

BUILD SAFE PARTNERSHIP PROGRAM

SELF EVALUATION FORM

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Eligibility:	To determine if	f your compar	ny qualifies	s as a Build	d Safe Par	tnership F	Program (BSPP) pa	articipant, y	our/
company m	ust provide the	Partnership S	Steerina C	ommittee v	vith evider	nce of med	etina eacl	n reauirer	ment listed	below.

	BSPP Requirements	YES	NO						
	Contractor has implemented a comprehensive written safety and health program that addresses recognized hazards and is based on the American National Standards Institute/American Society of Safety Engineers								
1.	(ANSI/ASSE) A-10.38-2000 (R2007), Basic Elements of an Employer Program to Provide a Safe and Healthful								
	Work Environment, or the OSHA 1989 Safety and Health Program Management Guidelines. Contractor maintains a copy of its specialty contractor's safety and health plan, hazard communication plan, fall								
2.	protection plan (where applicable) or contractor requires specialty contractor to follow participants plan.								
3.	Contractor has an employee who administers the firm's safety and health program and conducts documented safety inspections. The employee has competed at least the OSHA 30-Hour Construction Course Outreach or equivalent.								
4.	Contractor has designated safety personnel at each site who conduct documented safety inspections of all work on the contractor's projects, and through training and experience, can recognize hazards and have authority to take prompt corrective action.								
	All supervisory personnel engaged in construction activities have completed the American Red Cross First Aid and								
5.	CPR Course or equivalent training within the past three years. When working on jobsites where emergency medical services are not available, i.e., working in remote location, at least one jobsite supervisor or foreman will have taken the American Red Cross Course or equivalent within the past year.								
6.	All supervisory personnel engaged in construction activities or other personnel serving in the capacity as a competent person shall have completed the OSHA 10-hour Construction Outreach Course (or its equivalent).								
7.	All supervisory personnel engaged in construction activities complete a minimum of 4 hours of documented safety and health training annually.								
8.	Contractor provides a safety and health program orientation for all new employees and trains employees for hazard recognition specific to the contractors work sites.								
9.	Contractor has evidence of employee involvement such as, but not limited to, participation in self-audits, site inspections, job hazard analyses, safety and health program reviews, safety training and mishap investigations.								
10.	Contractor maintains a substance abuse program.								
11.	Contractor conducts and documents weekly employee safety meetings.								
12.	Contractor conducts and documents self-audits.								
13.	Contractor has implemented a 100% fall protection program and requires and enforces the use of conventional fall protection when their employees are performing work that is in excess of six feet above ground level.								
14.	Contractor maintains an Experience Modification Rating (EMR) of 1.0 or less based on three year average.								
15.	Contractor maintains job-site accountability for safety and health program enforcement.		1						
16.	Contractor has not had any willful violations in the last three years.								
17.	Contractor has not had any repeated serious violations in the last three years.								
18.	Contractor has not had any fatalities or catastrophes within the last three years that resulted in serious or willful citations related to the incident.								
If you answered "no" to any of the questions listed above, then your company is not eligible to become a Build Safe Partnership Participant (BSPP). If you answered "yes" to all of the questions, then your company is eligible to become a partnership participant for one year. The Builders' Association must complete an inspection of at least one representative job site before the applicant is accepted into the program. I hereby certify that all information is accurate to the best of my knowledge.									
Print	Print Name: Title:								
Signature: Date:									

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