

Appendix A

Serial No. \_\_\_\_\_

*SAFETY & HEALTH SELF  
ASSESSMENT CHECKLISTS*



*VIRGINIA SHIP REPAIR  
ASSOCIATION, INC.*

-Purpose -

These Safety and Health Self Assessment Checklists were developed by the Virginia Ship Repair Association, Inc. (VSRA) and are offered to VSRA member companies as a guide only. They are not intended to supplant any applicable government regulations or specific guidelines for individual member companies. VSRA members are encouraged to use the checklists to foster safer work practices. VSRA cannot and does not accept any responsibility for the use or non-use of these safety checklists.

-Acknowledgements-

VSRA gratefully acknowledges the assistance of the members of the VSRA Safety Committee who helped publish the Safety and Health Self Assessment Checklists.

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## Asbestos Awareness

*Reference: 1915.1001*

- A 1. Does the company train employees about general asbestos awareness?  
(Training includes health effects, labeling at barriers, materials, etc.)  
\_\_\_\_\_
- A 2. Are employees able to recognize the types of materials that may contain  
asbestos? Can employees recognize PACM (Presumed Asbestos Containing  
Materials)? \_\_\_\_\_
- A 3. Are they trained to not disturb suspect materials until their content is  
accurately determined? \_\_\_\_\_
- A 4. Do you have a resource that is certified to remove asbestos containing  
materials such as gaskets, insulation, lagging, wallboard, and flooring? \_\_\_\_\_
- A 5. If your employees conduct bulk sampling, have they received training as an  
accredited building inspector for asbestos containing materials according to  
EPA rules? \_\_\_\_\_
- A 6. Is the content of suspect materials determined by employees of the prime  
contractor prior to the start of your work? \_\_\_\_\_
- A 7. Do you look to the prime contractor to remove suspect materials prior to your  
work? \_\_\_\_\_

## Confined Space Program

Reference CFR 29 1915.7-16, NFPA 306

### *General*

- B 1. Does your company have a confined space program? \_\_\_\_\_
- B 2. Does your company train all employees who have to enter a confined space to recognize the characteristics of a confined space? \_\_\_\_\_
- B 3. Does your company train all employees on the hazards associated with confined spaces? \_\_\_\_\_
- B 4. Does your company train all production employees about the health effects of the hazards (oxygen deficiency, explosive atmospheres, and toxic atmospheres) that exist in confined spaces? \_\_\_\_\_
- B 5. Does your company train all employees on the atmospheric monitoring and logging requirements of a confined space program?  
\_\_\_\_\_
- B 5.5 Are records of completed tests and inspections kept on file for a period of at least three months from the completion date of the specific job from which they were generated? \_\_\_\_\_

### **Confined Space Entry**

The following components of a confined space program pertain to those employees that enter confined spaces and are in addition to the general training elements listed above.

- B 6. Does your company train employees to anticipate and be aware of the hazards faced during entry? \_\_\_\_\_
- B 7. Does your company train employees to recognize the adverse health effects that may be caused by the exposure to the hazard? \_\_\_\_\_

- B 8. Does your company train employees to know what personal protective equipment is needed for safe entry into and exit from the space? \_\_\_\_\_
- B 9. Are all confined spaces initially inspected by a SCP or certified safe for entry / safe for hot work by a certified marine chemist? \_\_\_\_\_
- B10. Are all confined spaces checked by a shipyard competent person as often as specified on the marine chemist certificate prior to entry?  
\_\_\_\_\_
- B11. Are employees required to inspect the work area after entry for spills, leaks, and combustible materials prior to the start of hot work? \_\_\_\_\_
- B12. Are all gas hoses and gas leads removed from the confined space and enclosed spaces at breaks and at the end of the shift? \_\_\_\_\_
- B13. Are supervisors required to make frequent checks of personnel working in confined spaces? \_\_\_\_\_

The following questions pertain to Shipyard competent persons.

Reference: 29CFR1915.7

- B14. Has the company designated one or more competent persons or does a Marine Chemist perform tests or inspections which require a competent person? \_\_\_\_\_
- B15. Do the competent persons meet the criteria set forth in 1915.7 (c)?  
\_\_\_\_\_
- B16. Is a list maintained that includes the name of each competent person and the date of last training? \_\_\_\_\_

## Diving Operations

Reference: 29 CFR 1910.400-440

- C 1. Does your company perform diving operations or contract companies to perform diving operations?
- C 2. Does the dive team consist of a minimum of three personnel? \_\_\_\_\_ Is one of the dive team personnel designated in writing as the *Designated Person in Charge*? \_\_\_\_\_
- C 3. Do *all* dive team personnel have the training and / or experience necessary to complete their assigned duties as a dive team member?  
\_\_\_\_\_
- C 4. Do *all* dive team personnel have a current and valid First Aid and CPR certification from a nationally recognized organization? \_\_\_\_\_
- C 5. Is the diving equipment in use appropriate for the task? \_\_\_\_\_
- C 6. Have all breathing gas supply hoses, compressors, air receivers, and depth gauges been tested in accordance with the standard, and the results recorded in a maintenance log? \_\_\_\_\_
- C 7. Are two-way voice communications provided for all surface-supplied diving operations? \_\_\_\_\_

- C 8. Has the Designated Person in Charge completed an evaluation for the presence of hazardous energy to include differential pressure? \_\_\_\_\_ Have procedures been completed by the Designated Person in Charge to control any hazardous energy which may effect the safety of the diver?  
\_\_\_\_\_
- C 9. Has the Designated Person in Charge notified all nearby vessels and facilities of the impending dive operation so that their activities will not affect the safety of the diver? \_\_\_\_\_
- C10. Has the dive flag “Code Alpha” been hoisted to signal vessels in the vicinity of the diving operation? \_\_\_\_\_
- C11. Are the following maintained at the dive location?
- a. Safe Practices Manual containing dive procedures, checklists, and emergency procedures \_\_\_\_\_
  - b. Emergency Phone Numbers \_\_\_\_\_
  - c. First Aid Supplies & Bag-Type Manual Resuscitator \_\_\_\_\_
  - d. First Aid Handbook or equivalent \_\_\_\_\_
  - e. Record of Dive \_\_\_\_\_

## Fire Prevention & Hot Work

Reference: 29 CFR 1915.7 - 57

- D 1. Does your company have procedures in place addressing fire prevention and hot work? \_\_\_\_\_
- D 2. Do company procedures *mandate* an inspection of hot work sites to verify the removal or protection of combustibles? \_\_\_\_\_
- D 3. Are positive measures taken during all hot work to confine all sparks, slag and heat? \_\_\_\_\_
- D 4. Are all cutting torch gas leads shut off at some point outside of a confined/enclosed space when a torch will be left unattended? \_\_\_\_\_
- D 5. Are gas hoses removed from confined spaces and enclosed spaces overnight, at shift changes and anytime the torch is removed from the hoses? \_\_\_\_\_
- D 6. Are fire watches trained and assigned to both (all) sides of a bulkhead or deck being welded and required to remain on station for 30 minutes afterwards to ensure no possibility of fire exists? \_\_\_\_\_
- D 7. Are fire watches required to have a properly sealed fire extinguisher ready for instant use? \_\_\_\_\_
- D 8. Are fuel gas and oxygen manifolds maintained either on the pier or on the weather decks of ships being worked? \_\_\_\_\_
- D 9. Are flammable/combustible preservative coatings removed in the way of welding or hot work? \_\_\_\_\_
- D10. Are flammable liquids required to be kept in closed containers when not actually in use? \_\_\_\_\_
- D11. Is mechanical ventilation mandated for all hot work conducted within a ship? \_\_\_\_\_
- D12. Are a 'Safe for Workers, Safe for Hot Work' inspections and/or certification required prior to all hot work in confined spaces? \_\_\_\_\_

## Hazard Communication

Reference: 29 CFR 1910.1200.

- E 1. Does the company have a written Hazard Communication (HAZCOM) Program? \_\_\_\_\_
- E 2. Who is designated as responsible for the program or its included elements? \_\_\_\_\_
- E 3. Do you have a complete list of hazardous chemicals to which an employee might be exposed? \_\_\_\_\_
- E 4. Is this list kept by the work area or in a centralized form at some location? \_\_\_\_\_
- E 5. How do you provide for remote site locations? \_\_\_\_\_
- E 6. Where are Material Safety Data Sheets (MSDS) maintained? \_\_\_\_\_
- E 7. Have your employees been trained in this program? \_\_\_\_\_
- E 8. How often is refresher training provided? \_\_\_\_\_
- E 9. Are there provisions in your training for?
1. Non-routine tasks? \_\_\_\_\_
  2. Other contractor or subcontractor notification at multi-employer sites? \_\_\_\_\_
- E10. Are all containers properly labeled? \_\_\_\_\_
- E11. Do labels contain the following information?
1. Identification of contents? \_\_\_\_\_
  2. Hazard Warnings? \_\_\_\_\_

## Hearing Conservation

**Reference: 29 CFR 1910.95**

- F 1. Does the company have a Hearing Conservation Program for employees who are or may be exposed to an 8-hour time-weighted average (TWA) that equals or exceeds 85 decibels? \_\_\_\_\_
- F 2. Who is designated as responsible for the program? \_\_\_\_\_
- F 3. Is workplace noise monitoring conducted to determine who needs to be in the program? \_\_\_\_\_
- F 4. For those in the program are baseline and annual audiograms conducted?  
\_\_\_\_\_
- F 5. Is hearing protection required and provided where noise exposure equals or exceeds 85 db? \_\_\_\_\_
- F 6. Is a training program in place which covers, on at least an annual basis, the effects of noise and the use of protectors? \_\_\_\_\_
- F 7. Are noise exposure records maintained for two years? \_\_\_\_\_
- F 8. Are audiometric test records maintained for the duration of employment?  
\_\_\_\_\_

Lead & Heavy Metals

**Reference:   Lead (1910/1915.53, 1018, 1025, and 1027)**

Heavy metals (various)

- G 1. If your work involves the removal/disturbance of surface coatings, does your company have a written Lead Program that meets the requirements of 1910.1025? \_\_\_\_\_
  
- G 2. Is your written program readily available? \_\_\_\_\_
  
- G 3. Is grit material analyzed as to content prior to use? \_\_\_\_\_
  
- G 4. Does the company provide employees training in general lead awareness? \_\_\_\_\_  
Does training include health hazards, postings of barriers and materials?  
\_\_\_\_\_
  
- G 5. Are your employees trained in the recognition of potential lead containing materials/coatings? \_\_\_\_\_
  
- G 6. Are suspect materials analyzed prior to the start of work activities that could create harmful lead levels? If your employees are sampling suspect materials, are they properly trained? \_\_\_\_\_
  
- G 7. Are employees trained to not disturb suspect material until they have been analyzed for lead content? \_\_\_\_\_
  
- G 8. Does the company have programs in place that address exposure to other heavy metals, such as cadmium (1915.1027), arsenic (1915.1018) and hexavalent chromium?  
\_\_\_\_\_
  
- G 9. Does the company's policy on hotwork on preservative coatings comply with the requirements listed in 1915.53? \_\_\_\_\_

## Rigging and Materials Handling

### Reference: 29 CFR PART 1915 Subpart G

- H 1. Does your company perform rigging and/or materials handling operations? \_\_\_  
\_\_\_\_\_ If yes, are your employees trained in safe lifting procedures? \_\_\_\_\_
- H 2. Is all gear and equipment used for material handling physically inspected at the beginning of each shift? \_\_\_\_\_

### Chains and chain slings 1915.112

- H 3. Are chain slings being used? If so, do they bear an indication of the month in which it was last thoroughly inspected? \_\_\_\_\_

### Shackles and hooks 1915.113 (b) (1)

- H 4. Is there a certification record being maintained and kept readily available for testing of hooks where manufacturers weight recommendations are not available? \_\_\_\_\_ Does it include the date of weight test, the signature of the person who performed the test, and an identifier for the hook tested? \_\_\_\_\_

### Chain falls and pull-lifts 1915.114

- H 5. Are chain falls and pull-lifts clearly marked to show the capacity? \_\_\_\_\_
- H 6. Are chain fall hooks moused with a safety latch? \_\_\_\_\_

## Lockout and / or Tagout

Reference: 29 CFR 1910.147

- I 1. Does the company utilize equipment/procedures requiring a lockout / tagout program? \_\_\_\_\_
- I 2. Does the company maintain a Written Lockout/Tagout program consisting of energy control procedures, employee training, and periodic inspections? \_\_\_\_\_
- I 3. Are locks provided to authorized persons and required to be used for no other use than Lockout? \_\_\_\_\_
- I 4. Are all personnel trained to understand and respect the Danger tags associated with Lockout/Tagout? \_\_\_\_\_
- I 5. Are periodic inspections of the Energy Control Program conducted on at least an annual basis? \_\_\_\_\_
- I 6. Are lockout devices other than locks provided to employees to lockout specific devices, such as; group lockout devices, valve devices or circuit breaker devices? \_\_\_\_\_
- I 7. Do you work aboard Navy ships? \_\_\_\_\_ If yes, are employees trained in the requirements of the Navy's Tagout system? \_

# Medical Services

## References:

29 CFR 1915.98	First Aid
46 CFR Part 40	Department of Transportation Drug & Alcohol
46 CFR Part 16	U.S. Coast Guard Drug & Alcohol Testing
41 USC §701	Drug Free Workplace Act of 1988
29 CFR 1904	Recording and Reporting of Occupational Injuries & Illnesses

J 1. Is your company required to comply with the Drug Free Workplace Act as a result of receiving \$25,000 or more from federal contracting? \_\_\_\_\_

J 2. Do you require pre-employment drug screening? \_\_\_\_\_

J 3. If your firm currently performs drug screening, what drugs of abuse do you test for? \_\_\_\_\_

J 4. Does the company perform random drug screening on “safety sensitive” or high-risk job classifications? \_\_\_\_\_

J 5. For the hypothetical situation where a company employee is suspected of using or possessing illegal drugs on the work site (for example a drug dog alert or uncharacteristic behavior), describe your company’s response.

\_\_\_\_\_

\_\_\_\_\_

J 6. Do you have people trained in first aid and CPR? \_\_\_\_\_

J 7. Is a first aid kit available and maintained at each work site? \_\_\_\_\_

J 8. Do your employees know what to do in the event of a work-related injury? \_\_\_\_\_

J 9. Do you maintain an OSHA 300 log? \_\_\_\_\_

## Portable Tools

*Reference: 29 CFR 1910.241 - 244, 334*

- K 1. Does the company use portable tools? \_\_\_\_\_
- K 2. Does the company have a training program that includes the safe use of portable tools? \_\_\_\_\_
- K 3. Are portable tools inspected or safety checked prior to issue? \_\_\_\_\_
- K 4. Are portable grinders with abrasive wheels greater than 2" issued with wheel guards and manufacturer-provided handles in place? \_\_\_\_\_  
Are employees required to keep guards in place during use? \_\_\_\_\_
- K 5. Is use of compressed air for cleaning or blow-down limited to situations where it can be and is regulated to less than 30 psi? \_\_\_\_\_
- K 6. Are all portable electric tools which require grounding provided with a continuous ground? \_\_\_\_\_
- K 7. Are portable tool cords and electrical extension cords inspected for cuts in the insulation or loose connections prior to use in any shift? \_\_\_\_\_
- K 8. Are pneumatic air hoses inspected prior to use and checked for leaks, while in use? \_\_\_\_\_
- K 9. Are Chicago type couplings wired together? \_\_\_\_\_
- K10. Is the PPE appropriate for use with specific tools required to be used and is it provided (e.g. gloves with sharp edges or face protection with grinders)? \_\_\_\_\_

Powered Industrial Trucks; Aerial Lifts

Reference: 29 CFR 1910.178  
8 CCR § 3668  
29 CFR 1910.67

L 1. Does the company use powered industrial trucks and aerial lifts? \_\_\_\_\_

**Forklifts**

L 2. Has the employer implemented a training program? (1910.178(l)(2))  
\_\_\_\_\_

L 3. Does the employer have a training program for operating? (1910.178(l)(3))  
\_\_\_\_\_

L 4. Has the employer certified that each operator has been trained and evaluated? Certification shall include name of operator, date of training, date of evaluation and identity of person(s) performing training or evaluation? (1919.178(l)(6)) \_\_\_\_\_

L 5. Does the employer have a refresher training and evaluation program? (1910.178(l)(4)) \_\_\_\_\_

L 6. Are operators reevaluated at least every three years? (1910.178(l)(4)iii)  
\_\_\_\_\_

L 7. Are operators required to use seat belts where provided? \_\_\_\_\_

L 8. Are vehicles inspected daily before use? (1910.178(q)(7)) \_\_\_\_\_

Aerial Lifts

L 9. Are all aerial lift operators trained in safe operating procedures? (1910.67) \_\_\_\_\_

L10. Are employees required to wear safety harnesses and lanyards while operating a boom type aerial lift? (1910.67) \_\_\_\_\_

L11. Have employees been instructed in proper attachment point of a lanyard? \_\_\_\_\_

**L12. Have employees been instructed to wear life vests when working in aerial lift basket over water? \_\_\_\_\_**

## Personal Protective Equipment

Reference: 29CFR Parts 1910 & 1915 as indicated

- M 1. Has the employer completed the required workplace hazard assessment to determine if hazards are present or are likely to be present? (1915.152) \_\_\_\_\_  
\_\_\_\_\_
- M 2. Are eye or face protection devices provided and worn where there is a danger of flying particles or corrosive materials? (1915.153) \_\_\_\_\_
- M 3. Are approved safety glasses required to be worn at all times in areas where there is risk of eye injuries such as punctures, abrasions, contusions or burns? (1915.153) \_\_\_\_\_  
\_\_\_\_\_
- M 4. Are employees who need corrective lenses (glasses, contact lenses) in working environments with harmful exposures, required to wear only approved safety glasses, protective goggles, or to use other medically approved precautionary procedures? (1915.153) \_\_\_\_\_
- M 5. Are protective gloves, aprons, shields, or other means provided against cuts, corrosive liquids and chemicals? (1915.157) \_\_\_\_\_
- M 6. Are hard hats provided and worn where danger of falling objects exists? (1915.155) \_\_\_\_\_
- M 7. Is appropriate foot protection required where there is risk of foot injuries from falling or rolling objects, or objects piercing the sole? (1915.156) \_\_\_\_\_  
\_\_\_\_\_
- M 8. Are all reissued protective equipment maintained in a sanitary condition and ready for use? (1915.152) \_\_\_\_\_
- M 9. Do you have eye wash facilities and a quick drench shower within a work area where employees are exposed to injurious corrosive materials? (1910.151) \_\_\_\_\_
- M10. Where special equipment is needed for electrical workers, is it available? (1910.335) \_\_\_\_\_

M11. Are adequate work procedures, protective clothing and equipment provided and used when cleaning up spilled toxic or otherwise hazardous materials or liquids? (1910.120 (g)) \_\_\_\_\_

Respiratory Protection

Reference: 29 CFR 1910.134

N 1. Does the company use respiratory protection? \_\_\_\_\_

N 2. Does the company have a written Respiratory Protection Program? \_\_\_\_

N 3. Who is designated as the Program Administrator or Manager?

\_\_\_\_\_

N 4. Have fit test personnel been themselves trained in proper fit procedures?

\_\_\_\_\_

N 5. Are different types and sizes of respirators available in order to establish a comfortable and effective fit? \_\_\_\_\_

N 6. Is the Medical Evaluation Questionnaire of 29 CFR 1910.134 Appendix C used prior to respirator fit testing? \_\_\_\_\_

N 7. Do you have a Physician or other Licensed Health Care Professional (PLHCP) who evaluates personnel prior to fit testing? \_\_\_\_\_

N 8. What are your requirements relative to facial hair and respirator use?

\_\_\_\_\_

N 9. Is training and fit testing provided prior to use and at least annually thereafter? \_\_\_\_\_ Does training include proper use, wear, care, storage, cleaning, and limitations? \_\_\_\_\_

N10. What is your change-out procedure for filters and cartridges?

\_\_\_\_\_

N11. Upon what do you base change-out guidance for cartridges which do not have an end of service life indicator? \_\_\_\_\_

N12. What type of fit test do you conduct? Quantitative or Qualitative?

\_\_\_\_\_

N13. What is your policy with respect to personally owned respirator use on the job? \_\_\_\_\_

N14. What cleaning procedures, if any, are in effect for reissued respirators?

\_\_\_\_\_

N15. Are any respirators maintained for emergency use and how often are they inspected? \_\_\_\_\_

N16. Does your company use any supplied air respirators? \_\_\_\_\_

N17. Is grade D breathing air supplied? \_\_\_\_\_

N18. Is fit testing protocol performed using 1910.134 or manufacturer's instructions? \_\_\_\_\_

## Safety Management

Reference: 29 CFR 1910.241 - 244, 334

O 1. Does the company have a written safety policy? \_\_\_\_\_

O 2. Is a safety manager or designated technician employed? \_\_\_\_\_

O 3. Are periodic safety meetings, gangbox or tailgate sessions held with employees? \_\_\_\_\_

O 4. Is first line supervision responsible for the safety of employees assigned to them? \_\_\_\_\_

O 5. What is the company's procedure for dealing with a report of a safety violation at another contractor's site? \_\_\_\_\_

O 6. Do you require that your subcontractors comply with the same safety rules to which you are held? \_\_\_\_\_

O 7. Do you have a program for New Employee Orientation that includes all job related safety concerns? \_\_\_\_\_

O 8. Are accidents and incidents investigated promptly with reports forwarded to your management and to the prime contractor for whom you are working? \_\_\_\_\_  
\_\_\_\_\_ How long after the accident should one expect to receive such a report? \_\_\_\_\_

**O 9. Are lessons learned from accidents / incidents communicated to other supervisors and workers within your organization? \_\_\_\_\_**

**O10. Do you require a subcontractor supervisor investigation form to be submitted in the event of an accident / incident at your site? \_\_\_\_\_**

## Scaffolds

**Reference: 29 CFR 1915 & 1926**

- P 1. Is scaffolding erected & dismantled under the supervision of a competent person? (1915.71(b)(7)) \_\_\_\_\_
- P 2. Are the scaffolds maintained in a safe secure condition? (1915.71(b)(5))  
\_\_\_\_\_
- P 3. Is scaffolding constructed in accordance with recognized principles of design and accepted standards? (1915.71(b)(1)) \_\_\_\_\_
- P 4. Are toe boards installed where needed to prevent tools and materials from falling on persons below? (1915.71(j)(5)) \_\_\_\_\_
- P 5. Where required, are top rails and midrails utilized? (1915.71(j)(1))  
\_\_\_\_\_
- P 6. Are scaffolds and their support capable of supporting the load with a safety factor of not less than 4? (1915.71(b)(1)) \_\_\_\_\_
- P 7. Does access to scaffolds consists of well secured stairways, cleated ramps, fixed or portable ladders? (1915.71(k)(1)) \_\_\_\_\_

P 8. For marine hanging staging, contact VSRA for assistance.

### Fall Protection

**Reference: 29 CFR 1915 § 71-74, 91, 152, 158-159**

Q 1. At what height above the deck below are personnel required to wear Personal Fall Arrest Systems (safety harnesses with lanyards)? (1915.159)

\_\_\_\_\_

Q 2. Does the company provide safety harnesses and lanyards for unguarded work situations? (1915.152) \_\_\_\_\_

Q 3. Are personnel trained in the use of safety harnesses and lanyards before use? (1915.159) \_\_\_\_\_

Q 4. Are personnel working near unguarded edges over water provided with and required to properly wear personal flotation devices? (1915.73 & 1915.158)

\_\_\_\_\_

Q 5. If ship lifeline removal is required in the course of work, what fall protection is required? (1915.71(j)) \_\_\_\_\_

Q 6. Where deck plates or false decks are removed, what minimum planking is required? (1915.73) \_\_\_\_\_

Q 7. Are employees visually restricted by blasting hoods, welding helmets, and burning goggles required to work from scaffolds and not from ladders? (1915.74) \_\_\_\_\_

Q 8. Are all hoses, lines and leads elevated, tied up, or covered with planks where they might cause a trip hazard? (1915.91) \_\_\_\_\_

Q 9. Are work areas kept clean of debris such as welding rod tips, bolts, nuts, flashlight batteries and the like? (1915.91) \_\_\_\_\_

Q10. Is ladder safety covered in employee training or orientation? (1915.72)

\_\_\_\_\_

Q11. For hopper platform fall protection, contact VSRA for assistance.



Appendix B

**VSRA Member Participation in the VSRA and OSHA Partnering Program to Protect Shipyard Workers in Safety and Health Matters**

This company, \_\_\_\_\_, hereby voluntarily agrees to participate in the Virginia Ship Repair Association and Occupational Safety Health Administration Partnering Agreement dated December 19, 2006.

By signature below we indicate our intent to participate in this partnership and that said company:

- Has not been cited by the Norfolk Area Office within the past three (3) years for alleged violations classified as "repeated" and/or "willful."
- Will ensure employee training in the program (including supervisor personnel) utilizing VSRA supported safety and health training programs or equivalent training.
- Has a comprehensive written safety and health program in place, which is at least equivalent to the criteria referenced in Section VI, Paragraph A.6 as the minimum established criteria for participation, including implementation of policies and procedures to ensure that safety rules and procedures are enforced at their work sites.
- Will complete Safety & Health Assessment (Appendix A) upon entry into partnership with review and certification by President/CEO that deficiencies have been corrected.
- Has policy and procedures that hold line supervisors and employees accountable for following established safety and health rules and OSHA regulations.
- Provides the level of training required by OSHA regulations to its employees either through VSRA, its own training personnel or other consultant/trainers.
- Will provide annual safety related data or statistics to the VSRA office by the 1<sup>st</sup> of March for the previous year concerning man-hours worked, lost day work injuries, accident records and training hours for employees. This data will be used to determine primary causes of injury and illness among participants in order to develop training, sound operating procedures, and abatement methods.

\_\_\_\_\_ (Date)

\_\_\_\_\_  
(Print – Name of Authorizing Official)

\_\_\_\_\_  
(Print – Title of Authorizing Official)

\_\_\_\_\_  
(Authorizing Official's Phone Number)

\_\_\_\_\_  
(Authorizing Official's Email Address)

Appendix C

**Annual Partnership Evaluation Report**

**Cover Sheet**

<b>Partnership Name</b>			
<b>Purpose of Partnership</b>			
<b>Goals of Partnership</b>			
<b>Goal</b>	<b>Strategy</b>	<b>Measure</b>	
<b>Anticipated Outcomes</b>			
<b>Strategic Management Plan Target Areas (check one)</b>			
Construction		Manufacturing Amputations	
Non-Construction			
<b>Strategic Management Plan Areas of Emphasis (check all applicable)</b>			
Amputations in Construction		Oil and Gas Field Services	
Blast Furnaces and Basic Steel Products		Preserve Fruits and Vegetables	
Blood Lead Levels		Public Warehousing and Storage	
Concrete, Gypsum and Plaster Products		Ship/Boat Building and Repair	
Ergo/Musculoskeletal		Silica-Related Disease	
Landscaping/Horticultural Services			

**Section 1    General Partnership Information**

<b>Date of Evaluation Report</b>			
<b>Evaluation Period</b>			
<b>Start Date</b>		<b>End Date</b>	

<b>Originating Office</b>	
---------------------------	--

<b>Partnership Coverage</b>			
<b># Active Employers</b>		<b># Active Employees</b>	

<b>Industry Coverage (note range or specific SIC and NAICS for each partner )</b>			
<b>Partner</b>	<b>SIC</b>	<b>NAICS</b>	

**Section 2    Activities Performed**

<b>Note whether an activity was required by the OSP and whether it was performed</b>		
	<b>Required</b>	<b>Performed</b>
<b>a. Training</b>		
<b>b. Consultation Visits</b>		
<b>c. Safety and Health Management Systems Reviewed/Developed</b>		
<b>d. Technical Assistance</b>		
<b>e. VPP-Focused Activities</b>		
<b>f. OSHA Enforcement Inspections</b>		
<b>g. Offsite Verifications</b>		
<b>h. Onsite Non-Enforcement Interactions</b>		
<b>i. Participant Self-Inspections</b>		
<b>j. Other Activities</b>		

<b>2a. Training (if performed, provide the following totals)</b>	
Training sessions conducted by OSHA staff	
Training sessions conducted by non-OSHA staff	
Employees trained	
Training hours provided to employees	
Supervisors/managers trained	
Training hours provided to supervisors/managers	
<b>Comments/Explanations (briefly describe activities, or explain if activity required but not performed)</b>	

<b>2b. Consultation Visits (if performed, provide the following total)</b>	
Consultation visits to partner sites	
<b>Comments/Explanations (briefly describe activities, or explain if activity required but not performed)</b>	

<b>2c. Safety and Health Management Systems (if performed, provide the following total)</b>	
Systems implemented or improved using the 1989 Guidelines as a model	
<b>Comments/Explanations (briefly describe activities, or explain if activity required but not performed)</b>	

<b>2d. Technical Assistance (if performed, note type and by whom)</b>			
	<b>Provided by OSHA Staff</b>	<b>Provided by Partners</b>	<b>Provided by Other Party</b>
Conference/Seminar Participation			
Interpretation/Explanation of Standards or OSHA Policy			
Abatement Assistance			
Speeches			
Other (specify)			
<b>Comments/Explanations (briefly describe activities, or explain if activity required but not performed)</b>			

<b>2e. VPP-Focused Activities (if performed, provide the following totals)</b>	
Partners/participants actively seeking VPP participation	
Applications submitted	
VPP participants	
<b>Comments/Explanations (briefly describe activities, or explain if activity required but not performed)</b>	

<b>2f. OSHA Enforcement Activity (if performed, provide the following totals for any programmed, unprogrammed, and verification-related inspections)</b>	
OSHA enforcement inspections conducted	
OSHA enforcement inspections in compliance	
OSHA enforcement inspections with violations cited	
Average number of citations classified as Serious, Repeat, and Willful	
<b>Comments/Explanations (briefly describe activities, or explain if activity required but not performed)</b>	

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<b>2g. Offsite Verification (if performed provide the following total)</b>	
<b>Offsite verifications performed</b>	
<b>Comments/Explanations (briefly describe activities, or explain if activity required but not performed)</b>	

<b>2h. Onsite Non-Enforcement Verification (if performed provide the following total)</b>	
<b>Onsite non-enforcement verifications performed</b>	
<b>Comments/Explanations (briefly describe activities, or explain if activity required but not performed)</b>	

<b>2i. Participant Self-Inspections (if performed provide the following totals)</b>	
<b>Self-inspections performed</b>	
<b>Hazards and/or violations identified and corrected/abated</b>	
<b>Comments/Explanations (briefly describe activities, or explain if activity required but not performed)</b>	

**2j. Other Activities (briefly describe other activities performed)**

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**Section 3    *Illness and Injury Information*<sup>1</sup>**

<b>Year</b>	<b>Hours</b>	<b>Total Cases</b>	<b>TCIR</b>	<b># of Days Away from Work Restricted and Transferred Activity Cases</b>	<b>DART</b>
2006					
2007					
2008					
<b>Total</b>					
<b>Three-Year Rate (2006-2008)</b>					
<b>BLS National Average for 2005</b>					
<b>Baseline</b>					6.0

**Comments**

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<sup>1</sup> Sample Chart – not required format

**Section 4 Partnership Plans, Benefits, and Recommendations**

<b>Changes and Challenges (check all applicable)</b>		
	<b>Changes</b>	<b>Challenges</b>
Management Structure		
Participants		
Data Collection		
Employee Involvement		
OSHA Enforcement Inspections		
Partnership Outreach		
Training		
Other (specify)		
<b>Comments</b>		

<b>Plans to Improve (check all applicable)</b>		
	<b>Improvements</b>	<b>N/A</b>
Meet more often		
Improve data collection		
Conduct more training		
Change goals		
<b>Comments</b>		

<b>Partnership Benefits (check all applicable)</b>	
Increased safety and health awareness	
Improved relationship with OSHA	
Improved relationship with employers	
Improved relationship with employees or unions	
Increased number of participants	
Other (specify)	

Comments	

Status Recommendation (check one)	
Partnership Completed	
Continue/Renew	
Continue with the following provisions:	
Terminate (provide explanation)	