

MVPP

APPLICATION

**Site/Applicant Name**:

Site Address:

Mailing Address (if different from site address):

**Site Contact**:

(Name and Title):

Telephone Number(s):

e-mail address:

**Department of Labor and Economic Opportunity**

**Michigan Occupational Safety and Health Administration**

**Consultation Education and Training Division**

**MVPP Contact Information**

Michigan Department of Labor and Economic Opportunity

Michigan Occupational Safety and Health Administration

Consultation Education and Training Division

P.O. Box 30643

Lansing, Michigan 48909‑8143

Email: miosha-mvpp@michigan.gov

(517) 284-7720

[www.michigan.gov/mvpp](http://www.michigan.gov/mvpp)

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| --- |
| **I. General** |
| **Employer Federal ID number**:       |
| **Parent Company** (name, address contact):      Street Address:      City:      , State:       Zip code:      *\*Provide MVPP Assurance Document (signed by the highest-ranking company official working at the site*.      |
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|
| **II. Employees at the Worksite** |
| **Number of Employees**:      *\*Fixed construction operations must include all contractors working on the site*. |
| **Number of Contractor Employees:**      *\*Applicable contractors directly supervising their own employees.*Name of contractor firms regularly at the site/employed and operations performed (list all)       |
| **Number of Temporary Employees:**       \**Supervised by site personnel*. |
| **Number of Contract Employees Directly Supervised by Site Personnel:**       *\*Do not include temporary workers*. |
| **Collective Bargaining Unit**:       |
| * Union Name and Number of Local Chapter (list all):

Union Contact Name and Title:      Union Street Address:      City:      , State:       Zip code:      Telephone:      Email:      *\*Use this space to list additional bargaining units (same info as requested above):*      *Provide a signed Statement of Support/Commitment for the facility’s participation in the MVPP from each authorized collective bargaining agent.* |
| **Authorized Employee Representative(s) (non-union site):**Name/Title:      /     Street Address:      City:      , State:       Zip code:      Telephone:      Email:      * If employees at the facility are not represented by a collective bargaining agent(s), an authorized employee representative(s) must provide a signed statement of support for the facility’s participation in the MVPP. A Statement of Support/Commitment must be provided before the application is considered complete.
 |
| **III. The Worksite** |
| * North American Industrial Classification (NAICS) code and description (e.g., Automotive Manufacturing, NAICS Code (336111).

\*  MVPP applicant sites must be classified as a High Hazard Industry or as performing work in a High Hazard Industry, in-line with [MIOSHA’s Strategic Plan](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fleo%2F-%2Fmedia%2FProject%2FWebsites%2Fleo%2FDocuments%2FMIOSHA%2FAbout-MIOSHA%2FMIOSHA-Strategic-Plan-FY-2024-2028-Summary.pdf%3Frev%3D9136b62ccecb4829a496d05e559960d3%26hash%3D59C32E36D4BE2AB4A52CD95C72688F76&data=05%7C02%7CGundrumA%40michigan.gov%7C49ff626968e84aa0889808dd760d99c7%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C638796522959674593%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=Jgi%2B9hpJkIePC55AFoXmdcE149lYN4qsBCjfckB0YHk%3D&reserved=0), and/or included on OSHA’s annual High Hazard Industries List.* Physical description of facility (acreage; number and size of buildings, etc.):
* Type of work performed and/or produced:
* Process safety management (PSM) standard applicability (if the PSM standard applies provide information regarding each of the hazardous chemicals that evoke the requirements as well as the quantities of each):
* Complete and submit the PSM Application Supplement (the Application Supplement can be found in Appendix F of the Application Guidelines):
* Combustible dust (has combustible dust been identified as a potential hazard):
* Types of dust and potential hazard(s):
* Combustible dust hazard evaluation (has an evaluation been performed – provide findings):
* Incentive program(s), Please Describe:
* Compliance with applicable Health and Safety Consensus Standards (e.g. NFPA 70E, *R15.06*, Industrial Robots and Robot Systems, etc. Please Describe:
 |
| **IV: Worksite Hazards** |
| * List all (e.g.: hazardous chemicals, confined space entry, bloodborne infectious diseases, etc.):
 |
| **V. MIOSHA Activity** |
| * Number of complaints filed with MIOSHA by site employees in the past five years:
* Number of catastrophes in the last five years:
* Number of fatalities in the last five years:
* MIOSHA inspection activity in the past five years (provide date and reason for each inspection):
* Number of MIOSHA enforcement actions currently pending (citations, open cases, etc.):
* Other interactions with MIOSHA in the past five years (CET Consultants, video library, self-help program, etc.):
 |
| **VI. Safety and Health Management System Elements** |
| Provide a brief, general description of the safety and health management system addressing management commitment, employee involvement, worksite analysis, hazard prevention and control, and employee training (details of the SHMS will be required when completing the Site Worksheet portion of the application – only a brief description is required here):       |
| **VII. Areas of Excellence** |
| List and describe each of the policies, practices, procedures, etc. that the site have been identified as areas of excellence:       |
| **VIII. Award Being Applied For** |
| Star:       |
| \*Construction operations: indicate which type of construction operation is being applied for, i.e.: fixed base operation, resident contractor, or mobile workforce (fixed base applicants must have previously participated in a successful partnership with MIOSHA. |
| **MIOSHA 300 Log Recordkeeping** |
| For regular site employees (for fixed base construction operations this includes all contractors), provide the data requested in the charts below for each of the last three complete calendar years. Employee hours worked for regular site employees must reflect all full and part-time regular site employees including seasonal and temporary contract employees directly under the applicant’s supervision, including administrative, supervisory, clerical and overtime.Information on the calculation of injury and illness case rates – Total Case Injury Rate (TCIR) and Days Away, Restriction and Transfer (DART) – can be found in the MVPP Application Instructions (in the Application Guidelines).Compare the site’s injury and illness incidence rates to the appropriate NAICS code (industry) data utilizing either MIOSHA Management Information Systems Section (MISS) data or Bureau of Labor Statistics (BLS) data. When determining which comparison data to use first determine which data source (MISS or BLS) has the most current data. Then, determine which data source most closely matches the NAICS code (most digits).  |
| **Site NAICS Code:**       **Regular Site Employees: Injury & Illness Data** |
| **Year** | **Employee Hours Worked** | **Total # of Recordable Injuries & Illnesses** | **TCIR** | **Industry Average** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| \*Number of MIOSHA recordable injuries/illnesses incurred to date in current year:      |
|  |
| **Site NAICS Code:**       **Regular Site Employees: DART Rate** |
| **Year** | **Employee Hours Worked** | **Total # of Cases Involving Days Away/Restricted Work/or Job Transfer** | **DART Rate** | **Industry Average** |
|       |       |       |       |       |
|       |       |       |       |       |
|  |       |       |       |       |
| Person(s) responsible entries to the MIOSHA log (job title only):      Are recordable injuries/illness sustained by temporary workers recorded on the site’s MIOSHA log (indicate why if they are or are not):       |
| Provide the data for all applicable contractors, (those contractors whose employees worked 1,000 or more hours on your site in any calendar quarter during the last three years) in charts below (add additional charts as necessary). \*Construction fixed base applicants must provide data for all contractors.  |
| **Applicable Contractor: Injury & Illness Total Case Incidence Data****NAICS code:**       |
| **Year** | **Employee Hours Worked** | **Total # of Recordable Injuries & Illnesses** | **TCIR** | **Industry Average** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|  |
| **Applicable Contractor: Injury & Illness Total Case Data involving Days Away from Work/Restricted Work/Job Transfer** |
| **Year** | **Employee Hours Worked** | **Total # of Cases Involving Days Away/Restricted Work/ or Job Transfer** | **DART Rate** | **Industry Average** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**MVPP SITE WORKSHEET**

|  |  |
| --- | --- |
|  |  |
| ***Section I: Management Leadership & Employee Involvement*** |  |
| **A. Written Safety & Health Management System** |  |
|  | **I** | **O** | **D** |
| **A1**. Are all the elements (such as Management Leadership and Employee Involvement, Worksite Analysis, Hazard Prevention and Control, and Safety and Health Training) and sub-elements of a basic safety and health management system part of a signed, written document?      * If not, please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A2**. Have all MVPP 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 effective to address the scope and complexity of the hazards onsite?      Smaller, less complex sites may require a less complex system.* If not, please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A4**. Have any MVPP documentation requirements been waived?      * If so, please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section I: Management Leadership & Employee Involvement*** |
|  **B. Management Commitment & Leadership** |
| **B1**. Does management overall demonstrate 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 meaningful and attainable?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **B4**. Are the safety and health program goals and objectives meaningful and attainable?      * Provide examples supporting the meaningfulness and attainability of the goal(s).
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **B5**. How does the site measure its progress towards the safety and health program goals and objectives?      * Provide examples.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section I: Management Leadership & Employee Involvement*** |
|  **C. Planning** |
| **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?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section I: Management Leadership & Employee Involvement*** |
| **D. Authority and Line Accountability** |
| **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.)      * 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?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **D4**. How are managers, supervisors, and employees held accountable for meeting their responsibilities for workplace safety and health? (e.g. 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 health and safety experts such as, Certified Industrial Hygienists, Certified Safety Professionals, Occupation 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?
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section I: Management Leadership & Employee Involvement*** |
|  **E. Contract Workers** |
| **E1**. Does the site utilize contractors?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **E2**. When selecting onsite contractors, how does the site evaluate the contractor’s safety and health programs and performance (including injury and illness rates)?       | **[ ]**  | **[ ]**  | **[ ]**  |
| **E3**. Are contractors and subcontractors at the site required to maintain effective safety and health programs and to comply with all applicable MIOSHA and company safety and health rules and regulations?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **E4**. 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.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **E5**. How does the site document and communicate oversight, coordination, and enforcement of safety and health expectations to contractors?       | **[ ]**  | **[ ]**  | **[ ]**  |
| **E6**. Have the contract provisions specifying penalties for safety and health issues been enforced when appropriate?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **E7**. How does the site monitor the safety and health of its contract employees?       | **[ ]**  | **[ ]**  | **[ ]**  |
| **E8**. 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?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **E9**. Do contract provisions for contractors require the periodic review and analysis of injury and illness data?      * Provide examples.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section I: Management Leadership & Employee Involvement*** |
|  **F. Employee Involvement** |
| **F1**. Do employees feel free to participate in the safety and health management system without fear of discrimination or reprisal?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **F2**. 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).       | **[ ]**  | **[ ]**  | **[ ]**  |
| **F3**. Are employees knowledgeable about the site's safety and health management system?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **F4**. Are employees knowledgeable about the MVPP program?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **F5**. Are the employees knowledgeable about MIOSHA rights and responsibilities?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **F6**. Do employees have access to results of self-inspection, accident investigation, appropriate medical records, and personal sampling data upon request?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section II: Worksite Analysis*** |
|  **A. Baseline Hazard Analysis** |
| **A1**. Has the site been effective at identifying and documenting the common safety and health hazards associated with the site (such as those found in MIOSHA regulations, building standards, etc., and for which existing controls are well known)?      * 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?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A4**. Do sampling, testing, and analysis follow nationally recognized procedures?      * If not, 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?      * 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)?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section II: Worksite Analysis*** |
|  **B. Hazard Analysis of Significant Changes** |
| **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?       | **[ ]**  | **[ ]**  | **[ ]**  |
| **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?       | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section II: Worksite Analysis*** |
|  **C. Hazard Analysis of Routine Activities** |
| **C1**. Is there an effective hazard analysis system in place for routine operations and activities?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **C2**. Does hazard identification and analysis address both safety and health hazards, if appropriate?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **C3**. What hazard analysis technique(s) are employed for routine operations and activities (e.g., job hazard analysis, HAZ-OPS, fault trees)?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **C4**. Are the results of the hazard analysis of routine activities adequately documented?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section II: Worksite Analysis*** |
|  **D. Routine Inspections** |
| **D1**. Does the site have an effective system for performing safety and health inspections.      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **D2**. Are routine safety and health inspections conducted monthly, with the entire site covered at least annually (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?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **D5**. Is the routine inspection system written, including documentation of results?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **D6**. Do the written routine inspection reports clearly indicate what needs to be corrected, by whom, and by when?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section II: Worksite Analysis*** |
|  **E. Hazard Reporting** |
| **E1**. Does the site have a reliable system for employees to notify appropriate management personnel in writing about safety and health concerns?      * Please describe.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **E2**. Is there an effective means for employees to report hazards and have them addressed?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section II: Worksite Analysis*** |
|  **F. Hazard Tracking** |
| **F1**. Does the hazard tracking system address hazards found by employees, hazard analysis of routine & non-routine activities, inspections, and accident or incident investigation?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **F2**. Does the tracking system result in hazards being corrected and provide feedback to employees for hazards they have reported.      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **F3.** Does the tracking system result in timely correction of hazards with interim protection established when needed?      * Please describe.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **F4**. Does an effective tracking system exist that results in hazards being controlled?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section II: Worksite Analysis*** |
|  **G. Accident/Incident Investigations** |
| **G1**. Is there an effective system for conducting accident/incident investigations, including near-misses?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **G2**. Are those conducting the investigations trained in accident/incident investigation techniques?      * 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 any prior hazard analyses (e.g., baseline, self-inspection)?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section II: Worksite Analysis*** |
|  **H. Safety and Health Program Evaluation** |
| **H1**. Briefly describe the system in place for conducting an annual evaluation.      * \*Describe the system in place for conducting annual site safety and health management system evaluation (the evaluation must cover all elements of a safety and health management system including Management Commitment, Employee Involvement, Worksite Analysis, Hazard Prevention and Control, and Health and Safety Training).
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section II: Worksite Analysis*** |
|  **I. Trend Analysis** |
| **I1**. Does the site have an effective means for identifying and assessing trends?     * Please describe.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **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?       | **[ ]**  | **[ ]**  | **[ ]**  |
| **I4**. Does the site assess trends utilizing data from hazard reports or accident/incident investigations to determine the potential for injuries and illnesses?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section III: Hazard Prevention and Control*** |
|  **A. Hazard Prevention and Control** |
| **A1.** Does the site select effective controls to prevent exposing employees to hazards.      * Please describe.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A2**. When the site selects hazard controls, does it follow the preferred hierarchy (engineering controls, administrative controls, work practice controls [e.g. lockout/tag out, bloodborne pathogens, and confined space programs], and personal protective equipment) to eliminate or control hazards?      * Please provide examples, such as how exposure to health and safety hazards were controlled.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A3**. Describe any administrative controls used at the site to limit employee exposure to hazards (for example, job rotation).       | **[ ]**  | **[ ]**  | **[ ]**  |
| **A4**. Do the work practice and administrative controls adequately address those hazards not covered by engineering or administrative controls?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A5**. Are the work practice controls (i.e. lockout/tag out, bloodborne pathogens, and confined space programs) recommended by hazard analyses implemented at the site?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A6**. Are follow-up studies (where appropriate) conducted to ensure that hazard controls were adequate?      * 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?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A10**. Does the site have effective written procedures for emergencies?       | **[ ]**  | **[ ]**  | **[ ]**  |
| **A11**. Are emergency drills held at least annually?       | **[ ]**  | **[ ]**  | **[ ]**  |
| **A12**. Does the site have a written preventative/predictive maintenance system?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A13**. Did the hazard identification and analysis (including manufacturers’ recommendations) identify hazards that could result if equipment is not maintained properly?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A14**. Does the preventive maintenance system adequately detect hazardous failures before they occur?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A15**. How does the site select Personal Protective Equipment (PPE)?       | **[ ]**  | **[ ]**  | **[ ]**  |
| **A16**. Do employees understand the limitations and uses of PPE?      * Please explain.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A17**. Is the site covered by the Process Safety Management Standard?      * If not, skip to section B.
 | **[ ]**  | **[ ]**  | **[ ]**  |
| **A18**. Which chemicals meet the threshold requirements of the Process Safety Management (PSM) standard?       | **[ ]**  | **[ ]**  | **[ ]**  |
| **A19**. 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).       | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section III: Hazard Prevention and Control*** |
|  **B. Occupational Health Care Program and Recordkeeping** |
| **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?       | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| ***Section IV: Safety and Health Training*** |
|  **A. Safety and Health Training** |
|  **A1**. What are the safety and health training requirements for managers, supervisors, employees, and contractors?       | **[ ]**  | **[ ]**  | **[ ]**  |
|  **A2.** Who delivers the health and safety training?       | **[ ]**  | **[ ]**  | **[ ]**  |
|  **A3**. How are the safety and health training needs for employees determined?       | **[ ]**  | **[ ]**  | **[ ]**  |
|  **A4**. Does the site provide effective training to educate employees regarding the known hazards of the site and their controls?      * 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**. Do employees have a thorough understanding of the hazards of the site?      * Provide examples that demonstrate their understanding.
 | **[ ]**  | **[ ]**  | **[ ]**  |