
VPP Corporate Pilot Facility VPP Application Template

**Voluntary Protection Programs
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VPP Corporate Pilot Facility VPP Application Template

I. Introduction

The Voluntary Protection Programs (VPP) Corporate Pilot seeks to establish a more efficient process for Corporations with effective safety and health management systems uniformly implemented at its corporate facilities to participate in VPP. The VPP Corporate Pilot requires that the Corporation submit a detailed application that describes all standardized policies, programs, and systems that are implemented at each corporate facility. Additionally, the Corporation must pre-screen each of its facilities prior to the facility submitting an application to OSHA. A Program Evaluation is conducted at the Corporate Office/Headquarters to verify the contents of the Corporate Application and ensure that top-management is committed to VPP. Once the Corporation is accepted into the VPP Corporate Pilot, all eligible corporate facilities that have been successfully pre-screened may apply for VPP membership using this streamlined application.

The Facility VPP Application is designed to capture facility-specific information on the implementation of VPP elements at the worksite. The information provided in the Corporate Application does not need to be duplicated. The facility and Corporate Office must properly coordinate to ensure this duplication of information is prevented. To ensure that information provided in the Corporate Application is not duplicated by the facility, the Corporate Office should provide the facility a copy the Corporate Application Information Checklist that identifies all the informational areas covered in the Corporate Application.

Additionally, all Facility VPP Applications must have been pre-screened by the Corporation prior to submission to OSHA. Pre-screening will help to expedite the application review process conducted by OSHA and allow OSHA to conduct a streamlined onsite evaluation of the facility. As in the traditional VPP process, an OSHA VPP Onsite Evaluation Team will conduct an evaluation of the facility to verify the information described in the application. However, for the VPP Corporate Pilot, onsite evaluation of pre-screened facilities will focus on two VPP elements rather than all four as in traditional VPP. The Onsite Evaluation Team will select the two VPP elements for review; however this information will not be disclosed to the facility prior to the evaluation. Additionally, the review will focus on the facility implementation of the standardized corporate safety and health policies and procedures, and any worksite-specific elements of the facility's program.

The following sections of this application contain the required information Applicant Corporate Facilities must provide, including general facility information, assurances from management and the Union, injury and illness rates, and the facility's most recent annual evaluation of the safety and health management system including a description of any programs/policies that differ from corporate policies.

II. Application Form

A. General Information and Facility Map

Complete the information below and provide a copy of a map of the facility for use by the Onsite Evaluation Team.

Corporation Name/Address:	Point of Contact:
	Phone:

Facility (Site) Information	<u>Address:</u>		
Phone:			
<u>Facility Manager</u>	<u>Facility (Site) VPP Contact</u>	<u>SIC</u>	<u>NAICS</u>
<u>FAX</u>	<u>Email</u>	<u>VPP Status</u>	
<u># Applicable Contractors*</u>	<u># Site Employees*</u>	<u>Total</u>	<u>Total Hours Worked</u>
Site Injury & Illness Rate* (Last Yr)	TCIR:		DART:
Site 3-yr. Injury & Illness Rate**	TCIR:		DART:
Applicable	TCIR:		DART:

Type of Work Performed and Products Produced. Provide a description of the work performed at this facility, the types of products produced, and the major hazards typically associated with your industry.	Standard Industrial Classification (SIC) Code:	North American Industry Classification System (NAICS) Code:

* Enter average employment figure as recorded in worksite's own records.

** Obtain from tables below.

B. Written Assurances

VPP applicants must assure, that they understand and agree to fulfill program requirements as participants in the VPP Corporate Pilot related to: OSHA Act compliance, employee support for VPP application, meeting and maintaining VPP elements, worksite and application pre-screening, employee rights, non-discrimination, employee access to records, OSHA access to documentation, providing annual data, and informing OSHA of organizational and collective bargaining changes by signing and submitting the form included in Appendix A.

C. Union Information

If employees at the facility are represented by a collective bargaining agent(s), each authorized collective bargaining agent(s) must either provide a signed statement of support for the facility's participation in the VPP, or co-sign the application submitted to OSHA. If a statement of support is used, it must be on file before the application is considered complete. A sample letter of union support is provided in Appendix B.

Union Name/ Local***:	
Site Representative:	
Address:	
Phone:	Fax:
Email:	

***Attach additional tables for each applicable contractor or union.

D. Inspection History

List all inspection activity involving OSHA over the past five years. Include the type of inspection (complaint, programmed, referral, accident, fatality, etc.), any citations issued, and status of any citations at the time this application was submitted. The application will not be accepted by OSHA if there is any outstanding enforcement action pending including open inspections, contested cases, etc.

E. Injury and Illness Rate Information. Please complete the information and submit tables. Additional guidance on calculating injury and illness rates can be found in Appendix C.

Table 1: All facility (site) employees including temporary and contract workers who are directly supervised by site management
 Table 2: Each applicable contractor’s employees (contractor whose employees worked 1,000 hours or more in any calendar quarter).

Table 1: Site Employee Recordable Non-fatal Injury and Illness Case Incidence Rates									
1	2	3	4	5	6	7	8	9	10
Year	Total Work Hours	Total # of Injuries	Total # of Illnesses	Total # of Injuries & Illnesses	Total Case incidence Rate for Injuries and Illnesses (TCIR)	Total # of Injuries Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer	Total # of Illnesses Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer	Sum of Injury & Illness Cases Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer	Days Away, Restricted, and/or Transfer Case Incidence Rate (DART rate)
3 Years Ago (Annual)									
2 Years Ago (Annual)									
Last Year									
3 Year Totals and Rates									
BLS rate (from previous 3 yrs) used for comparison									
% 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 for the year.
- Column 4: Insert the total number of OSHA recordable illnesses for the year.
- Column 5: Insert the sum of columns 3 and 4.

- Column 6: (TCIR) = (total recordable injuries and illnesses ÷ total hours worked) x 200,000
- Column 7: Insert the total number of OSHA recordable injuries involving days away from work,
- Column 8: Insert the total number of OSHA recordable illnesses involving days away from work, restricted work activity, and/or job transfer
- Column 9: Insert the sum of columns 7 and 8.
- Column 10: (DART rate) = (total recordable injuries and illnesses resulting in days away, restricted work activity, and/or job transfer ÷ total hours worked) x 200,000
- 3-Year Rates: (3-year TCIR) = (column 5 total ÷ column 2 total) x 200,000
 (3-year DART) = (column 9 total ÷ column 2 total) x 200,000
- BLS Data: Insert the industry TCIR and DART rate from BLS's Table of Incidence Rates of Nonfatal Occupational Injuries and Illnesses by Industry at www.BLS.gov
- Comparison: Calculate the percent above or below the BLS national average for your TCIR and DART rate using the formula:
 $[(\text{Site rate} - \text{BLS rate}) \div \text{BLS rate}] \times 100$

Table 2: Site Applicable Contractors Recordable Non-fatal Injury and Illness Case Incidence Rates (Report contractor injury and illness rates for contractors that work 1,000 or more hours in a quarter at your site)									
1	2	3	4	5	6	7	8	9	10
Year	Total Work Hours	Total # of Injuries	Total # of Illnesses	Total # of Injuries & Illnesses	Total Case incidence Rate for Injuries and Illnesses (TCIR)	Total # of Injuries Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer	Total # of Illnesses Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer	Sum of Injury & Illness Cases Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer	Days Away, Restricted, and/or Transfer Case Incidence Rate (DART rate)
Last Year's Totals and Rates									
**** BLS rate from any of the previous 3 yrs used for comparison.									

****** Include SIC and NAICS Codes**

F. Significant Changes or Events

If applicable, 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 worker safety and health.

G. Annual Evaluation of Safety and Health Management System

Provide a copy of the facility's most recent annual evaluation that assesses the effectiveness of each of the elements and sub-elements of the safety and health management system listed below. There is no specified format for the annual evaluation; however, the information for each sub-element must describe:

- If applicable, improvements made since the previous year and completion of the previous year's recommendations.
- 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.

The Facility VPP Application must discuss all policy/program areas not covered by the Corporate VPP Application and give details on any site-specific programs. Refer to the Corporate VPP Application Checklist completed by your Corporate Office/Headquarters, which identifies all information submitted to OSHA in the Corporate VPP Application.

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 Worker Coverage

2. Worksite Analysis

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

h. Trend/ Pattern Analysis

3. Hazard Prevention and Control

- a. Certified Professional Resources
- b. Hazard Elimination and Control Methods
 - Engineering Controls
 - Administrative Controls
 - Work Practice Controls and Hazard Control Programs
 - Safety and Health Rules and Disciplinary System
 - Personal Protective Equipment
- c. Process Safety Management (if applicable)
- d. Occupational Health Care Program
- e. Preventive/Predictive Maintenance
- f. Tracking of Hazard Correction
- g. Emergency Preparedness
- h. Written Safety and Health Programs:
 - Recordkeeping and Posting
 - Hazard Communication
 - Blood borne Pathogens
 - Employee Exposure Assessment/Industrial Hygiene
 - Confined Space Entry
 - Trenching and Excavation
 - Elevated Work and Fall Protection
 - Mobile Equipment and Material Handling
 - Respiratory Protection
 - Hearing Conservation
 - Personal Protective Equipment
 - Asbestos and Lead Management
 - Fire Prevention and Protection
 - Hot Work Permitting
 - Electrical Safe Work Practices
 - Spill Release and Prevention
 - Emergency Evacuation Plan
 - Ergonomic Awareness Program
 - Process Safety Management
 - Lockout/Tagout

4. Safety and Health Training

- a. Managers
- b. Supervisors
- c. Employees

H. 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.

In signing this document, the management of [insert company name], hereby assures that:

We have successfully received a pre-screening evaluation as described in the VPP Corporate Application.

We will comply with the Occupational Safety and Health Act (OSH Act) and correct, in a timely manner all hazards discovered through self-inspections, employee notifications, accident investigations, OSHA onsite reviews, process hazard reviews, annual evaluations, or other means. (Federal applicants must also agree to comply with Title 29 of the Code of Federal Regulations (CFR), Part 1960 – Basic Program Elements for Federal Employees).

Within 90 days, we will correct, safety and health deficiencies related to compliance with OSHA requirements and identified during any OSHA onsite review. We will provide effective interim protection, as necessary.

Our employees support our application to the VPP.*

Management commits to meeting and maintaining the VPP elements.

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.

We will protect employees given safety and health duties as part of our safety and health management system from discriminatory actions resulting from their carrying out such duties, as described in Section 11(c) of the OSH Act and 29 CFR 1960.46(a).

Employees will have access to the results of self-inspections, accident investigations, and other safety and health data, upon request.*

We will maintain our safety and health management system information and make it available for OSHA 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 Section III.J.4 of the July 24, 2000 Federal Register Notice.
- Any data necessary to evaluate the achievement of corporate or participating worksite individual Merit or 1-Year Conditional Star goals.

Each year by February 15, we will submit our annual injury incidence and lost work day case numbers and rates, hours worked, and estimated average employment for the past calendar year separately for our regular employees and for applicable onsite contract employees as well as a copy of our annual safety and health program self- evaluation to our designated OSHA Regional VPP manager.

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

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

We understand that we may withdraw our participation at any time for any reason should we deem that desirable.

We, the undersigned, respectfully submit this statement of assurances and request consideration for participation in the Voluntary Protection Programs.

Signature: _____

Title: _____

Date: _____

*At facilities 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) supports VPP participation. OSHA must receive concurrence from all such authorized agents to accept the application. At non-union corporations and worksites, management's assurance of employee support will be verified by the OSHA onsite review team during employee interviews.

*At unionized construction sites, this requirement may be met through employee representative access to these results.

Appendix B
Sample Statement of Union Support

Dear _____:

The International Brotherhood of Chemical Workers (IBCW), Local 3-593, is in full support of this site’s pursuit and participation in the Voluntary Protection Programs (VPP).

We understand that Occupational Safety and Health Administration (OSHA) created VPP to encourage and recognize excellence in safety and health, and to accomplish OSHA’s mission of protecting America’s workers through voluntary efforts. We understand the requirements of the program are based on comprehensive safety and health management systems, with our represented employees actively and meaningfully involved in the safety and health program.

We, the undersigned, respectfully submit this statement of support for participation in the VPP and request consideration for membership in VPP.

Joe Smith
Collective Bargaining Agent

Date: _____

I. Definitions

- A. **Total Case Incidence Rate (TCIR).** Total number of recordable injuries and illness cases per 100 full-time employees that a site has experienced in a given time frame.
- B. **Days Away, Restricted, and/or Transfer (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 a site 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 Evaluation Teams will calculate the site's rates for the previous 3 full calendar years and year-to-date. When reviewing participating sites, the VPP onsite teams also will review the rates of each applicable contractor. Note: The 3-year review of applicable contractors' rates will not begin until 2003. (In the year 2002, 2000 and 2001 data will be reviewed).

III. Contractor Rates

- A. Copies of each applicable contractor's hours worked and injury and illness data pertaining to the site must be maintained by site management. (Applicable Contractors are defined as those employers hired to provide services and whose employees worked a total of 1,000 or more hours in at least 1 calendar quarter at your worksite.)
- B. Injury and illness data for temporary and contractor employees who are regularly intermingled with the owner's employees and under direct supervision by site management must be included in the site's rates.

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

V. Rate Calculations

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

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

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

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

EH = total number of hours worked by all employees in the year.

200,000 = equivalent of 100 full-time workers 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 result by 200,000.

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

- C. **3-year DART Rate Calculation.** To calculate 3-year DART rate, 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.

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

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

VI. Comparison to National Averages. Compare the 3-year TCIR and DART rate to the most recently published Bureau of Labor Statistics (BLS) national average (available online at <http://www.osha.gov/oshstats/work.html>) for the three- or four-digit (if available) SIC or the NAICS code for the industry in which the applicant is classified.

- A. These national averages, currently broken down by SIC 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. When BLS changes from the SIC classification system to the North American Industry Classification System (NAICS), VPP rates will be compared to the rates generated under NAICS.
- B. To calculate the percent above or below the national average use the following formula:

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