



GOLDEN TRIANGLE BUSINESS ROUNDTABLE

CONTRACTOR SAFETY AWARDS PROGRAM



ENGINEERING CATEGORY

SUBMITTAL INSTRUCTIONS AND APPLICATION

Revised 2/3/2016

OWNERS:

1. Give a copy of the submittal instructions, application and evaluation forms to the contractor(s) you will be nominating.
2. Once the completed application and supporting documentation are returned to you, put a letter of recommendation from your facility manager or safety office (sample attached) in the three ring binder (contractor application) as the first page.
3. Deliver the three ring binder (contractor application) to the Golden Triangle Business Roundtable, 2901 Turtle Creek Dr. Suite 440, Port Arthur, TX 77642 . No later than 5:00PM March 31, 2016

CONTRACTORS:

1. **GTBR Contractor Safety Award applicants must complete and submit the GTBR contractor survey for the previous year to ISTC by (Mar. 31, 2016) prior to submitting the GTBR application . GTBR Submittal Application is due March 31, 2016, 5:00 PM deliverable by Owner's Only. Contractor must be a GTBR Member in good standing with dues paid current. dues paid current.**

2. Complete the application form (pages 3 and 4).
3. Assemble the application and the evaluation forms into one (1) three inch (3) wide three (3) ring binder with the supporting data separated by the following tabs. Explain how your company health and safety program addresses each of the elements and sub-elements described by these tabs.

NOTE: If a contractor company is nominated at multiple sites, it is permissible to submit one large binder with common material for the sites and a separate binder for each site having site specific information.

Highlight the information that best describes how your program meets the requirements of the elements and sub-elements.

Tab #1 Application form (pages 3 and 4 completed) and the evaluation sheets (for GTBR Safety Committee use).

Tab #2 Management Commitment and Employee Involvement

- 1 Safety Policy, Goals and Objectives
- 2 Company and / or Site Health and Safety Planning
- 3 Authority and Resources
- 4 Line Accountability / Disciplinary Program
- 5 Home Office Employees
- 6 Employee Involvement
- 7 Safety and Health Program evaluation

Tab #3 Work Site Analysis

- 1 Safety and Health Surveys/Studies
- 2 Pre-use analysis
- 3 Hazard analysis
- 4 Self inspections
- 5 Employee hazard reporting system
- 6 Incident/injury investigations



Tab #4 Hazard Prevention and Control

- 1 Professional resources
- 2 Hazard elimination and control (Include copy of Confined Space Program and Hazard Communication Program)
- 3 Ergonomics
- 4 Hazard correction tracking
- 5 Occupational Healthcare program
- 6 Emergency Procedures
- 7 Process Safety Management
(OSHA 1910.119 (h) (3) (i) (Skill assessment) The contractor employer shall assure that each contract employee is trained in the work practices necessary to safely perform his/her job.
(OSHA 1910.119 (h) (3) (ii) The contract employer shall assure that each contract employee is instructed in the known potential fire, explosion, or toxic release hazards related to his/her job and the process, and the applicable provisions of the emergency action plan.
(OSHA 1910.119 (h) (3) (iii) The contract employer shall document that each contract employee has received and understood the training required by this paragraph. The contract employer shall prepare a record, which contains the identity of the contract employee, the date of training, and the means used to verify that the employee understood the training.
(OSHA 1910.119 (h) (3) (iv)
Submit a copy of Process Safety Management (PSM) program
The contract employer shall assure that each employee follows the safety rules of the facility including the safe work practices required by paragraph (f) (4) of this section.

Tab #5 Safety and Health Training Program description

- 1 Outline of training program for all levels of contractor company organization
- 2 Training tracking method
- 3 Supervisor / Manager 3rd party safety training
- 4 Employee skills assessment (percent of workforce)
- 5 Employee emergency action plan training (percent of workforce)
- 6 Employee Equipment operator training (percent of workforce)
- 7 Employee Personal Protective Equipment (PPE) (percent of workforce)
- 8 Employee Fire extinguisher (percent of workforce)
- 9 Employee Competent person training (For example excavations, forklift, scaffold erection, trainers of competent persons)
- # Employee preventive maintenance inspector training

Tab #6 Substance Abuse Program

4. Give the three ring binder containing application, health and safety program documentation to the facility owner representative for submittal to GTBR.



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CONTRACTOR COMPANY DATA

Contractor Company Name:	
Nominated by: (OWNER COMPANY, REPRESENTATIVE, SITE and PHONE NUMBER)	
Description of the Safety Management System of contractor organization. Provide evidence of evaluation Items listed on pages 7 through 12 of the Evaluation Form - Part 2 (attached). This evidence shall consist of pages from manuals, procedures, safety books etc. in a three-ring binder.	
This application form and accompanying Evaluation Form must be submitted back through the Owner's contact with the owner's recommendation letter to GTBR. If any part of the application or evaluation form is missing the application will not be accepted. One three ring binder containing Health & Safety program supporting documentation may be submitted for multiple facility nominations. However, an application for each facility must be completed and included in Tab #1 of the binder.	
Application prepared by	
Phone number	
President or CEO	
Phone Number (Office)	
Site Superintendent	
(The individual to contact for a site visit if contractor makes the final phase of evaluation)	
Address	
Phone Number (Office)	
Phone Number (Other or Cell)	
Award Liaison	
(The individual in contractor company to receive correspondence from the GTBR regarding the awards and ceremony)	
Address	
Phone Number (Office)	
Phone Number (Other or Cell)	
Email Address	



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CONTRACTOR COMPANY DATA (Continued)

DATE: _____

Contractor Name				
Address				
Type of Contractor (1)*				
Service(s) Provided				
Please enter the name of the Work Site in the space below.		Corporate Data (10)*		SITE DATA (2)*
		2013	2014	2015
Total hours worked				
% Contractor Employer personnel (3)*				
% Subcontractor personnel				
Number of Contractor Site Personnel (4)*				
Number of : (11)*				
Fatalities (5)*				
Lost Workday Cases (6)*				
Total Recordable Cases (7)*				
Incident Rate (8)*				
OSHA Rate (Fatalities + Lost Workday)				
OSHA Rate (All Recordables)				
EMR (9)*				

***NOTE: See 1-10 below for explanation**

1. Type of Contractor (NAICS Codes) Comparable SIC Codes
 Maintenance 23321 - 23332 SIC 1500-1600
 New Construction 23493 - 23499 SIC 1500-1600
 Specialty 23511 - 23599 SIC 1700
 Engineering - 54133 SIC 87
2. Site assigned personnel only (omit headquarters and regional offices). A minimum of 10,000 hours must be worked at the site to be eligible for nomination.
3. Of the hours recorded above, what percentage of the work is performed with your own forces?
 What percentage is performed by subcontractors?
4. Include all sub-contractors.
5. If there are any mitigating circumstances, please present details surrounding the case if you desire.
6. OSHA Classification "Days-Away from Work" (Total of column H OSHA 300 logs).
7. OSHA Total Recordable (Injuries & Illnesses) recorded on the OSHA 300 log - total of column M 1-5.
8. OSHA Incident Rates=OSHA Recordables X 200,000 divided by work-hours
9. Exclude sub-contractors
10. Corporate data (including headquarters and regional offices)
11. If "Fatalities", "Lost Workday Cases" or "Total Recordable Cases" are larger than Zero (0)- for **SITE DATA** - then go to Page 5 for additional requirements and submit requested data in that location in the application

For any incidents occurring at THIS SITE (reported on page 4) , please provide the following:

- 1) Description of the incident



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- 2) Copy of the incident investigation report, or equivalent
- 3) Description of corrective actions that were taken



OVERVIEW OF AWARDS EVALUATION PROCESS

The evaluation committee's process will consist of the following three parts.

1. Application with appropriate documentation

1. Verify type of contractor (NAICS/SIC)
2. Verify exposure hours (includes only site assigned personnel with minimum 10,000 work hours)
3. From the application received, determine the contractor size (exposure hours) for evaluation with other contractors with similar exposure.

2. Safety award rating from the application

1. From information presented, fill out Part 1 of the evaluation form
2. Evaluate contractor program in Part 2 of the application and score opposite the criteria for each element of the evaluation form.

3. Site visit and evaluation

1. Select contractors/sites for visits and interviews
2. Employee interviews in Part 3 to verify effectiveness of Safety Management
3. Documentation to check in Part 4 of the evaluation (On-site Superintendent)
4. Audit team coordinates site visit with contractor and owner representative.
5. Grading system:
 - a. 10 points for each category
 - b. Each team member grades individual employee interviews
 - c. Compare notes following each interview ~ reconcile/determine rating
 - d. Utilize existing criteria form and reword questions

The criteria for evaluating the Safety Management System in Part 2 of the application and the evaluation form is attached.



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EVALUATION FORM PART – 1 (SAFETY PERFORMANCE)

Contractor Name:	
Contractor Type:	

Note: Refer to page #4.

Classification	Site Incidence Rate	Points
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OSHA Lost Workday Rate (Fatalities + LWD cases)

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OSHA Total Recordable Incidence Rate (All Recordable cases)

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TOTAL SCORE PART - 1

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Formulas	Range	Points
Fatalities plus Lost workday cases OSHA Rate	0	60
	0.01 ~ 0.25	40
	0.26 ~ 0.75	20
	0.76 ~ 1.50	10
	1.51+	0
Total Recordable OSHA Rate	0	40
	0.01 ~ 0.25	35
	0.26 ~ 0.75	30
	0.76 ~ 1.50	15
	1.51 ~ 2.00	5
	2.01+	0

Reviewed by _____

Verified by _____



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EVALUATION FORM PART – 2 (Submittal/Program Evaluation) -Engineering

Category	Rating	Weighting Factor	Total
Management Commitment	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>
Work-site Analysis	<input type="text"/>	<input type="text" value="3"/>	<input type="text"/>
Hazard Prevention	<input type="text"/>	<input type="text" value="3"/>	<input type="text"/>
Safety and Health Training	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>
TOTAL SCORE PART - 2			<input type="text"/>

Part (2) Rating from pages 8 - 12

Range of measurement for Part 1 and Part 2 Totaled	
180 - 200 points = Excellence	
160 - 179 points = Very Satisfactory	
140 - 159 points = Satisfactory	Total of Part 1 and 2 <input type="text"/>



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EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

Instructions to GTBR Contractor Safety Awards Review Committee

The following criteria will be used to rate the Safety Management Systems of the contractor organization as submitted in their application for award. If all criteria exist in each category, they would be given the highest rating of 10 or rated as 9.5 if one element is missing and so on. The review committee may give partial credit for a weakness in the criteria. The Safety Management System should also address subs and points deducted based on percentage usage of subs if not considered in each item (if subs are 20% of their work and not included in the system, subtract 2). The ratings for each would be entered on the Rating Form - Part 2 and the total calculated.

TAB - 2 Criteria for Management Commitment: (20 questions @ 0.5 each = 10 points)

1. Safety Policy, Goals and Objectives, Planning

- ⇒ Demonstrate that the company Safety Policy written and communication documented? _____
- ⇒ Show that the Safety Policy include a statement that all injuries are preventable? _____
- ⇒ Demonstrate that specific Safety and Health goals been developed for the work-site? _____
- ⇒ Show that a strategy for reaching company goals been developed? _____

2. Authority and Resources/ Line Accountability

- ⇒ Show where all employees including Supervision are included in a written disciplinary program _____
- ⇒ Provide a disciplinary program that address safe work practice violations? _____
- ⇒ Show that there are clearly defined safety and health responsibilities in the organization? _____
- ⇒ Demonstrate that the company communicate the authority to stop work to all employees? _____

3. Home Office Employees

- ⇒ Show a site procedure address visits from home office employees? _____
- ⇒ Demonstrate that home office employees receive site orientation from facility? _____
- ⇒ Show where home office employee hours are counted toward site statistics? _____
- ⇒ Show procedure for home office employee has incidents. _____



EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

TAB - 2 Criteria for Management Commitment: (20 questions @ 0.5 each = 10 points) Contin

4. Employee Involvement

- ⇒ Show how employees are involved in safety inspections _____
- ⇒ Demonstrate how employees are trained in observing and reporting of hazards _____
- ⇒ Demonstrate frequency of toolbox safety meetings being conducted? _____
- ⇒ Provide examples where employees complete JSA before field work? _____

5. Safety and Health Program evaluation

- ⇒ Demonstrate that the Safety and Health Program include all employees? _____
- ⇒ Show that the Safety and Health Program has Critical Task Analysis? _____
- ⇒ Demonstrate that the Safety and Health Program is regularly audited? _____
- ⇒ Show process where the audit results in changes to the Safety and Health Program? _____

Criteria for Management Commitment Total ⇒

TAB - 3 Criteria for Worksite Analysis (20 questions @ 0.5 each = 10 points)

1. Safety and Health surveys

- ⇒ Show that there are home office audits of this location on a periodic basis? _____
- ⇒ Provide an annual site safety plan? _____

2. Pre-use analysis

- ⇒ Show the documented MOC procedures that are followed?
Does company personnel participate in PHA's? _____

3. Hazard Analysis

- ⇒ Show how the company performs ongoing hazard analysis of work areas including office environment for ergonomic issues? (i.e. job safety analysis, prepared job tasks) _____
- ⇒ Procedure for immediate correction of work stations that need corrections? _____

4. Self Inspections

- ⇒ Show the frequency of self inspections and audits conducted _____
- ⇒ Show example of how employee actions are corrected when hazards are noted? _____



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EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

TAB - 3 Criteria for Worksite Analysis (20 questions @ 0.5 each = 10 points) Continued

- ⇨ Show findings, recommended corrective actions, assigned responsibilities and target dates for findings. _____
- ⇨ Show method of tracking items to completion. _____
- ⇨ Show how employees are included in plant safety inspections? _____
- 5. Employee hazard reporting system**
- ⇨ Demonstrate how employees have a method of reporting a safety concern anonymously. _____
- ⇨ Demonstrate the process that insures employee safety concerns are acted on timely _____
- ⇨ Demonstrate how safety concerns corrective actions tracked to completion. _____
- ⇨ Show that there is company policy encouraging the reporting of concerns without fear of reprisal? _____
- 6. Incident / injury Investigations**
- ⇨ Show policy that all incidents inv Show copy of incident report. _____
- ⇨ Demonstrate that recommendations from incident investigations have been tracked and corrected? _____
- ⇨ Show how the company analyzes incident, injury/illness data? _____
- ⇨ Show that the data is used to alert other company locations to hazards? _____
- ⇨ Show the written procedure that includes the definition of an incident? _____
- ⇨ Show how employees participate in accident / incident investigation. _____
- Criteria for Worksite Analysis Total ⇨**



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EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

TAB - 4 Criteria for Hazard Prevention and Control (10 questions @ 1pt. each = 10 points)
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1. Professional resources

- ⇒ Show what Safety and Health Professional services are available for consultation when needed?

2. Hazard elimination and control programs

- ⇒ Show where the following Prevention and Control Programs are in place.
(Confined Space, Hazard Communication, Ergonomics,
PSM, MOC, PHA)

3. Ergonomics

- ⇒ Demonstrate that all employees have office ergonomic assessments?

- ⇒ Show the procedure where employees receive a new assessment when they move or change offices or at least annually.

⇒

4. Hazard Correction tracking

- ⇒ Show example of findings from inspections, audits, employee concerns and incidents.

⇒

5. Occupational Healthcare Program Beyond Drug and alcohol.

- ⇒ Show the fitness for duty program .

- ⇒ Demonstrate that the fitness for duty program is written and audited.

- ⇒ Show that the work-site emergency medical care provider is identified.

6. Emergency Procedures

- ⇒ Show where the site emergency procedure include evacuation signals, staging areas, potential health effects of contaminants, signs and symptoms of contaminants and checking wind direction.

7. Process Safety Management

- ⇒ Show where the company PSM Program includes written instructions regarding adherence to the safety rules and
procedures of the client including safe work practices.

Criteria for Hazard Prevention and Control Total⇒



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EVALUATION FORM PART – 2 (Submittal/Program Evaluation)

TAB - 5 Criteria for Safety and Health Training (10 questions @ 1pt. each = 10 points)

1. Show the companys written training program? _____
2. Show how the training program describes the method used to assure employees receive timely, relevant safety and health training. _____
3. Demonstrate that managers and supervisors attend advance training courses. _____
4. Show the qualifications of employees
5. Show policy for Emergency Action Plan (percent of **entire** workforce) _____
6. Demonstrate the Ergonomic awareness training _____
7. PPE - assessment completed on all work classifications _____
8. Fire Extinguisher training for personnel in offices _____
9. Competent Person Training for fall protection (use of harnesses for field work) _____
10. Show where persons performing ergonomic assessments are trained for this work. _____

Criteria for Safety and Health Training Total⇒