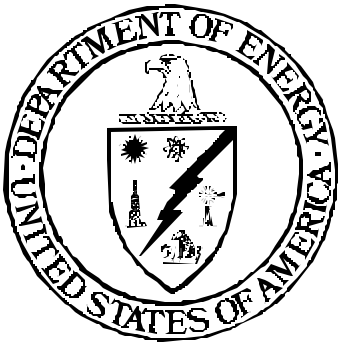


DOE/EH 0433

# **U.S. DEPARTMENT OF ENERGY VOLUNTARY PROTECTION PROGRAM**

## **Part III: Application Guidelines**

**October 1994**



**U.S. Department of Energy  
Office of Safety and Quality Assurance  
Office of Occupational Safety  
Washington, DC 20585**

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# DEPARTMENT OF ENERGY VOLUNTARY PROTECTION PROGRAM Part III: Application Guidelines

## I. THE DOE-VPP APPLICATION PROCESS

### A. Background

The Department of Energy created the DOE Voluntary Protection Program (DOE-VPP) to recognize and encourage excellence in occupational safety and health protection. This program closely parallels the Department of Labor's Occupational Safety and Health Administration Voluntary Protection Program (OSHA's VPP), which was adopted on July 2, 1982. OSHA's VPP has demonstrated that cooperative action among government, industry, and labor can achieve excellence in worker health and safety.

DOE-VPP identifies areas where DOE contractors and subcontractors can go beyond compliance with DOE Orders and OSHA standards. The program encourages the creative search for excellence through systematic approaches and cooperative efforts involving managers, employees, and DOE.

DOE-VPP is designed to apply to all contractors in the DOE complex and encompasses production facilities, research and development operations, and various subcontractors and support organizations. Requirements for participation are based on comprehensive management systems, with employees actively involved in anticipating, recognizing, evaluating, and controlling the potential health and safety hazards at the site.

In keeping with OSHA's VPP philosophy, participation in DOE-VPP is strictly voluntary. Additionally, any participant may withdraw from the program at any time.

### B. Instructions for Contractors Completing an Application

DOE contractors and subcontractors who wish to apply for DOE-VPP must submit a formal application, which describes how they meet the requirements. The current document, which constitutes an application notebook, has been created to facilitate the procedure by outlining the DOE-VPP application process (Chapter I) and providing guidance on assembling the application materials (Chapter II).

Chapter II is divided into a general information section and sections for each of the five major program elements of DOE-VPP: Management Leadership, Employee Involvement, Worksite Analysis, Hazard Prevention and Control, and Safety and Health Training. Each of the Gold Sheets covers one aspect of a program element. The sheets act as dividers and specify what information is required, what additional information may be included,

and what should not be included. Following the program elements section, the "Assurance of Commitment" section lists the assurance statements which are required in the application. The entire application must fit into a 3-inch binder.

To avoid having an application returned, please follow the instructions stated below.

1. Work closely with your Area Office during the assembly of your application package. In the absence of an Area Office, work closely with your Operations Office.
2. Place a cover on the notebook identifying your company name, the site, the date of submission, and the fact that this is a DOE-VPP application submission.
3. Review each Gold Sheet carefully and insert the required information directly behind that divider. Do not set up appendices; all documentation must go into the appropriate section. The purpose of the submittals is to demonstrate that appropriate systems are in place, not to provide all safety and health program documents. Information provided for previous Gold Sheets may be referenced rather than duplicated within the application
4. Sign each Gold Sheet after you have assembled all of the requested information.
5. Submit the completed application to the designated reviewer in your Area Office. In the absence of an Area Office, submit the application to the Operations Office.
6. Respond to requests for clarification or additional information from the Area or Operations Office within ten working days.

### **C. Instructions for DOE Personnel Reviewing an Application**

#### **Area Office**

1. During the informal review phase, provide guidance to the contractor on the best way to demonstrate how its programs and procedures meet the DOE-VPP requirements.
2. Upon formal receipt of the application, notify a Headquarters DOE-VPP Coordinator (EH-31) at (301) 903-4435.
3. Review the documentation assembled in each section for accuracy and completeness.
4. It is recommended that the application review be completed within 20 working days of receipt. If necessary, request additional information from the applicant. The applicant should respond within ten working days.

5. Within ten working days of receiving any additional requested information, sign the appropriate line in the Reviewer Signature Blocks on the Gold Sheets, indicating agreement or disagreement, and forward the application and recommendation to the Operations Office Point of Contact.
6. It is recommended that the Area Office application review process not exceed 40 working days.

### **Operations Office**

1. Upon receipt of the application, notify a Headquarters DOE-VPP Coordinator (EH-31) and forward a copy of the application to the appropriate Cognizant Secretarial Office (CSO).
2. Review the documentation assembled in each section for accuracy and completeness. It is recommended that the application review be completed within 20 working days of receipt. If necessary, request additional information from the applicant. The applicant should respond within ten working days.
3. Within ten working days of receiving any additional requested information, sign the appropriate line in the Reviewer Signature Blocks on the Gold Sheets, indicating agreement or disagreement, and forward the application to the Headquarters DOE-VPP Point of Contact.
4. Prepare a written recommendation on whether an onsite visit should be arranged and send the recommendation to EH-1 with the application.
5. Respond to any CSO concerns within ten working days.
6. It is recommended that the Operations Office application review process not exceed 40 working days.

### **Cognizant Secretarial Office**

1. Review the completed application and, if there are no objections, sign the CSO recommendation sheet found in the back of the application notebook.
2. If there are concerns, indicate them on the CSO recommendation sheet and fax the sheet to the Operations Office. The Operations Office should respond within ten working days.

## II. APPLICATION MATERIALS

### General Information

---

The following information is required on all DOE-VPP applications.

1. Organization Name  
Address  
Site Address (if different)  
President/Director  
  
Site DOE-VPP Point of Contact  
Title  
Address  
Phone Number
2. Organization's Parent Company (if any)  
  
Corporate DOE-VPP Point of Contact (if applicable)  
Title  
Address  
Phone Number
3. Collective Bargaining Agent(s)  
Address(es)  
Phone Number(s)
4. Number of Employees  
*This number should include subcontractor employees, if any.*
5. Type of Work Performed  
*Provide a description of the primary and secondary missions of your organization.*
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. Standard Industrial Classification (SIC) Code  
*This is a three- to four-digit code. If the SIC Code is not known, provide the most likely SIC.*

8. **Injury Incidence Rate**  
*Provide separate rates for the applicant contractor and for the combined activities of all subcontractors involved in the operations covered by the application for each of the last three complete calendar years. Also provide the average for those years.*

$$\text{Incidence Rate} = (N/EH) \times 200,000$$

*where*

*N = number of recordable injuries or number of lost workday cases*

*EH = total number of hours worked by all employees during the calendar year*

*To calculate averages for three complete calendar years, use the same formula as above, substituting the total number of injuries or lost workday cases for all three years for N, and dividing by the total number of hours worked during all three years.*

9. **Lost Workday Injury Case Rate**  
*Provide separate rates for the applicant contractor and for the combined activities of all subcontractors involved in the operations covered by the application for each of the last three complete calendar years. Also provide the average for those years.*

*Along with the incidence rate and lost workday injury case rate, provide the numbers used in the calculations: i.e., for each of the three years provide the number of hours worked, number of injuries, and number of lost workday cases.*

*The lost workday injury case rate is calculated similarly to the injury incidence rate, except N equals only the number of lost workday cases.*

10. **Site Plan**  
*Provide a site map or general plant layout. For larger sites, or multiple contractors' sites, please delineate respective areas of responsibility.*

**Program Element I: Management Leadership**  
**1. Commitment**

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*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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element I: Management Leadership**

**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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element I: Management Leadership**

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**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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element I: Management Leadership**  
**4. Accountability**

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*Required Information:*

Describe the system used for holding line managers and supervisors accountable for safety and health and how that system is documented.

Attach blank performance appraisal forms for managers and supervisors.

*Additional Guidance:*

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

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element I: Management Leadership**  
**5. Resources**

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*Required Information:*

Provide a narrative summary of personnel, equipment, budget, capital investments (if any), and other resources devoted to the safety and health program, including the radiological control program.

Include the current fiscal year site budget and the percentage devoted to safety and health programs.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element I: Management Leadership**  
**6. Planning**

---

*Required Information:*

Describe how safety and health are a part of management planning.

*Additional Guidance:*

Portions of actual planning documents can be attached.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element I: Management Leadership**  
**7. Contract Workers**

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*Required Information:*

Describe how past performance in safety and health is taken into account in selecting contractors.

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.

*Additional Guidance:*

Include criteria for selecting contractors.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element I: Management Leadership**  
**8. Program Evaluation**

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*Required Information:*

Safety and Health Program Evaluation

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.

Rate Reduction Information (for applicants with rates above the industry average)

Specify short-term and long-term strategies for reducing injury rates to below the industry average; include specific methods.

*Additional Guidance:*

Ensure that the program evaluation follows the requirements set forth in *Part I: Program Elements*—i.e., it must be in narrative form and must address the five basic elements and all the sub-elements.

Do not attach Tiger Team Assessments, Progress Assessments, Technical Safety Appraisals, or Corrective Action Plans. Checklists should not be submitted as demonstration of program evaluation.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element I: Management Leadership**  
**9. Site Orientation**

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*Required Information:*

Describe the program(s) for familiarizing and holding accountable all persons using the site, including vendors, consultants, students, and visiting scientists.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element I: Management Leadership**  
**10. Employee Notification**

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*Required Information:*

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

1. participation in DOE-VPP;
2. their right to express concerns related to occupational safety and health to DOE;
3. their right to receive the results of self-inspections and accident investigations upon request.

*Additional Guidance:*

Sections from orientation handbooks for new employees, posters, flyers, and bulletin board notices can be attached.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element II: Employee Involvement**

**1. 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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element II: Employee Involvement**  
**2. Safety and Health Committees**

*Required Information\*:*

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 (if covered under Safety and Health Training, indicate "see training")
8. Safety and health information accessible to and used by the committee

*Additional Guidance:*

\*Construction applicants must provide the above information. Nonconstruction applicants may also provide the information, if a safety and health committee is used. At least half of the members of construction committees must be bona fide employee representatives who work at the site, or hourly craft workers who are rotated through committee membership.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element III: Worksite Analysis**

**1. Pre-use/Pre-startup 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.

Analysis should include radiological hazards, if applicable.

Construction firms may want to include phase hazard analyses.

Do not include complete Safety Analysis Reports or Operational Readiness Reviews. Summaries of findings and tables of contents from recent documents may be attached.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element III:**

**Worksite Analysis**

**2. Comprehensive Surveys**

*Required Information:*

Describe the methods used for initial determination of safety and health hazards. Methods may include baseline industrial hygiene surveys, comprehensive safety surveys, radiological surveys/exposure mappings, and/or project safety reviews at the time of design.

Provide evidence that the surveyors were 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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element III:**

**Worksite Analysis**

**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 of those conducting the inspections, and how corrections are tracked.

Describe how these inspections cover the entire site quarterly, through at least monthly assessments.\*

*Additional Guidance:*

Include sample tracking forms.

Samples of checklists used for self-inspections would be of value.

\*For construction sites, safety and health inspections shall cover the entire worksite weekly; safety committee hazard inspections are conducted monthly.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element III:**

**Worksite Analysis**

**4. Routine Hazard Analysis**

*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.

Construction applicants must describe phase planning.

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.

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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element III:**

**Worksite Analysis**

**5. Employee Reporting 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 in writing. 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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element III: Worksite Analysis**

**6. Accident Investigations**

*Required Information:*

Describe the system used to conduct accident and 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; however, do not include any DOE accident investigations.

Do not include supervisors' first reports of injury.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element III:**

**Worksite Analysis**

**7. Trend Analysis**

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*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, radiological exposure data, and injury and illness experience data.

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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element IV: Hazard Prevention and Control**

**1. Professional Expertise**

*Required Information:*

Provide details concerning the use of certified professionals, such as occupational medical personnel, health physicists, industrial hygienists, and safety professionals.

Describe what services are available at the site; how these professionals integrate their services with each other; and how communication is maintained.

*Additional Guidance:*

References to the organizational charts may be appropriate to demonstrate where the various safety and health professions are found.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element IV: Hazard Prevention and Control**  
**2. Safety and Health Rules**

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*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 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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element IV: Hazard Prevention and Control**  
**3. Personal Protective Equipment**

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*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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element IV: Hazard Prevention and Control**  
**4. Preventive Maintenance**

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*Required Information:*

Summarize and briefly describe the procedures used for the equipment preventive maintenance programs. 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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element IV: Hazard Prevention and Control**  
**5. 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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			





**Program Element IV: Hazard Prevention and Control**  
**6. Radiation Protection Program**

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*Required Information:*

Summarize and briefly describe (2-3 pages) the procedures used for protecting employees from radiological hazards.

*Additional Guidance:*

Some ALARA performance indicators may be useful, particularly collective dose, maximum individual dose, and number of contamination incidents for each of the previous three years.

Do not attach Tiger Team Assessments, Technical Safety Appraisals, Corrective Action Plans, Radiological Control Manual Implementation Plans, or Radiological Protection Program Plans.

Checklists should not be submitted as demonstration of program evaluation.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element IV: Hazard Prevention and Control**

**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 OSHA and DOE 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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element IV: Hazard Prevention and Control**

**8. 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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**Program Element V: 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 are performed to ensure that employees retain course information.

*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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

**Program Element V: Safety and Health Training**  
**2. Supervisors**

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*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.

*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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			





**Program Element V: Safety and Health Training**  
**3. Managers**

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*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.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			

## **Assurance of Commitment**

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### **Union Statement.**

If the site is unionized, the authorized collective bargaining agent(s) must sign a statement of support for the DOE-VPP application. The statement is included in the application before DOE comes on site.

### **Management Statement.**

The assurance statements required in the application must include the following:

1. We are committed to doing our best to provide outstanding safety and health protection to our employees through management systems and employee involvement.
2. We are also committed to the achievement and maintenance of the Star Program requirements and to the goals and objectives of the DOE Voluntary Protection Programs.
3. We agree to provide the information listed below for DOE-VPP review on site. We agree to retain these records until DOE communicates its decision regarding initial DOE-VPP participation. We will likewise retain comparable records for the period of DOE-VPP participation covered by each subsequent evaluation until DOE communicates its decision regarding continued approval.
  - a. Written safety and health program.
  - b. Copies of the log of injuries and illnesses and the OSHA 101 or the DOE 5484.X.
  - c. Injury and illnesses records for subcontractor workers in areas controlled by the participant contractor.
  - d. Monitoring, sampling, and analysis records (where applicable).
  - e. Medical records (which will be held confidential).
  - f. Training records.
  - g. Agreement between management and the collective bargaining agents(s) concerning the functions of the safety committee and its organization, where applicable.
  - h. Minutes of each committee, where applicable.
  - i. Committee inspection records, where applicable.

- j. Management inspection and accident investigation records.
  - k. Records of notification of unsafe or unhealthful conditions received from employees and action taken, taking into account appropriate privacy concerns.
  - l. Annual internal health and safety program evaluation reports.
4. In agreeing to make this information available to DOE, we understand that any materials we feel are classified, confidential, or revealing of trade secrets will be viewed by DOE on site to avoid placing those materials in government files that are subject to Freedom of Information Act requests.
  5. We agree to correct all hazards identified through any assessments, investigations, reports, or maintenance in a timely manner.
  6. We agree that control of hazards will be implemented in the following order:
    - a. Process and/or material substitution
    - b. Engineering controls
    - c. Administrative controls
      - (1) Work rules
      - (2) Operating procedures
  7. We will provide the results of self-audits, appraisals, assessments, and accident/incident investigations to our employees upon request.
  8. Any employee who has safety related duties or who calls attention to safety related items will be protected from any reprisal or harassment resulting from these duties.
  9. By February 15 of each year, we will provide DOE our annual injury incidence and lost workday case rates, hours worked, and estimated average employment for the past calendar year.
  10. By an agreed-upon date, we will provide DOE our safety and health program evaluation.
  11. We will notify employees about participation in DOE-VPP, their right to register a complaint with DOE, and their right to obtain self-inspection and accident investigation results upon request.

**Withdrawal.**

We understand that we may withdraw our participation at any time for any reason, should we so

desire.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

*Applicant Signature:* \_\_\_\_\_

*Reviewer Signature Block*

Reviewer	Agree	Disagree	Date
Area Office			
Operations Office			
Headquarters DOE-VPP Office			



**DOE VOLUNTARY PROTECTION PROGRAM  
RECOMMENDATION SIGNATURE SHEET**

The following signature documents that this DOE-VPP formal application has been reviewed by the Cognizant Secretarial Office representative to ensure that the required information is included and that there are no objections to the content of the application.

\_\_\_\_\_  
**Cognizant Secretarial Office  
Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mail stop**