire/checklist type of methodology would not be compliant if the site (PHA team) did not have specific justifications for each individual situation/condition that the global/generic questions addressed.

For example, a PHA team responds "Yes" to a questionnaire/checklist asking, "Is process equipment located near unit battery limit roads sited properly?" In this case, OSHA would first expect that the site (PHA team) would have identified each location where process equipment is sited near a unit battery limit road. Next, OSHA would expect the site would have evaluated each piece of process

equipment located in the vicinity of a roadway. This evaluation is conducted to determine if <u>each</u> of the specific process equipment's siting is adequate/<u>controlled</u> (e.g., guarded by crash barriers, elevated on a concrete pedestal, etc.) to protect it from releasing its hazardous contents should it be struck by vehicular traffic. Without specific justification or other specific evidence that corroborates the site's "Yes" response to this global/generic questionnaire/checklist question, a possible regulatory issue could exist for failing to address process equipment siting near roadways when it conducted its PHA.

Guidance: <u>Occupancy Criteria Evaluations for Employee Occupied Structure</u>. OSHA does not accept occupancy criteria evaluations (see API 752, Section 2.5.2) as the basis for a site's determination that adequate protection has been provided for employees in occupied structures which sites have identified as being potentially subject to explosions, fires, ingress of toxic materials or high energy releases. In these occupancy criteria evaluations, the site identifies vulnerable employee occupied structures and the hazards they may be subjected to, but rather than providing protection to either the structures or employees through measures like employee relocation, spacing, or protective construction, the site simply accepts the employee exposures as adequate based on their own acceptable occupancy criteria. This occupancy criteria evaluation is solely based on the occupancy threshold criteria a site is willing to accept. For instance, API 752 list occupancy threshold criteria used by some companies as 400 personnel hours per week as acceptable exposure for employees in an occupied structure, regardless of the magnitude of the hazard these employees are potentially exposed to. The 400 personnel hours per week equates to 2 employees continually exposed in an occupied structure even if that structure has virtually no protective construction and it is sited immediately adjacent to a high pressure-high temperature reactor which contains flammable or extremely toxic materials.

<u>Non-Essential Employees</u>. A site's PHA facility siting evaluation must consider the presence of non-essential personnel in occupied structures in or near covered processes. The "housing" of these non-essential employees in occupied structures near operating units may expose them to explosion, fires, toxic material, or high energy release hazards. Therefore, unlike direct support/ essential personnel (e.g., operators, maintenance employees working on equipment inside a unit, field supervisors, etc.) who are needed to be located in or near operating units for logistical and response purposes, sites (PHA teams) must consider and justify why non-essential employees are required to be located in occupied structures which are vulnerable to the hazards listed above. The term "non-essential" identifies those employees who are not needed to provide direct support for operating processes. Non-essential employees include, but are not limited to, administrative personnel, laboratory employees when they are working inside a lab, maintenance staff when they are working inside maintenance shops/areas, and employees attending training classes.

Guidance: An example of how a temporary structure could affect a release of

HHC would include a situation where a trailer's unclassified electrical system could potentially ignite flammable materials/unconfined vapor cloud if released from the process.

B. Do the PHA teams identify and evaluate all situations where operators are expected to carry out a procedure to control an upset condition, but where the operators would not have enough time to do so based on operating conditions?

C. Do the PHA team(s) identify and evaluate all situations where field employees must close isolation valves during emergencies, but where doing so would expose the employees to extremely hazardous situations? For example, to isolate a large inventory of flammable liquids, a downstream manual isolation valve would need to be closed, but the isolation valve is located in an area that could be consumed by fire.

Guidance: Some sites (PHA teams) attempt to comply with this requirement by simply addressing some global/generic human factors questions on a short questionnaire/checklist. This type of methodology would not, by itself, be adequate if the PHA team did not have specific justifications for each of its global/generic responses.

For example, if a PHA team responds "Yes" to a questionnaire/checklist asking whether emergency isolation valves (EIV) are accessible during emergencies, OSHA would then expect that the PHA team had identified, evaluated, and considered each EIV's accessibility (i.e., would the EIV be located in an area that might be consumed in fire, or is the EIV located above grade).

D. How do the PHA teams identify likely human errors and their consequences? Have appropriate measures been taken to reduce the frequency and consequences of these errors?

VIII. Operator Training.

A. Have operating employees been trained on the procedures each is expected to perform?

Guidance: An "A" operator might be required to perform a different set of operating procedures than a "C" operator. Therefore, to determine if the employee has in fact been trained on the specific operating procedures they are expected to perform, cross-reference the specific procedures that an individual operator is expected to perform with the training records of the specific procedures for which the individual operator has received training. Also determine if operators perform tasks more than what is expected for their level of training.

B. From interviews with control board operators in the units, have these operators

received sufficient training, initial and refresher, to be qualified to shutdown the units per the requirements of 119(f)(1)(i)(D)?

C. Based on the employer's explanation of their management of operator refresher training, verify that selected operating employees received, completed, and understood the refresher training. For each employee who operates a process, has the employer ensured that the employee understands and adheres to the current operating procedures and that the refresher training is provided at least every three years, and more often if necessary?

IX. Safe Work Practices.

A. Does the site have a safe work practice which it implements for motorized equipment to enter operating units and adjacent roadways?

Guidance: "Motorized equipment" includes, but is not limited to automobiles, pickup trucks, fork lifts, cargo tank motor vehicles (CTMV), aerial lifts, welder's trucks, etc.

B. Does the site audit its safe work practices/procedures for opening process equipment, vessel entry, and the control of entrance to a facility or covered process area?

C. Does the site have a safe work practice for opening process equipment, e.g. piping and vessels, and does the site require their employees and contractor employees to follow it?

X. Incident Investigation Reports.

A. Provide a list of actual incidents and near-miss incidents that occurred at the site within the last year. Have all factors that contributed to each of the incidents been reported and investigated?

Guidance: An "actual incident" is defined as an incident with negative consequences such as a large HHC release, employee injuries or fatality, or a large amount of property or equipment damage. Typically, based on loss-control history, there is a much higher ratio of near-miss incidents in the chemical processing and refining industries than there are actual incidents.

XI. Blowdown Drums and Vents Stacks (Blowdowns).

A. Does the site have any blowdowns? If so, does the PSI include the original design and design basis for each blowdown at the site?

Guidance: Blowdown(s) – refers to a piece of disposal equipment in a pressure-relieving system whose construction consists of a drum to collect liquids that are

separated ("knockout") from vapors and a vent stack, which is an elevated vertical termination discharging vapors into the atmosphere without combustion or conversion of the relieved fluid. Blowdown(s) are separate vessels intended to receive episodic (e.g., when de-inventorying a vessel for a planned shutdown) or emergency discharges. Blowdown(s) are designed to collect liquids and to dispose of vapors safely. In the refinery industry, hydrocarbons typically enter blowdown(s) as liquids, vapors, or vapors entrained with liquids. Blowdown(s) typically include quench fluid systems which reduce the temperature of hot, condensable hydrocarbons entering the blowdown as well as the amount of vapor released via the vent stack. These systems can include internal baffles to help disengage liquids from hydrocarbon vapors. Sometimes, blowdown(s) include inert gas or steam systems to control flashback hazards and to snuff vent stack fires if ignited by sources such as lightning

Examples of PSI related to blowdowns, their design and design basis include, but are not limited to, such items as:

1. *Physical and chemical properties of the materials relieved to blowdowns (See API STD 521, Section 6.2.1);*

   Guidance: Of particular concern are heavier-than-air hydrocarbons with relatively lower boiling points. Additionally, hot hydrocarbons pose a greater risk because they are more volatile. Releasing these materials under the right conditions can result in the formation of unconfined vapor clouds which can and have resulted in major catastrophes at refineries and chemical plants.

2. *A definition of the loadings to be handled (See API STD 521, Section 7.1);*

3. *The exit velocity of gasses/vapors released from the vent stack (See API STD 521, Section 7.3.4);*

4. *Design basis/"worst-case" scenario for maximum liquid – vapor release to blowdown (See API STD 521, Section 4.5.j and 7.1.3);*

5. *When more than one relief device or depressuring valve discharges to a blowdown, the geographic locations of those devices and valves must be defined (See API STD 521, Section 4.4.q. and 7.2.3);*

6. *The design residence time of vapor and liquid in the drum (See API STD 521, Section 7.3.2.1.2);*

7. *The design basis for the vapor – liquid separation for the drum;*

8. *The design basis for the exit velocities for the vent stack; and*

9. The nature of other, lesser hazards related to smaller releases not related to the design "worst-case" scenario such as the release of toxic (e.g.,, H_2S) and corrosive chemicals.

B. Since the original installation of the blowdowns, have the original design and design basis conditions remained the same? If not, was an MOC conducted to determine if the blowdown design and capacity are still adequate?

Guidance: Examples of conditions that may have changed since the original design and installation of the blowdowns include: increased throughput in the unit(s) that relieve to the blowdowns; additional relief streams routed to the blowdown, blowdowns originally designed only to handle lighter-than-air vapor emissions from their stacks have had liquids or other heavier-than-air releases emitted from their vent stacks; additional equipment, a new unit, or occupied structures have been sited near the blowdowns in a manner that was not addressed in the original design or design basis, etc.

C. Did the PHA identify all scenarios where hot, heavier-than-air, or liquid hydrocarbons might be discharged from blowdown stacks to the atmosphere?

D. Can the site demonstrate that atmospheric discharges from blowdowns are to safe locations?

Guidance: Other structures such as control rooms, trailers, offices, motor control centers, etc., must be considered in a PHA to determine if they have been sited in a safe location that might be affected by a hydrocarbon or toxic material release from a blowdown. Unsafe locations can include, but are not limited to, the location of equipment which could act as an ignition source, such as a furnace stack; an employee platform on a column where employees would be exposed in the event of a release; a control room; a satellite building; a trailer; a maintenance area/shop; an emergency response building; an administration building; a lunch or break room; etc.

E. If there is a high-level alarm in the blowdown drum, is there an MI procedure for calibrating, inspecting, testing and maintaining the instrument/control?

Guidance: The required documentation data must include the date of the inspection or test, the name of the person who performed the inspection or test, the serial number or other identifier of the equipment on which the inspection or test was performed, a description of the inspection or test performed, and the results of the inspection or test.

F. Have blowdown operators received appropriate training, either initial or refresher?

Appendix E
Report Format

VPP SITE REPORT

Recommending

STAR APPROVAL

for

Company Name City, State

Month X, 20xx

Report Date

Month X, 20xx

Evaluation Team

Name, Team Leader Name, Backup Team Leader Name, Safety Specialist Name, Hygienist Name, SGE

I. Purpose and Scope of Review

- Name
- Location
- Date of evaluation
- Purpose of evaluation (STAR approval, Merit approval, Demo approval)
- VPP Team Members
- VPP Volunteers

II. Methods of Data Collection

- Information on which report is based (application, previous reports, walkthrough, on site documentation, etc.)

III. Employees at the Worksite

- Number of employees
- Contract employees and/or temporary employees
- Collective bargaining agent(s) representing the employees
- Number of interviews conducted with different types of employees

IV. The Worksite

- NAICS and SIC Codes
- Description (one location or many, acreage, age, primary structures, etc.)
- Basic description of processes, products, and applications
- Housekeeping

V. Worksite Hazards

- Site hazards
- Covered under Process Safety Management
  - Provide a brief description of how the questions from the PSM application supplement, PSM Questionnaire, and/or the Dynamic Inspection Priority Lists most applicable to the site were asked and verified.

VI. Injury and Illness Rates

- Rates - TCIR, DART
- Comparisons to BLS industry averages

VII. TOSHA Activity

- Prior TOSHA inspection activity
- Relationship with TOSHA

VIII. Elements of the VPP Review/Program Changes

- Bulleted summary of VPP Elements with a reminder that all aspects of the Safety and Health program meet the VPP requirements as set forth in CSP (Refer to the VPP Site Worksheet for specifics).
- For Reapproval evaluations, discuss significant program or site changes since the last visit. A bulleted list is acceptable.

IX. Areas of Excellence

- Bulleted list and description of best practices (e.g., machine guarding, ergonomics, lockout/tagout, employee involvement)

X. Recommendation for Participation

- Recommendation

A review of the OSHA 300 logs was made. The following are the total incidence and lost workday case rates since 20XX:

For the period 20xx-20xx, the site's:

- Total Case Incidence Rate (TCIR) is X.X (XX% above/below the 20xx BLS industry averages for NAICS XXXXXX).

- The Days Away from Work, Restricted Activity or Job Transfer (DART) case incidence rate is

Appendix F
Site Worksheet

VPP SITE WORKSHEET

Section I: Management Leadership & Employee Involvement			
A	Written Safety & Health Management System	Y/N	Supporting Documentation / Observations
A1	Are all the elements such as Management Leadership and Employee Involvement, Worksite Analysis, Hazard Prevention and Control, and Safety and Health Management system part of a signed, written document?		
A2	Have all VPP elements and sub-elements been in place at least 1 year? If not, please identify those elements that have not been in place for at least 1 year.		
A3	Is the written safety and health management system at least minimally effective to address the scope and complexity of the hazards at the site? (Smaller, less complex sites require a less complex system.) If not, please explain.		
A4	Have any VPP documentation requirements been waived? If so, please explain.		
B	Management Commitment and Leadership	Y/N	Supporting Documentation / Observations
B1	Does management overall demonstrate at least minimally effective, visible leadership with respect to the safety and health program? Provide examples.		
B2	How has the site communicated established policies and results-oriented goals and objectives for worker safety to employees?		
B3	Do employees understand the goals and objectives for the safety and health program?-		
B4	Are the safety and health program goals and objectives meaningful and attainable? Provide examples supporting the meaningfulness and attainability (or lack-there-of if answer is no) of the goal(s). (Attainability can either be unrealistic/realistic goals or poor/good implementation to achieve them.) (See: TED Chapter 3 II C1a)		
B5	How does the site measure its progress towards the safety and health program goals and objectives? Provide examples.		
C	Planning	Y/N	Supporting Documentation / Observations
C1	How does the site integrate planning for safety and health with its overall management planning process (for example, budget development, resource allocation, or training)?		
C2	Is safety and health effectively integrated into the site's overall management planning process? If not, please explain.		

D	Authority and Line Accountability	Y/N	Supporting Documentation / Observations
D1	Does top management accept ultimate responsibility for safety and health in the organization? (Top management acknowledges ultimate responsibility even if some safety and health functions are delegated to others.) If not, please explain.		
D2	How is the assignment of authority and responsibility documented and communicated (for example, organization charts, job descriptions)?		
D3	Do the individuals assigned responsibility for safety and health have the authority to ensure that hazards are corrected or necessary changes to the safety and health management system are made? If not, please explain.		
D4	How are managers, supervisors, and employees held accountable for meeting their responsibilities for workplace safety and health? (Annual performance evaluations for managers and supervisors are required.)		
D5	Are adequate resources (equipment, budget, or experts) dedicated to ensuring workplace safety and health? Provide examples.		
D6	Is access to experts (for example, Certified Industrial Hygienists, Certified Safety Professionals, Occupational Nurses, or Engineers), reasonably available to the site, based upon the nature, conditions, complexity, and hazards of the site? If so, under what arrangements and how often are they used?		
E	Contract Workers	Y/N	Supporting Documentation / Observations
E1	Does the site utilize contractors? Please explain.		
E2	Were there contractors' onsite at the time of the evaluation?		
E3	When selecting onsite contractors, how does the site evaluate the contractor's safety and health programs and performance (including rates)? (See: TED Chapter 3 IV 3-19)		
E4	Are contractors and subcontractors at the site to maintain effective safety and health programs and to comply with all applicable TOSHA and company safety and health rules and regulations? If so, please provide examples.		
E5	Does the site's contractor program cover the prompt correction and control of hazards in the event that the contractor fails to correct or control such hazards? Provide examples.		
E6	How does the site document and communicate oversight, coordination, and enforcement of safety and health expectations to contractors?		
E7	Have the contract provisions specifying penalties for safety and health issues been enforced, when appropriate? If not, please explain.		

E8	How does the site monitor the quality of the safety and health protection of its contract employees?		
E9	If the contractors' injury and illness rates are above the average for their industries, does the site have procedures that ensure all employees are provided effective protection on the worksite? If not, please explain.		
E10	Do contract provisions for contractors require the periodic review and analysis of injury and illness data? Provide examples.		
E11	Based on your answers to the above items, is the contract oversight minimally effective for the nature of the site? (Inadequate oversight is indicated by significant hazards created by the contractor, employees exposed to hazards, or a lack of host audits.) If not, please explain.		
F	Employee Involvement	Y/N	Supporting Documentation / Observations
F1	How were employees selected to be interviewed by the VPP team?		
F2	How many employees were interviewed formally? How many were interviewed informally?		
F3	Do employees support the site's participation in the VPP Process.		
F4	Do employees feel free to participate in the safety and health management system without fear of discrimination or reprisal? If so, please explain.		
F5	Please describe at least three ways in which employees are meaningfully involved in the problem identification and resolution, or evaluation of the safety and health program (beyond hazard reporting).		
F6	Are employees knowledgeable about the site's safety and health management system? If not, please explain.		
F7	Are employees knowledgeable about the VPP program? If not, please explain.		
F8	Are the employees knowledgeable about OSHA rights and responsibilities? If not, please explain.		
F9	Do employees have access to results of self-inspection, accident investigation, appropriate medical records, and personal sampling data upon request? If not, please explain.		
Section II: Worksite Analysis			
A	Baseline Hazard Analysis	Y/N	Supporting Documentation / Observations
A1	Has the site been at least minimally effective at identifying and documenting the common safety and health hazards associated with the site (such as those found in TOSHA regulations, building standards, etc., and for which existing controls are well known)? If not, please explain.		
A2	What methods are used in the baseline hazard analysis to identify health hazards? (Please include examples of instances when initial screening and full-shift sampling were used.		

A3	Does the site have a documented sampling strategy used to identify health hazards and assess employees' exposure (including duration, route, and frequency of exposure), and the number of exposed employees? If not, please explain.		
A4	Do sampling, testing, and analysis follow nationally recognized procedures? If no, please explain.		
A5	Does the site compare sampling results to the minimum exposure limits or are more restrictive exposure limits (PELs, TLVs, etc.) used? Please explain.		
A6	Does the baseline hazard analysis adequately identify hazards (including health) that need further analysis? If not, please explain.		
A7	Do industrial hygiene sampling data, such as initial screening or full shift sampling data, indicate that records are being kept in logical order and include all sampling information (for example, sampling time, date, employee job title, concentrated measures, and calculations)? If not, please explain the efficiencies and how they are being addressed.		
B	Hazard Analysis of Significant Change	Y/N	Supporting Documentation / Observations
B1	When purchasing new materials or equipment, or implementing new processes, what types of analyses are performed to determine their impact on safety and health? Is it adequate?		
B2	When implementing/introducing non-routine tasks, materials or equipment, or modifying processes, what types of analyses are performed to determine their impact on safety and health? Is it adequate?		
C	Hazard Analysis of Routine Activities	Y/N	Supporting Documentation / Observations
C1	Is there at lease a minimally effective hazard analysis system in place for routine operations and activities?		
C2	Does hazard identification and analysis address both safety and health hazards, if applicable? If not, please explain.		
C3	What hazard analysis technique(s) are employed for routine operations and activities (e.g., job hazard analysis, HAZ-OPS, fault trees)? Are they adequate?		
C4	Are the results of the hazard analysis of routine activities adequately documented? If not, please explain.		
D	Routine Inspections	Y/N	Supporting Documentation / Observations
D1	Does the site have a minimally effective system for performing safety and health inspection (i.e., a minimally effective system identifies hazards associated with normal operations)? If not, please explain.		
D2	Are routine safety and health inspections conducted monthly, with the entire site covered at least quarterly (for construction: entire site weekly)?		

D3	How do inspections use information discovered through the baseline hazards analysis, job hazard analysis, accident/incident analysis, employee concerns, sampling results, etc.?		
D4	Are those personnel conducting inspections adequately trained in hazard identification? If not, please explain.		
D5	Is the routine inspection system written, including documentation of results? If not, please explain.		
D6	Do the written routine inspection reports clearly indicate what needs to be corrected, by whom, and by when? If not, please explain.		
D7	Did the VPP team find hazards that should have been found through self-inspection? If not, please explain		
E	Hazard Reporting	Y/N	Supporting Documentation / Observations
E1	Does the site have a reliable system for employees to notify appropriate management personnel in writing about safety and health concerns? Please explain.		
E2	Do the employees agree that they have an effective system for reporting safety and health concerns? If not, please explain.		
E3	Is there a minimally effective means for employees to report hazards and have them addressed? If not, please explain.		
F	Hazard Tracking	Y/N	Supporting Documentation / Observations
F1	Does the hazard tracing system address hazards found by employees, hazard analysis of routine and non-routine activities, inspections, and accident or incident investigations? If not, please explain.		
F2	Does the tracking system result in hazards being corrected and provide feedback to employees for hazards they have reported. If not, please explain.		
F3	Does the tracking system result in timely correction of hazards with interim protection established when needed? Please describe. If not, please explain.		
F4	Does a minimally effective tracking system exist that results in hazards being controlled? If not, please explain.		
G	Accident/Incident Investigations	Y/N	Supporting Documentation / Observations
G1	Is there a minimally effective system for conducting accident/incident investigation techniques? If not, please explain.		
G2	Are those conducting the investigations trained in accident/incident investigation techniques? If not, please explain.		
G3	Describe how investigations discover and document all the contributing factors that led to an accident/incident.		

G4	Were any hazards discovered during the investigation previously addressed in a prior hazard analyses (e.g., baseline, self inspection)? If not, please explain.		
H	Safety and Health Program Evaluation	Y/N	Supporting Documentation / Observations
H1	Briefly describe the system in place for conducting an annual evaluation.		
H2	Does the annual evaluation cover the aspects of the safety and health program, including the elements described in the Federal Register? If not, please explain.		
H3	Does the annual evaluation include written recommendations in a narrative format? If not, please explain.		
H4	Is the annual evaluation an effective tool for assessing the success of the site's safety and health system? Please explain.		
H5	What evidence demonstrates that the site responded adequately to the recommendations made in the annual evaluation?		
I	Trend Analysis	Y/N	Supporting Documentation / Observations
I1	Does the site have a minimally effective means for identifying and assessing trends?		
I2	Have there been any injury and/or illness trends over the last three years? If so, please explain.		
I3	If there have been injury and/or illness trends, what courses of action have been taken? Are they adequate?		
I4	Does the site assess trends utilizing data from hazard reports or accident/incident investigation to determine the potential for injuries and illnesses? If not, please explain.		
Section III: Hazard Prevention and Control			
A	Hazard Prevention and Control	Y/N	Supporting Documentation / Observations
A1	Does the site select at least minimally effective controls to prevent exposing employees to hazards?		
A2	When the site selects hazards controls, does it follow the preferred hierarchy (engineering controls, administrative controls, work practice controls [e.g. lockout/tagout, bloodborne pathogens, and confined space programs], and personal protective equipment) to eliminate or control hazards? Please provide examples, such as how exposures to health hazards were controlled.		
A3	Describe any administrative controls use at the site to limit employee exposure to hazards (for example, job rotation)		

A4	Do the work practice controls and administrative controls adequately address those hazards not covered by engineering or administrative controls? If not, please explain.		
A5	Are the work practice controls (e.g. lockout/tagout, bloodborne pathogens, and confined space programs) recommended by hazard analyses implemented at the site? If not, please explain.		
A6	Are follow-up studies (where appropriate) conducted to ensure that hazard controls were adequate? If not, please explain.		
A7	Are hazard controls documented and addressed in appropriate procedures, safety and health rules, inspections, training, etc.? Provide examples.		
A8	Are there written worker safety procedures including a disciplinary system? Describe the disciplinary system.		
A9	Has the disciplinary system been enforced equally for both management and employees, when appropriate? If not, please explain.		
A10	Does the site have minimally effective written procedures for emergencies (TED 3-16 3h)?		
A11	Are emergency drills held at least once annually?		
A12	Does the site have a written preventative/predictive maintenance system? If not, please explain.		
A13	Did the hazard identification and analysis (including manufacturers' recommendations) identify hazards that could result if equipment is not maintained properly? If no, please explain.		
A14	Does the preventive maintenance system adequately detect hazardous failures before they occur? If not, please explain.		
A15	How does the site select Personal Protective Equipment (PPE)?		
A16	Do employees understand the limitations and uses of PPE? If not, please explain.		
A17	Did the team observe employees using, storing, and maintaining PPE properly? If not, please explain.		
A18	Is the site covered by the Process Safety Management Standard (29 CFR 1910.119)? If not, skip to section B.		
A19	Which chemicals that trigger the Process Safety Management (PSM) standard are present?		
A20	Please describe the PSM elements in place at the site (do not duplicate if included elsewhere in the report, such as under contractors, preventive maintenance, emergency response, or hazard analysis).		

B	Occupational Health Care Program and Recordkeeping	Y/N	Supporting Documentation / Observations
B1	Describe the occupational health care program (including availability of physician services, first aid, and CPR/AED) and special programs such as audiograms or other medical tests used.		
B2	How are licensed occupational health professionals used in the site's hazard identification and analysis, early recognition and treatment of illness and injury, and the system for limiting the severity of harm that might result from workplace illness or injury? Is this use appropriate?		
B3	Is the occupational health program adequate for the size and location of the site, as well as the nature of hazards found here? If not, please explain.		

Section IV: Safety and Health Training

A	Safety and Health Training	Y/N	Supporting Documentation / Observations
A1	What are the safety and health training requirements for managers, supervisors, employees, and contractors?		
A2	Who delivers the training?		
A3	How are the safety and health training needs for employees determined?		
A4	Does the site provide minimally effective training to educate employees regarding the known hazards of the site and their controls? If no, please explain.		
A5	What system is in place to ensure that all employees and contractors have received and understand the appropriate training?		
A6	Who is trained in hazard identification and analysis?		
A7	Is training in hazard identification and analysis adequate for the conditions and hazards of the site? If not, please explain.		
A8	Does management have a thorough understanding of the hazards of the site? Provide examples that demonstrate their understanding.		

Appendix G
Recommended Interview Questions

I. Purpose. Interviews are an important tool in assessing the effectiveness of a site's safety and health programming. These questions are intended to guide the TOSHA reviewer during oral employee interviews. To begin, explain the purpose of the interview and the reason for TOSHA's presence at the site. Make employees aware that interviews are kept confidential and that the employee's responses will not in themselves determine company approval or disapproval.

II. General Employee Interview Questions.

A. How long have you worked here?

B. Tell me about your job. What do you do during a typical day?

C. What are the safety and health hazards of your job?

D. How do you protect yourself from those hazards? What kind of personal protective equipment do you wear? Were you provided training?

E. What type of safety and health training have you received?

F. What happens if management disobeys a company safety rule? If an employee disobeys?

G. How do you respond in the event of a fire, hazardous waste spill, alarm, or medical emergency?

H. What does VPP mean to you?

I. What is one method of reporting a safety or health concern? What was the last unsafe practice you reported and/or corrected?

J. How do your supervisors demonstrate their involvement in safety and health?

K. Have you ever seen anyone testing the air, noise levels, or conducting other surveys for possible health hazards? Do you know what the results were or what they meant?

L. Have you or anyone you know ever been injured or experienced a job-related illness? What is the procedure when someone is injured?

M. How are you involved in the safety decision-making process?

N. Is safety and health valued in your organization?

O. What is one objective in your department's safety program?

P. How does management support your involvement in safety?

Q. What are your rights under OSHA?

R. Is there anything else you think we should know about the safety and health program here?

III. Supervisors.

A. How long have you worked here? When did you become a supervisor?

B. What do you see as your role in safety and health?

C. To what kinds of hazards are you and/or your employees exposed?

D. Has the company's upper management provided adequate resources for safety and health programming, such as funding, time, and technical support?

E. What do you do when you discover a hazard in your area?

F. What do you do when an employee reports a hazard in your area?

G. Do you provide employee training in safety-related topics? (If so, please describe.)

H. Please give some examples where you had to use the disciplinary system for infractions of safety and health rules.

I. When was the last emergency drill? What is your role in drills?

J. How are you held accountable for ensuring safe and healthful working conditions in your area?

K. At high hazard chemical plants only: Is maintenance satisfactory, particularly on release prevention equipment? Is there adequate supervision provided for work performed on all shifts?

L. Do you have contract employees working in your area? If so, how do you control and address safety or health hazards relating to or created by them?

M. Are there routine or unannounced inspections? Who participates?

IV. Administrators and Executives.

A. How long have you been with (company)?

B. Describe the type of safety and health hazards at this site.

C. How does management ensure that employee exposure to those hazards is eliminated or controlled?

D. How do you demonstrate leadership in and commitment to safety and health?

E. What benefits will a VPP partnership provide for your company?

F. What do you think are your facility's best practices in safety and health?

G. How do you address the competing pressures of production and safety?

H. How do you hold your supervisors accountable for safety and health? Have you ever had to discipline a supervisor for not following the rules?

I. How are you held accountable for your safety and health responsibilities?

V. Recordkeepers.

A. Who is responsible for recordkeeping?

B. Is your site recordkeeping centralized? Is it computerized?

C. Do you have a completed Summary of Occupational Injuries and Illnesses for the last 3 calendar years? Do you have the supplemental documentation for each case entered on the log?

D. Which form do you use as the supplementary record: OSHA's First Report of Injury, a State workers' compensation form, an insurer's form, or other?

E. What is the process by which injury and illness information gets to the recordkeeper? After an injury or illness occurs, how long does it take to enter it on the log?

F. What type of reference material do you refer to for guidance on keeping illness and injury records?

G. Who decides whether or not a case is recordable?

H. How do you determine whether or not a case is work-related?

I. Do you record any cases on the OSHA forms that are not compensable under

workers' compensation?

J. How do you distinguish between an injury and an illness? Between medical treatment and first aid?

K. When does a case involve lost workdays? What constitutes restricted work activity?

L. What is your process for monitoring applicable contractor logs?

M. How do you safeguard the confidentiality of medical records?

N. How do you assure that any work restrictions are applied appropriately?

O. How have you assured timely and clear communications with the health care professional?

VI. Occupational Health Care Professionals.

A. What are your qualifications and licenses?

B. What procedures are in place to ensure that health care services are delivered consistently and effectively?

C. What type of audit procedures do you use to compare your process with acceptable standards of practice and TOSHA requirements?

D. Are employees provided timely access to services?

E. How do you assure that work restrictions or work removal are followed?

F. How are you made aware of the job hazards at this facility? Are you included in identification of workplace hazards, or development of restricted duty jobs, or other onsite issues?

G. What kinds of health surveillance programs are in place?

H. How do you communicate health surveillance data to employees and management to reduce future risk?

I. Explain how you evaluate the effectiveness of your occupational health care program.

VII. Maintenance Personnel.

A. Is there a scheduled preventive maintenance program? How is it carried out?

B. Do maintenance personnel participate in safety functions?

C. Is there a priority system for safety/environmental related maintenance items? Is it being followed?

D. Does the preventive maintenance program include onsite vehicles, sprinkler systems, detection/alarm equipment, fire protection and emergency equipment?

E. Do you have input concerning safety and ease of maintenance for new equipment and machinery purchases?

F. Do you have an inventory of spare parts critical to safety and environmental protection?

G. Are you trained in the control of hazardous energy and the proper use of locks and tags?

H. Is there a system in place to track requests for repairs?

I. What methods are used to monitor the condition of critical equipment?

J. What is the ratio of scheduled versus unscheduled maintenance work?

K. What has the trend regarding maintenance been like over the past few years?

L. At sites covered by Process Safety Management (PSM), please ask appropriate questions from the Dynamic Inspection Priority Lists.

VIII. General Questions for Onsite Evaluations to Determine Reapproval.

A. Describe any changes in your job or in the handling of safety issues since the last TOSHA onsite evaluation.

B. How familiar are you with VPP? Has your awareness increased since the last visit?

C. Do you have any increased knowledge of your rights under the program, including your right to receive upon request results of self-inspections or accident investigations?

D. Do you feel that the VPP partnership has had a positive impact on your job and your safety?

E. Have you noticed any changes in safety and health conditions here since the site's approval in VPP?