

**CAL/OSHA  
CONSULTATION SERVICE**

**VPP CONSTRUCTION RECOGNITION**

**APPLICATION  
AND  
INFORMATION PACKET**

**July 2016**

**For information on this or any of the  
Cal/OSHA Recognition and Exemption Programs contact the Cal/OSHA  
Consultation Service Employer Assistance Office closest to you.**

## **A PARTNERSHIP WITH CAL/OSHA**

It is the policy of the Division of Occupational Safety and Health to provide opportunities for entire industries and individual establishments to work as partners with labor and Cal/OSHA in implementing and maintaining high standards of workplace safety and health management. The resulting partnership offers several levels of recognition to qualified companies and their employees:

- Voluntary Protection Program (VPP) and Voluntary Protection Program Construction (VPPC): The leadership recognition levels for companies that have highly effective safety and health management systems.
- Cal/SHARP: (Safety and Health Achievement Recognition Program) - For high-hazard companies that are maintaining advanced safety and health management systems.
- Golden Gate: For high-hazard companies that are maintaining effective safety and health management systems.

## **VPPC BENEFITS**

VPPC companies will:

- Receive recognition at up to three sites in California from their industry and government as a quality company.
- Be recognized by Cal/OSHA as a VPPC participant in California. VPPC contractors that have overall worker safety and health responsibility for non-fixed worksites in California can have up to three of their site(s) removed from Cal/OSHA Enforcements programmed inspection list during their participation in the VPPC program or until such time as the VPPC company no longer has overall worker safety and health responsibility for the site.
- To the extent possible, at VPPC exempt worksites have an enforcement inspection limited to the area of the complaint(s) or accident.
- Develop a partnership with labor and Cal/OSHA through the self-policing and maintenance of safety and health programs.
- Indirect benefits may include increased job referrals and bid acceptance.

## **ABOUT THE VPPC PROGRAM**

- The VPPC Program is tailored for general contractors with non-fixed worksites. General contractors that have overall worker safety and health responsibility at non-fixed worksites in California can have up to three sites exempted from Cal/OSHA programmed inspections. VPPC companies are considered to be workplace safety and health leaders within their industry. An exempted California worksite under the control of a VPPC company is recognized as a worksite expected to have a significantly lower risk for serious accidents than other company's worksites within the same industry. In turn, this allows Cal/OSHA to focus its programmed inspection efforts on other worksites.

- VPPC companies must demonstrate that they have management commitment and employee involvement in their safety and health management system. The company must also demonstrate that they have implemented their safety and health management system and that their system is effective at reducing accidents at the exempted construction worksite(s) in California.
- The following construction projects are not eligible for VPPC;
  - Projects located on Federal land or territory,
  - Projects that will ultimately be under the jurisdiction of the Federal Railroad Authority,
  - State or Local Governmental agencies self-performing construction projects,
  - Construction projects where the General Contractor does not exercise complete authority to award sub-contractor contracts and
  - Projects with more than one controlling contractor.
- The following construction projects may be considered on a case by case basis for VPPC;
  - Construction Projects that are publicly funded and
  - Projects that are considered partnerships or joint ventures.
- The VPPC application and approval process is managed through the Cal/OSHA Consultation Service's VPPC Program. Like all the Cal/OSHA partnership programs, the VPPC is designed to ensure company success. The Cal/OSHA Consultation Service can assist the company until such time that the company becomes qualified to participate
- VPPC approval is processed in four phases:
  - Phase 1:** Submitting a written application that is intended to provide basic information and safety and health performance data about the company and the worksite.
  - Phase 2:** Consists of a meeting(s) to discuss the safety and health management systems and policies, and to review safety and health documentation.
  - Phase 3:** Consists of evaluations performed by the Cal/OSHA Consultation Service consultants to ensure the safety and health management system reviewed during Phase 2 is implemented and is effective at the specific worksites the company is seeking to be exempted from programmed inspections (up to three worksites in California).
  - Phase 4:** The final phase, is a declaration by the company and Cal/OSHA approval of VPPC participation.
- When achieved, VPPC status will be granted to the company and will be applicable for a period of three years or until completion of the project, whichever is sooner for the specific non-fixed worksite evaluated.

## QUALIFICATIONS

Your company may be considered for VPPC recognition if it meets the following qualifications:

1. Have all current applicable licenses and permits required in California.
2. Have been in operation in California for a minimum of three consecutive calendar years and any site to be evaluated must be an active construction worksite.
3. Not have received any final order willful, repeat, or willful-repeat citations at any of their California worksites, or serious citations related to a fatality, serious injury or exposure at any California worksite within the previous twenty-four (24) months.

Also, VPPC recognition requires a full-service both visit. A full-service both visit cannot be performed while any citations are under appeal (see Cal/OSHA Consultation Policy and Procedure D-31(A) for a definition of full-service both visit and D-31(B)(4) for Cal/OSHA Enforcement activity). Therefore, a company in this situation would not be eligible to be evaluated for VPPC.

4. Have previously received an onsite visit, indicating that the IIPP and all other Title 8 required safety and health programs/procedures are in writing as required and have been implemented and determined to be effective at the worksite.
5. Ensure all subcontractors who work at the site have an IIPP.
6. Have no program(s) that intentionally or unintentionally provide employees working at the worksite an incentive to not report injuries/illnesses or safety/health hazards they may observe. This includes all companies working at the worksite.  
**Note:** Examples may include, but are not limited to programs that have “zero” injury/illness goals. Recognition programs should use leading indicators.
7. Must, by contract or practice, function in the role of the controlling contractor, the applying company’s injury and illness prevention program must clearly address its controlling contractor responsibilities and functions.
8. Ensure contractor/subcontractor participation in the worksite visit process. As part of the VPPC process, critical subcontractors will be identified by the senior consultant assigned to the worksite. Critical subcontractors will be those contractors whose employees are considered to have the greatest level of exposure for the activities expected to be performed at the worksite. Critical subcontractors will be encouraged to attain Golden Gate recognition as part of the consultation visit process.

9. Must collect and be knowledgeable regarding worksite specific Log 300 information and/or workers compensation loss information for all sub-contractors working at the worksite.
10. Must demonstrate a lower than average number of injuries and illnesses statewide over the previous three full calendar years (for the applicant company) and at the worksite being evaluated for the time period it has existed (see worksheet on page 15 of this packet). Successful applicants shall meet or exceed at least two of the following ratings:
  - (i) Experience Modification Rating below 90%;
  - (ii) Days Away, Restricted or Transfer (DART) Rate below 90% of the most recent industry average;
  - (iii) Total Recordable Case (TRC) Rate below 90% of the most recent industry average.

**Note:** Averaging of company Log 300 data is done with the raw data not the incident rates (reference Federal CSP 02-00-002 for more information). Additional information is provided in the VPPC Application on page 15 of this packet.
11. Correct all hazards and required program deficiencies discovered during the VPPC evaluation in a timely manner.
12. Provide all available information needed to evaluate the company's safety and health management system to the Cal/OSHA Consultation Service.
13. Allow the assigned senior consultant to make unannounced worksite visits to confirm the effectiveness of the safety and health management system at the worksite prior to final approval.
14. Allow both Cal/OSHA Enforcement and Cal/OSHA Consultation access to the applicant's active California worksites during the evaluation and VPPC participation period.
15. The owner or CEO of your company must sign the application indicating their willingness to participate and maintain their safety and health management system.

**Note:** Highest ranking company official in California may sign the application.

## **THE VPPC PROCESS**

### **PHASE 1 - HOW TO APPLY**

VPPC applications (the **VPPC APPLICATION** is included on page 14 of this packet) should be sent to the Cal/OSHA Consultation Service's VPPC Program Coordinator at:

Cal/OSHA Consultation Service  
464 W. 4th Street, Suite #339  
San Bernardino, CA 92401  
Attn: VPPC Program Coordinator

The VPPC Coordinator will assign the application to a VPPC Senior Consultant. The VPPC Senior Consultant will evaluate the application to determine if the applying company is eligible to move forward in the process. If the application information received is incomplete or insufficient to determine eligibility, then the applicant will be contacted by the VPPC Senior Consultant and given ninety (90) days to present additional information supporting your company's eligibility.

If it is clear from the application that the company cannot qualify for VPPC, the application will be withdrawn until such time as the company can meet the minimum eligibility requirements.

Once it is determined the applying company meets the minimum eligibility requirements the VPPC Senior Consultant will contact you to make an appointment to meet and evaluate the company's safety and health management system.

Page 18 of this packet provides a list of documents/information that must accompany the application. Providing all the necessary information with the application will help to prevent a delay in processing.

### **PHASE 2 - THE SAFETY AND HEALTH PROGRAM CONFERENCE**

Following acceptance of your company's application, the Cal/OSHA Consultation Service VPPC Senior Consultant will arrange to meet with company representatives to discuss the company's safety and health management system. Union signatory business representatives must be invited to participate in this conference. Union representatives are encouraged to participate in the entire visit. However, the amount of participation is up to the union representatives. The purpose of this meeting

is for company representatives to explain to the VPPC Senior Consultant how the company's safety and health management system is designed to protect workers from preventable injuries and illnesses. Discussions should include all processes, rules, and procedures that demonstrate how your company upholds worksite safety and health responsibilities in a multi-company environment.

**Note:** It is the applicant company's responsibility to invite and encourage signatory union participation.

Company representatives should be prepared to discuss VPPC evaluation criteria (**VPPC EVALUATION CRITERIA** is included on page 20 this packet) during Phase 2, and demonstrate the effectiveness of their safety and health management systems during Phase 3 for the specific worksite to be evaluated. The evaluation criteria may be used to perform self-evaluations and will help you determine how ready your company is for VPPC.

Following the conference, the VPPC senior consultant will let you know whether your company is ready for the next phase of the process. At the conclusion of the safety and health program conference, if your company has not satisfactorily presented enough information or material to lead to a conclusion that their safety and health management system can be implemented at the worksite and will be effective protecting workers from preventable injuries and illnesses, then the VPPC senior consultant shall inform the company representatives of their concerns. Your company will be provided up to ninety (90) days to prepare the information and arrange for a future safety and health program conference, including the union signatories.

**Note:** When a company has at least one existing California worksite in VPPC and the assigned senior consultant is familiar with the company's safety and health management system, Phase 2 can be limited to any changes the company may have made to their system since the senior consultant last evaluated it.

### **PHASE 3 - WORKSITE EVALUATIONS**

After a successful safety and health program conference the VPPC senior consultant will plan worksite evaluations. Depending on the results of the initial worksite evaluation, the VPPC senior consultant may want to make additional worksite visits. Union signatory business representatives must be invited to participate in the worksite evaluations. However, the amount of participation is up to the union representatives. The worksite evaluations will be performed by a VPPC senior consultant and may result in identification of hazardous conditions that must be corrected before recognition can be granted. Non-compliance findings by Cal/OSHA Consultation will not be subject to citations or penalties. However, Cal/OSHA Enforcement will be notified if the company fails to take appropriate action to abate serious hazards. The VPPC senior consultant will explain the worksite evaluation process and the company's rights and responsibilities before visiting the company worksite(s). The worksite evaluations conducted by the VPPC senior consultant will include, but not be limited to:

- a. Validation of the effectiveness of the company's worksite safety and health management system:
- b. The documentation and implementation of the VPPC evaluation criteria described on pages 20-28 of this packet.
- c. The company's ability to effectively evaluate all critical subcontractors IIPP's, other mandated safety and health programs and ensure the same subcontractors are performing effective site loss analysis as applicable.
- d. The company's overall control of the safety and health for all subcontractors and their employees at the worksite;
- e. Observation of safe work practices;
- f. The company's ability to identify and correct hazards that could result in preventable accidents and exposures;
- g. The company's ability to ensure contractor's working at the worksite are meeting or exceeding all applicable Title 8 requirements.

If the VPPC senior consultant concludes that improvement or correction is needed in one or more areas of the company's worksite safety and health management system, then the company will be informed and arrangements will be made to assist the company in improving those areas. The VPPC senior consultant will also establish a time period, usually not to exceed ninety (90) days, in which the required improvement must be made.

Upon completion of the worksite evaluation, the VPPC senior consultant will prepare a written report that documents the effectiveness of the company's worksite safety and health management system. Also included in the report will be a summary that indicates the evaluation criteria has been met. In the event multiple visits are made, a written report will be prepared after each visit to the worksite updating the company regarding their progress towards attaining VPPC.

#### **PHASE 4 - FINAL APPROVAL**

VPPC approval for a worksite is subject to a company meeting the following:

- a. Compliance with all applicable Title 8 requirements at the worksite, including but not limited to an effective injury and illness prevention program;
- b. Verification that all VPPC evaluation criteria are considered effective; and
- c. Verification that all other items under the "Qualifications" section of this packet have been met.

Final approval of VPPC recognition is by the Chief of Cal/OSHA.

The approval period starts on the date that the Chief of Cal/OSHA signs the VPPC approval letter. The termination date is thirty-six (36) months from the approval date or when the project is completed whichever is sooner.

Once approved, future evaluations will take place:

- a. Randomly throughout the VPPC participation period;

**Note:** The senior consultant assigned to the worksite in coordination with consultants from the applicable Cal/OSHA Consultation Area Office may perform these evaluations.

- b. When there is a concern (including employee or employee representative complaints) about a VPPC company's safety and health management system maintenance or eligibility, such as but not limited to an increase in accidents or near-misses.
- c. At the end of the certification period if the contractor is reapplying; and,
- d. Within 90 days upon notification of change of ownership or upper management.

Each year by February 15th, each VPPC worksite company will submit the following information to the VPPC senior consultant assigned to the site:

- a. Injury and Illness Rates. These rates will include all employees over whom the applicant has responsibility and authority for safety and health, including regular hires, plus temporary employees and contractor/subcontractor employees.
  - i. The total recordable case rate (TRC) for injuries and illnesses for the previous calendar year.
  - ii. The incidence rate for cases involving days away from work, restricted work activity, and job transfer (DART rate) for the previous calendar year.
  - iii. The total number of cases for each of the above two rates.
  - iv. Total hours worked.
  - v. Estimated average employment for the past full calendar year.
  - vi. Any changes in ownership, top management, safety staff or worksite superintendent(s) that may impact the safety and health management system, or significant changes to signatory unions.
- b. Annual Self-Evaluation. A copy of the most recent annual self-evaluation of your safety and health management system, in the VPPC evaluation criteria format.
- c. A description of any success stories, such as reductions in workers' compensation rates or increases in employee involvement.

The VPPC senior consultant assigned to the worksite must be notified immediately whenever:

- a. A Cal/OSHA Enforcement inspection takes place at a VPPC worksite;
- b. Any serious injury, illness or fatality involving any employee working at a VPPC recognized worksite controlled by the VPPC (up to three in California);
- c. Any media coverage related to a worksite worker safety and health issue at any worksite in California controlled by a VPPC company;
- d. Any significant near miss at any worksite in California controlled by a VPPC company;
- e. Any unplanned collapse of a permanent or temporary structure, scaffolding/falsework or cranes at any worksite in California controlled by a VPPC company;
- f. Any citations are issued by Cal/OSHA Enforcement to any company at a VPPC worksite;
- g. Any Willful, Repeat or Serious accident-related or exposure-related citations are issued by Cal/OSHA to any company at the VPPC company's recognized worksite(s) in California (up to three locations);
- h. Requests are made for temporary or permanent variances at a VPPC worksite;
- i. There are significant changes in safety and health management systems;
- j. There are changes in ownership, top management, safety staff or worksite superintendent(s) that may impact the safety and health management system, or significant changes to signatory unions.

Upon discovery of deficiencies in a previously approved VPPC company worksite, the senior consultant will request that the company correct any deficiencies within 60 days of the renewal visit. Should those issues not be resolved at the end of the 60-day period, the VPPC recipient will be placed on probation for an additional 30-days and subsequently removed from the program if those deficiencies have not been corrected.

## **RENEWALS**

A company may choose to renew VPPC status of an individual worksite. In this event the company must contact the senior consultant assigned to the worksite at a minimum of 90 days prior to the renewal date. The senior consultant will schedule a visit to the site to determine if the VPPC participant's safety and health management system is implemented at the site and continues to be effective.

VPPC renewal approval is subject to a company meeting the following:

- a. Compliance with all applicable Title 8 requirements at the worksite, including but not limited to an effective injury and illness prevention program; and
- b. Verification that all VPPC evaluation criteria in Appendix B of this packet.
- c. Verification that all other items under the "Qualifications" section of this packet have been met.

Upon discovery of deficiencies in a renewing VPPC company worksite, the senior consultant will request that the company correct any deficiencies within 30 days of the renewal date. Should those issues not be resolved 30 days prior to the renewal date, the VPPC company worksite will be placed on probation and given an additional 30-days and subsequently removed from the program if those deficiencies have not been corrected.

Renewal approval of VPPC recognition is by the Chief of Cal/OSHA.

The renewal period starts on the date that the Chief of Cal/OSHA signs the VPPC renewal letter. The termination date is thirty-six (36) months from the renewal date or when the project is completed whichever is sooner.

Final renewal approval of VPPC recognition is by the Chief of Cal/OSHA.

## **COMPANY WITHDRAWAL FROM VPPC**

1. A company may withdraw from VPPC at any time during the application or evaluation process or participation period. If the applicant decides for any reason to withdraw the application, the original application will be retained for a period of one year.
2. A company's VPPC status will be discontinued when they no longer have at least one VPPC worksite in California.
3. A VPPC company may be asked to voluntarily withdraw from the program if any of the following occurs:
  - a. The Cal/OSHA Consultation Service is not notified as required in the "Final Approval" section of this packet.
  - b. A final order Willful, Repeat, or Willful-Repeat Citation is received by a VPPC company at any worksite they control in California;
  - c. A final order Serious Citation related to a worker fatality, injury or illness is received by any company while working at an applicant or VPPC controlled worksite;

- d. The VPPC company receives two unsatisfactory evaluations within a one year period following approval to participate in the program;
  - e. Loss of any required California license or permit;
  - f. A VPPC company refuses to allow Division of Occupational Safety and Health authorized Enforcement or Consultation personnel access to any of their California worksites;
  - g. There is a change of ownership or corporate structure to the VPPC company and the Consultation senior consultant is not notified in writing within 30 calendar days of the change(s);
  - h. If the VPPC company's safety and health management system as demonstrated during the evaluation period is not maintained at a VPPC worksite.
4. A company's VPPC status may be withdrawn by the Division if any of the items described in the "Qualifications" section of this packet are not maintained and the company refuses to voluntarily withdraw. The final decision to remove a company from VPPC will be made by the Chief of the Division. The Chief of the Division will send a letter to the applicant whenever a VPPC company is being removed from the program. The applicant may appeal the decision and upon request, meet with the Chief of the Division.

***FOR MORE INFORMATION***

For more information on this and other Cal/OSHA partnership programs, contact the nearest local Cal/OSHA Consultation Service Area office. Office locations and telephone numbers are listed on the last page of this document.

**VPPC APPLICATION - Page 1 of 4**

**I. COMPANY INFORMATION**

Corporate Name \_\_\_\_\_

Company Name \_\_\_\_\_  
(If different from Corporate; d.b.a.)

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Work Performed \_\_\_\_\_

Jobsite Address \_\_\_\_\_  
\_\_\_\_\_

Primary Standard Industry Classification (SIC/NAIC) Code: \_\_\_\_\_

Secondary SIC/NAIC Code(s): \_\_\_\_\_

**II. COMPANY REPRESENTATIVE**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  
(If different than above)  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Telephone \_\_\_\_\_

**III. INJURY AND ILLNESS PREVENTION PROGRAM and any other written programs required by Cal/OSHA (include copies with this application).**

**IV. PERFORMANCE MEASURES FOR PREVIOUS THREE FULL CALENDAR YEARS**  
(Or for as many years as you have data. Also, attach supporting documentation.)

|  |       |       |       |       |
|--|-------|-------|-------|-------|
| Calendar Year                              | _____ | _____ | _____ | _____ |
| Hours Per Year                             | _____ | _____ | _____ | _____ |
| Number Employees                           | _____ | _____ | _____ | _____ |
| Experience Modification Rate<br>(if rated) | _____ | _____ | _____ | _____ |
| DART Rate                                  | _____ | _____ | _____ | _____ |
| TRC Rate                                   | _____ | _____ | _____ | _____ |

**Note:**

Averaging of employer Log 300 data is done with the raw data not the incident rates (reference Federal CSP 02-00-002 for more information). For DART and TRC comparison, the company's three year average shall be compared to the rate for their NAICS published by the Bureau of Labor Statistics (BLS).

**Three-Year TRC Calculation**

To calculate three-year TRC, add the number of all recordable injuries and illnesses for the past three years and divide by total hours worked for those years. Multiply the result by 200,000.

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

**Note:** (#inj + #ill) in the above formula is the added totals from column H, I, and J on the log 300 form. Employee hours should reflect all full and part-time workers, including seasonal, temporary, administrative, supervisory and clerical.

**Three-year DART Rate Calculation**

To calculate three-year DART rates, use the same formula as in the Three-Year TRC Calculation, above, except add the number of all recordable injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer for the past three years.

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

**Note:** A DART rate is an injury and illness reporting term that stands for Days Away, Restricted or Transferred from work. (#DART inj + ill) in the above formula is the added totals from Columns H & I on the log 300 form.

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

**V. EXPLANATION OF HIGH RATES AND/OR OTHER SUPPORTING DATA (If applicable)**

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**VI. UNION SIGNATORIES** (If applicable)

| Union | Business Representative (Name & Phone) |
|-------|--|
| _____ | _____                                  |
| _____ | _____                                  |
| _____ | _____                                  |
| _____ | _____                                  |
| _____ | _____                                  |
| _____ | _____                                  |
| _____ | _____                                  |

**VII. STATEMENT OF COMMITMENT AND UNDERSTANDING**

(Owner/CEO to sign statement below or attach a letter in your own words with the same assurances.)

*I understand the company's safety and health obligations while applying for and participating in the VPP Construction Program. I also understand that the company may withdraw its participation at any time or for any reason should we so desire.*

*In applying for the VPP Construction Program I agree to make all requested occupational safety and health information available to Cal/OSHA upon request and to allow the Consultation Service to make visits to any of our sites in California.*

Signature: \_\_\_\_\_  
(Owner or CEO of applicant company)

Date: \_\_\_\_\_

## **VPPC APPLICATION - DOCUMENTATION LIST**

**If not already provided, the following documentation specific to the worksite to be evaluated must be included with the completed application:**

1. Completed Application with signature from applicant's executive
2. Cal/OSHA Log 300s and 300A's (most recent three full calendar years)
3. Completed TRC / DART Calculations
4. Jobsite description: How many buildings, mailing addresses for each building when complete, intended use, how tall, how many acres in size for property, end use, schedule date of completion, building type (cast in place, steel, wood, etc...).
5. Completed Evaluation Criteria
  - a. Documentation for candidate jobsite, of the following THREE most recent:
    - i. Accident/Injury Investigation Records
    - ii. Incident / Close call investigation records
    - iii. All Hands Meeting records
    - iv. Safety Orientation Outline with attendance records for all jobsite employees
    - v. Job Safety Analysis / Job Hazard Analysis / Pre-Task Planning
    - vi. Disciplinary records for safety violations at the jobsite for employees of GC and subcontractors
    - vii. Safety meetings / Tailgate meetings for general contractors
    - viii. Hazard Inspection & Correction Records
    - ix. Employee safety training records for general contractor
    - x. Supervisor training records (OSHA 30) for general contractor
    - xi. Pre-job safety meetings
    - xii. Weekly contractor safety and health meetings
    - xiii. Industrial Hygiene monitoring / survey results for the past five years for the general contractor
  - b. Company's safety and health organizational goals and objectives
  - c. Contractual language with regards to safety and health with subcontractors, violations
6. Complete list of Subcontractors / Tiered Subcontractors for all phases of the project.
7. DOSH Project Permit if required; All DOSH Activity Permits for jobsite if required (GC & Subs).
8. Tower Crane Permit if required
9. Diagram / map of jobsite / evacuation map with muster points (include CPH and stair tower locations).
10. Updated Construction Schedule
11. Hours of construction, schedule of breaks for jobsite employees

12. Written Safety Programs for Applicant (Controlling Contractor)

- a. Injury and Illness Prevention Program & Site Specific SMHS
- b. Site Specific Code of Safe Practices
- c. Emergency Medical Services Plan
- d. Fire Prevention Plan
- e. Hazard Communication Program
- f. Heat Illness Prevention Procedures for the jobsite
- g. Energy Control Program, with specific procedures
- h. Confined Space Program
- i. Respiratory Protection Program

13. Spreadsheet of all subcontractors and their tiers showing that they have an IIPP.

14. Critical Sub safety program evaluation

## VPPC EVALUATION CRITERIA

|                            |  |
|----------------------------|--|
| Employer /<br>Jobsite Name |  |
| Site Location              |  |

Instructions: Answer all of the questions with as much detail as you can. Provide supporting documentation when requested. Label attached documents in accordance to the numbers below (example: 1a or 1b) and submit with your application.

|  |
|--|
| <b>1.) Management Leadership and Authority</b>   |
| <p>a. Describe how management is involved and committed to the Safety and Health Management System (SHMS) for the company? Examples include participating in safety meetings, reviewing and making decisions with regards to safety.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:   |
| <p>b. Does management consider safety and health to be a line or a staff function?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:   |
| <p>c. Do managers personally follow safety and health worksite rules, code of safe practices and any other applicable standards at the worksite? Describe how your company ensures that managers follow safety rules. Practices can include performance review, observations and disciplining of managers who fail to follow safety rules.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p> |
| Notes:   |
| <p>d. Describe how management is involved in the planning and valuation of the SHMS?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:   |
| <p>e. Describe how management allocates adequate resources to ensure the SHMS is effective? Describe the resources provided.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:   |
| <p>f. Describe how management values and encourages employee involvement and participation in the SHMS? Examples include but not limited to having an open door policy, and providing feedback/response in a timely manner.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |

|   |
|---|
| Notes:  |
| <b>2.) Safety and Health Goals and Objectives</b>   |
| <p>a. Are safety and health organizational goals and objectives established in writing? Describe your company's goals and objectives or include a copy along with this form.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>b. Describe how your company's safety goals and objectives are communicated to all employees?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>c. Are the goals and objectives evaluated and updated as needed? Please list frequency and dates of last updates.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <b>3.) Multi-Employer</b>   |
| <p>a. Is the employer by contract or practice functioning as the controlling contractor at the worksite?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>b. Do all sub-contractors understand their multi-employer responsibilities?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>c. Describe the mechanism in place that ensures that all the hazards inherent to the workplace are communicated to other employers?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>d. Are the potential hazards created by one employer being effectively communicated to other employers, so that adequate employee exposure to those hazards can be controlled? Describe the methods to achieve effective communications of health and safety hazards to trade partners.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>e. Does the VPP-C candidate employer exercise the necessary oversight to ensure that visiting contractor employers follow their contractual health and safety obligations? Describe the process to eliminate repeated unsafe hazards created by trade partners. Give examples of how your company exercised provisions in your contract to eliminate repeated health and safety hazards.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p> |

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| Notes:  |
| f. Describe the system in place that will effectively and quickly stop the unsafe actions of another employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed  |
| Notes:  |
| g. Does every worker on-site receive structured safety and health orientation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed  |
| Notes:  |
| h. Are contractors required to have an injury and illness prevention program? Describe how your company, the general contractor, ensures that critical trade partners have an effective Injury and Illness Program developed in writing and implemented. The process can include assigning designated safety staff to evaluate the safety program for written content, and interviewing employees to verify implementation.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed |
| Notes:  |
| i. Do all contractors understand their responsibilities at a multi-employer worksite?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed   |
| Notes:  |
| <b>4.) Responsibility and Authority</b>   |
| a. Is there a person or persons identified as responsible for (SHMS)? List the person(s) responsible.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed   |
| Notes:  |
| b. Is that person or persons provided adequate authority and resources to ensure the SHMS are effective? Describe any limitations in their authority and resources..<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed  |
| Notes:  |
| c. Does that person or person(s) carry out their assigned responsibilities and utilize their authority to ensure the effectiveness of the SHMS? Describe any limitations that person(s) may have.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed   |
| Notes:  |
| <b>5.) Ensuring Employee Compliance</b>   |
| a. Are there mechanisms in place to ensure employee compliance of safety and health rules, the code of safe practices and other applicable standards at the worksite?<br>NOTE – Examples include, but are not limited to disciplinary programs, employee recognition programs and re-training programs. List those mechanism(s).<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed  |

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| Notes:  |
| <p>b. Is there a worksite specific code of safe practices in writing and available? Attach a copy of the jobsite specific Code of Safe Practice.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>c. Are there subcontractor sanctions for non-compliance of safety and health rules, the code of safe practices and other applicable standards at the worksite? Describe the sanctions and include a copy of your contract that outlines those sanctions. Provide examples (if any) of when your company exercised contractual sanctions against a trade partner.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p> |
| Notes:  |
| <p>d. If applicable, are all employee recognition programs based on leading indicators and not "zero" injuries/illnesses? For example: (gift cards, rewards given for meeting injury goals?)</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>e. Are supervisors evaluated regarding their responsibilities as it relates to the implementation of the SHMS? Please attach a copy of a blank performance evaluation sheet where safety is part of the evaluation.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>f. Do organizational policies result in correction of non-performance of safety and health responsibilities?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:  |
| <b>6.) Communication</b>  |
| <p>a. Are all employee communications regarding safety and health at the worksite done in a language that the employees understand and comprehend? If so, what means and/or methods are used to provide safety communication and training to non-native English speakers?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:  |
| <p>b. Is each assigned safety and health responsibility as it relates to the SHMS clearly communicated to those responsible?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>c. Are pre-job safety and health meetings held? If so, describe the typical issues discussed and include the most recent outline or meeting minutes..</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |

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| Notes:  |
| d. Are toolbox safety meetings held weekly? Please attach the three most recent toolbox safety meetings.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed  |
| Notes:  |
| e. Are all contractors required to attend weekly general contractor safety and health meetings? If so, please provide three of most recent documentation of past meetings.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed  |
| Notes:  |
| f. To the extent practicable has the general contractor established a means and or method to conduct effective monthly job-wide safety meetings with all hands? Please include the three most recent topics covered during the past few "all-hands" meetings.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed   |
| Notes:  |
| g. Is the content of all related safety and health meetings relevant to the activities and issues at the worksite?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed  |
| Notes:  |
| h. Sometime after the safety meeting/training session/orientation are employees queried to determine if they understood the information communicated? Are interviews of subcontractor employees conducted to verify training and IIPP implementation is effective? Describe the methods used to ensure that employees are queried to determine if they understand the material. Describe what is done if there are shortcomings with the subcontractor employees.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed |
| Notes:  |
| i. Describe how employees are encouraged to participate in safety meetings/training sessions/orientation sessions?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed  |
| Notes:  |
| j. Describe the jobsite employee hazard reporting system?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed   |
| Notes:  |
| k. Are employees encouraged to report hazards without the fear of reprisal? Describe the methods used?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed  |
| Notes:  |
| <b>7.) Hazard Anticipation and Evaluation</b>   |

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| <p>a. Are effective safety and health inspections performed regularly? Provide the three most recent documentation of safety and health inspections..</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:  |
| <p>b. Are effective safety and health inspections performed on a scheduled and unscheduled basis? Describe the frequency.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:  |
| <p>c. Describe the methods that your company uses to ensure that effective safety and health inspections performed weekly by the sub-contractors.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:  |
| <p>d. Describe the methods that your company uses to ensure that effective surveillance of established hazard controls are in place.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>e. Is change analysis performed as it relates to the worksites activities, equipment, materials and processes?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:  |
| <p>f. Are SDS's used to reveal potential hazards? Describe the review process.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>g. Is a formal system of Job Hazard Analysis, Job Task Analysis or Job Safety Analysis in place? Provide the last three JHAs performed for the jobsite.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>h. Describe how employees and subcontractor employees are encouraged to participate in the hazard anticipation and detection activities? Provide the three most recent documentation of employees participating in hazard anticipation / detection activities.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p> |
| Notes:  |
| <b>8.) Accident, Exposure, Incident and Near Miss Investigation</b>   |
| <p>a. Are accidents, exposures, incidents, near misses investigated in a timely manner? Describe the time frame and process.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |

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| Notes:  |
| b. Are accidents, exposures, incidents, near misses investigated for root causes?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed   |
| Notes:  |
| c. Are accidents, exposures, incidents, near misses investigations reports made in writing and include recommendations for future hazard prevention and control? Provide the three most recent copies of an accident, exposures, incidents, near misses investigations reports for the jobsite.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed |
| Notes:  |
| d. Are accidents, exposures, incidents, near misses investigations reports reviewed by management/supervisors to identify trends? Describe the results and outcomes.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed  |
| Notes:  |
| e. Is the controlling contractor knowledgeable about all accidents, exposures, incidents, near misses investigations at the worksite? Describe the process in which your company ensures that trades provide you with information about accidents, exposures, incidents and near misses.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed        |
| Notes:  |
| <b>9.) Hazard Prevention and Control</b>  |
| a. Is the SHMS worksite specific? Provide a copy.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed   |
| Notes:  |
| b. Is the SHMS updated to meet changes at the worksite?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed   |
| Notes:  |
| c. Are all Cal/OSHA required programs/plans/procedures established and considered effective (and in writing where required)? Describe the process in which your company reviews, interview employees and mentors subcontractors to ensure that the programs are effective.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed                      |
| Notes:  |
| d. Is a hierarchy of control followed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement Needed  |
| Notes:  |

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| <p>e. Is PPE adequate and effectively used at the jobsite?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>f. Is housekeeping consistently maintained?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>g. Are all anticipated and identified hazards prioritized by severity and corrected in a timely manner? Provide last three documentation in which hazards were prioritized.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>  |
| Notes:  |
| <p>h. Does the worksite have an effective plan for providing emergency medical care? Please provide a copy of your company's Emergency Medical Services Plan (T8CCR, section 1512).</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:  |
| <p>i. Are employees encouraged to participate in hazard anticipation and control?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:  |
| <b>10.) Training</b>  |
| <p>a. Do all employees receive a worksite specific orientation prior to starting work? Provide an orientation agenda and the last employee orientation performed by your company.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>   |
| Notes:  |
| <p>b. Do all worksite employees receive appropriate training as it applies to hazards related to the worksite and the hazards unique to their job assignment? Include an outline or describe the topics covered that is specific to the worksite.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p> |
| Notes:  |
| <p>c. Do managers/supervisors receive appropriate training, including the aspects of their supervisory responsibilities related to the SHMS? Provide a copy of the most recent safety training documentation for supervisors.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Improvement Needed</p>                     |
| Notes:  |

d. Do employees receive training as it relates to changes in materials, equipment, processes or the worksite in general?

Yes       No       Improvement Needed

Notes:

e. Are all trainers qualified to train on the subjects they are asked to present? Describe the required training that your trainers are required to have prior to providing training (e.g. OSHA 30 hour, etc.).

Yes       No       Improvement Needed

Notes:

## **VPPC - CONTACT INFORMATION**

Website: [www.dir.ca.gov](http://www.dir.ca.gov)  
E-Mail: [infocons@hq.dir.ca.gov](mailto:infocons@hq.dir.ca.gov)

Toll Free Number: **800-963-9424**

### **VPP Construction Coordinator**

John Ford  
(510) 622-1081  
[jford@dir.ca.gov](mailto:jford@dir.ca.gov)

## **EMPLOYER ASSISTANCE PROGRAM**

### **Sacramento - Northern California**

Manager: John Husmann  
2424 Arden Way, Suite 410  
Sacramento 95825  
(916) 263-0704

### **Santa Fe Springs – Los Angeles, Orange**

Manager: Herman Jett  
1 Centerpoint Drive, Suite 150  
La Palma 90623  
(714) 562-5525

### **Oakland - San Francisco Bay Area**

Manager: Nick Gleiter  
1515 Clay Street, Suite 1103  
Oakland 94612  
(510) 622-2891

### **San Bernardino - Inland Empire**

Manager: Ray Acree  
464 W. 4<sup>th</sup> Street, Suite 339  
San Bernardino 92401  
(909) 383-4567

### **Fresno - Central Valley**

Manager: Eugene Glendenning  
1901 N. Gateway Boulevard, Suite 102  
Fresno 93727  
(559) 454-1295

### **San Diego - Imperial and San Diego**

Manager: Carmen Cisneros  
7575 Metropolitan Drive, Suite 204  
San Diego 92123  
(619) 767-2060

### **San Fernando Valley –**

### **Santa Barbara, San Fernando Valley**

Manager: Dan Leiner  
6150 Van Nuys Blvd., Suite 307  
Van Nuys 91401  
(818) 901-5754

#### **Acting Program Manager**

Eugene Glendenning (559) 454-1295

#### **Regional Manager**

Jim Lopes (559) 454-1295