



Annual Self-Evaluation

Report for Calendar Year: 2019
Date Submitted: |

Department of Labor and Industry
Virginia BEST Program
201 Lee Highway
Verona, VA 24482

Report Instructions

Participation in the Building Excellence in Safety and Health Training (BEST) requires that each BEST company annually evaluate the effectiveness of its safety and health management system and to **submit a report to the BEST Office by February 15 of each year. Submission is via e-mail as a WORD Document to the BEST Office to Jeremias Cruz-Corniel at jeremias.cruz-corniel@doli.virginia.gov.**

Each year, participating companies are required to conduct an annual self-evaluation of company safety and health programs. While this review is not intended to be a compliance evaluation, it should be a critical review of all of the elements of the safety and health management system including a review of applicable key sub-contractor's injury/illness data and trends (more than 1,000 hours in any quarter of each year). The self-evaluation should identify **strengths** and **successes** as well as opportunities for improvement that will translate into specific and measurable goals for the coming year. The report should give a **brief** summary of the **effectiveness** of your company's safety and health programs with regard to each of the BEST elements and sub-elements. The report is not intended to be as comprehensive as the original application but just a summary of the significant events.

VOSH and the AGCVA uses the information in the self-evaluation to update records and statistics, to showcase successes related to implementation of the BEST requirements, and to verify that BEST participants are committed to continuously improving worker safety and health at their company.

Do not delete or change any headings, even if they do not apply to the company, unless you are asked to. Please refer to the [Appendix](#) at the end of the report for additional information to help you answer each section.

If you have any questions while you are filling out your report, please feel free to contact Milford Stern at (540) 562-3580 ext. 123 or milford.stern@doli.virginia.gov and/or Jeremias Cruz-Corniel at (540) 248-9280 ext. 26 or jeremias.cruz-corniel@doli.virginia.gov.

Helpful Websites

BLS Industry and Illness Rates (See instructions)	https://www.bls.gov/iif/oshsum.htm
OSHA VPP Memo #5	https://www.osha.gov/vpp/policy-memo5
OSHA VPP Memo #5 Flowchart	https://www.osha.gov/sites/default/files/policy_memo5_flowchart.pdf
Virginia BEST	https://www.doli.virginia.gov/voluntary-protection-program/virginia-best-outreach-docs/virginia-best-program/

Attachments

Instructions: List any attachments here. Please list each attachment and label the attachment per the numeric order listed below on the document. Add as many as needed. **Attachments must be limited to 2 pages.**

1			
2			

Company Logo and/or Picture	
------------------------------------	--

Company Information

Prepared By		Title	
--------------------	--	--------------	--

Corporate Information			
Name:			
Click here for help with FEIN and NAICS information			
NAICS Code:		FEIN:	DUNS:
Mailing Address:			
Physical Address: <small>(If different)</small>			
Corporate BEST Contact Name and Title:			
E-Mail:			
Phone:		Fax:	# of Employees Corporate Wide:

Injury and Illness Rate Summary
--

2019 TCIR and DART	TCIR	DART
Company Employees Total		
Contract Employees Total		

Union Information

Union Name and Local Number:			
Company Rep:			
Address:			
Phone:		Fax:	E-Mail:

Summary Information

Workplace Description Instructions	Give a brief description of the company and the type of work performed.
Workplace Employee's Instructions Give current breakdown of the number of employees.	

Salaried Employees I.E. - Exempt employees in management or supervisory positions.		
Salaried Non-Management I.E. - Engineers, Sales Reps, Etc.		
Hourly I.E. - Non-Exempt		
Employee Hours and Shift Instructions	Describe the hours and shifts that employees work in the facility. Add as needed by tabbing.	
	Shifts	Hours

2019 Significant Events or Changes		
Instructions	List and describe the impact of any significant events such as management, corporate buy-outs, etc. that occurred during 2019 and the steps taken to ensure/restore employee safety and health. Significant events include fatalities, catastrophes, accidents, complaints, OSHA enforcement inspections, etc. Include the results of all investigations and program changes. Please use the table provided for each Event and Impact, make sure for each Event an Impact is given. If you need more than five lines, tab in the last box under positive or negative. You will continue to number as needed. Please submit and label any attachments under the attachment section on Page 2.	
Event or Program Change	Event or Program Impact	Positive or Negative
1		Choose an item.
2		Choose an item.
3		Choose an item.
4		Choose an item.
5		Choose an item.

Table 1 - Company Employee Data ([See instructions](#)) (Double click table to activate)

Year	Hours	Total Cases	Total Case Incident Rate (TCIR)	Days Away, Restricted, Transferred Cases	Days Away, Restricted or Transferred Rate (DART)
2017			#DIV/0!		#DIV/0!
2018			#DIV/0!		#DIV/0!
2019			#DIV/0!		#DIV/0!
TOTAL	0	0		0	
<i>Three Year Average Rates</i>			#DIV/0!		#DIV/0!
Most recently published **BLS rates					
<i>Percent above / (below) BLS rate</i>			#DIV/0!		#DIV/0!

Special Requirements If:

TCIR or DART rate has increased since last year:

Instructions: If the company's **1-year** TCIR or DART rate has **increased** since last year then you must identify and describe the contributing factors and corrective actions you have taken, include this information in the narrative evaluation of each related element and sub-element. Please use the table provided for each Contributing Factor and Corrective Action, and if you need more than five lines, tab in the last box under Corrective Action. You will continue to number as needed. If the company's **3-year** TCIR or DART rate **now exceeds** the highest rate of the last 3 years published by the BLS statistics for the company's NAICS code then you must submit a separate rate reduction plan based on your findings, and contact the Virginia BEST Program Manager to discuss the terms of your company's rate reduction plan. Please submit and label any attachments under the attachment section on Page 2.

Contributing Factor		Corrective Action	
1			
2			

**TCIR or DART rate now exceeds the highest rate for the last 3 years:
You must submit a Rate Reduction Plan for this.**

Instructions: You must submit a Rate Reduction Plan for this. Please submit and label any attachments under the attachment section on Page 2.

Table 2 - Complete Table 2 for each applicable key sub-contractor for the company. (See instructions) (Double click table to activate)

Contractor Name			NAICS Code for Contractor		
Total Hours Worked at Site for the Year					
Year	Hours	Total Cases	Total Case Incident Rate (TCIR)	Days Away, Restricted, Transferred Cases	Days Away, Restricted or Transferred Rate (DART)
2019			#DIV/0!		#DIV/0!
TOTAL	0	0		0	
Three Year Average Rates			#DIV/0!		#DIV/0!
<u>Most recently published **BLS rates</u>					
Percent <i>above</i> / (<i>below</i>) BLS rate			#DIV/0!		#DIV/0!

Incentive Programs

OSHA VPP Memo #5 | <https://www.osha.gov/vpp/policy-memo5>

Instructions: Describe any incentive programs at the company that are directly affected by the company's safety and health management system. Examples include but not limited to near miss reporting, job observation, performance evaluations, bonus programs, and pay for performance. If you need more than two lines, tab in the last box, you will continue to number as needed.

1	
2	

Pressure Vessels (if applicable)

Pressure Vessel Link	https://www.doli.virginia.gov/boiler-safety/		
Instructions: You are listing the types of pressure vessels at your company. If you have pressure vessels, list whether they are Pneumatic, Hydraulic, or Reactor vessels. If you do not have pressure vessels at your company, please type N/A. If you use a company spreadsheet/file to track your vessels please copy that information to the end of the report.			
	Type	Number	Location
1			
2			

Narrative Evaluation of Safety and Health Management System (SHMS)

Instructions

In assessing your system, you must use the following format to address each of the sub-elements by providing a narrative summary description of the **2019 Activities** for each sub-element. Evaluate the **effectiveness** of each of the elements and sub-elements. Is the element or sub-element **Effective, Needs Improvement or Not effective**?

It is not necessary to repeat the narrative evaluation that has already been described above. Include in each element/sub-element any recommendations for improvement that you plan to monitor during the coming year. For each recommendation for improvement, assign a person(s) to be responsible for completing each recommendation and meeting targeted dates.

Sub-elements in the current self-evaluation that are effective and do not have any recommendations for improvement also need to be assigned to a person(s) who will evaluate their effectiveness again before the next annual self-evaluation is due.

Do not use N/A, ongoing, or leave blank.

Assign target dates for completion of each recommendation. If a target date cannot be assigned due to ongoing activities, assign timeframes for updates (i.e., monthly, quarterly).

Do not use N/A, ongoing, or leave blank.

Next to each element is a "Click here for help" link that will take you to the corresponding section in the appendix that will provide information about what is required for that element.

1.	Management Leadership and Employee Involvement	
	1. Management Commitment and Leadership	(Click here for help)
	Program Description (This can be copied from your application/last annual report)	
	2019 Activities / Changes / Updates	

Evaluation of Sub-Element	Not Effective		
Recommendations for Improvement			
Person Assigned		Target Date	
2. Management Resources		(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element	Not Effective		
Recommendations for Improvement			
Person Assigned		Target Date	
3. Visible Leadership		(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element	Not Effective		
Recommendations for Improvement			
Person Assigned		Target Date	
4. Communications		(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element	Not Effective		
Recommendations for Improvement			
Person Assigned		Target Date	

5. Targets and Objectives		(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
6. Accountability		(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
7. Discipline		(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
8. Annual Program Evaluations		(Click here for help on Program Evaluations) (Click here for help on Annual Self-Evaluation of the SHMS)	
Program Description (This can be copied from your application/last annual report)			

2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
2.	Employee Involvement		
	1. Safety & Health Perception Survey	(Click here for help)	
	Program Description (This can be copied from your application/last annual report)		
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
2.	Employee Knowledge & Notification		
	(Click here for help)		
	Program Description (This can be copied from your application/last annual report)		
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
3.	Rights and Responsibilities/ Notification		
	Program Description (This can be copied from your application/last annual report)		

2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	

4. Employee Involvement

Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	

Contract Work Coverage

1. Key Sub-Contractors (Include Key Sub-Contractor Injury and Illness Data Verification, Contractor Training) (Click here for help on Programs)
(Click here for help on Injury & Illness Data)
(Click here for help on Contractor Training)

Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	

2. Adherence to Rules (Click here for help)

Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			

Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	

3. Key Subcontractor Practices

Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	

4. Key Subcontractor Use

Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	

	Worksite Analysis
--	--------------------------

1. Initial Analysis

[\(Click here for help on IH Survey\)](#)
[\(Click here for help IH Program\)](#)

Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			

	Person Assigned		Target Date	
2.	Hazard Analysis of <u>Routine Jobs, Tasks, and Processes</u>	(Click here for help)		
Program Description (This can be copied from your application/last annual report)				
2019 Activities / Changes / Updates				
Evaluation of Sub-Element		Not Effective		
Recommendations for Improvement				
Person Assigned			Target Date	
3.	Hazard Analysis of <u>Significant Changes, New Processes, and Non-Routine Tasks (Including Pre-Use Analysis and New Baselines)</u>	(Click here for help)		
Program Description (This can be copied from your application/last annual report)				
2019 Activities / Changes / Updates				
Evaluation of Sub-Element		Not Effective		
Recommendations for Improvement				
Person Assigned			Target Date	
4.	Pre-Use Analysis	(Click here for help)		
Program Description (This can be copied from your application/last annual report)				
2019 Activities / Changes / Updates				
Evaluation of Sub-Element		Not Effective		
Recommendations for Improvement				
Person Assigned			Target Date	
5.	Routine Inspections	(Click here for help)		
Program Description (This can be copied from your application/last annual report)				

2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
6. Hazard Reporting		(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
7. Investigation of Incidents		(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
8. Trend Analysis		(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			

Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	

Hazard Prevention and Control			
1.	Certified Professional Resources	(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
2.	Hazard Elimination	(Click here for help)	
i.	Engineering Controls	(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
ii.	Administrative Controls	(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
iii.	Work Practice Controls	(Click here for help)	

Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
iv.	Personal Protective Equipment (PPE)	(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
3.	Hazard Control Programs	(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
4.	Hazard Reporting Tracking System	(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Not Effective	
Recommendations for Improvement			
Person Assigned		Target Date	
5.	Preventive Maintenance of Equipment	(Click here for help)	

Program Description (This can be copied from your application/last annual report)

2019 Activities / Changes / Updates

Evaluation of Sub-Element	Not Effective	
Recommendations for Improvement		
Person Assigned		Target Date

6. Health Care	(Click here for help)
-----------------------	---------------------------------------

Program Description (This can be copied from your application/last annual report)

2019 Activities / Changes / Updates

Evaluation of Sub-Element	Not Effective	
Recommendations for Improvement		
Person Assigned		Target Date

8. Emergency Preparedness	(Click here for help)
----------------------------------	---------------------------------------

Program Description (This can be copied from your application/last annual report)

2019 Activities / Changes / Updates

Evaluation of Sub-Element	Not Effective	
Recommendations for Improvement		
Person Assigned		Target Date

4. Safety and Health Training

1. General Guidelines	(Click here for help)
------------------------------	---------------------------------------

Program Description (This can be copied from your application/last annual report)

2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Effective	Needs Improvement
Recommendations for Improvement			
Person Assigned		Target Date	
2. Training for All & Specific Workers		(Click here for help)	
Program Description (This can be copied from your application/last annual report)			
2019 Activities / Changes / Updates			
Evaluation of Sub-Element		Effective	Needs Improvement
Recommendations for Improvement			
Person Assigned		Target Date	

Commitment to BEST	
Instructions: Describe how the company shows commitment to BEST. List any attendance at BEST conferences (State and National), Best Practice Days, Benchmarking Visits, Mentoring, providing SGE's for evaluations, etc. that any employees have been involved in during the last year.	

Success Stories	
Instructions: Describe any success stories correlated to the implementation of BEST requirements, if attaching any additional files, please complete the attachment section at the beginning of the report. One of the major goals of BEST is to share the good things your company has done with others so that they can benefit from what your company has learned. Don't be shy about the company's achievements from last year, and include anecdotal as well as statistical evidence of improvements. If you need more than four lines, tab in the last box, you will continue to number as needed.	
1	
2	
3	
4	

2019 Objectives and Goals Update	
Instructions: Update the status on your 2019 Objectives and Goals. What was achieved, what had to be modified and why? If any were incomplete are they going to be carried over for next year?	

1		
2		
3		
4		

2020 Projected Goals

Instructions: Describe the 2020 Projected Goals by using the below table. If you need more than four lines, tab in the last box, you will continue to number as needed. ([click here for help](#))

1		
2		
3		
4		

2020 Projected Objectives

Instructions: Describe the company's 2020 Projected Objectives by describing your Action, Responsibility, Target Completion Date, and Completion Date. If you have completed the objective, please list date completed. If not, please type N/A. If you need more than five lines, tab in the last box, you will continue to number as needed. ([Click here for help](#))

Action	Responsibility	Target Completion Date	Completion Date (If Completed)
1			
2			
3			
4			

Virginia Unique Standard

Instructions: The Safety and Health Codes Board has adopted occupational safety and health standards for enforcement by the Department of Labor and Industry. Virginia Code Section 40.1-1 provides that the Virginia Department of Labor and Industry be responsible for administering and enforcing occupational safety and health activities within the Commonwealth. Within the Department, regulation of Virginia occupational safety and health falls under the purview of the VOSH (Virginia Occupational Safety and Health) Program. Please list any standard(s) that may apply to your facility. ([Click here for help](#))

1		
2		
3		
4		

BEST Assurances

| Click or tap to enter a date.

Company Name

Date

Agrees to comply with the following items as a Virginia BEST Program participant:

1. Compliance

- a. We will comply with the Occupational Safety and Health Act (OSHA Act) and correct, in a timely manner, all hazards discovered through self-inspections, employee notifications, accident investigations, VOSH onsite reviews, process hazard reviews, annual evaluations, or any other means.

2. Correction of Deficiencies

- a. Within 90 days, we will correct safety and health deficiencies related to compliance with VOSH requirements and identified during any VOSH onsite review.

3. Employee Support

- a. Our employees support the BEST application.
- b. At companies with employees organized into one or more collective bargaining units, the authorized representative for each collective bargaining unit must either sign the application or submit a signed statement indicating that the collective bargaining agent(s) support BEST participation. VOSH must receive concurrence from all such authorized agents to accept the application. At non-union companies, management's assurance of employee support will be verified by the VOSH onsite review team during employee interviews.

4. BEST Elements

- a. BEST elements are in place, and management commits to meeting and maintaining the requirements of the elements and the overall BEST.

5. Orientation

- a. Employees, including newly hired or transferred employees and contract employees, will receive orientation on the BEST, including employee rights under BEST and under the OSHA Act.

6. Non-Discrimination

- a. We will protect employees given safety and health duties as part of our safety and health program from discriminatory actions resulting from their carrying out such duties, just as Section 40.1-51.2:1 of the Code of Virginia and protect employees who exercise their rights.

7. Employee Access

- a. Employees will have access to the results of self-inspections, accident investigations, and other safety and health data upon request. At unionized companies, this requirement may be met through employee representative access to these results.

8. Documentation

- a. We will maintain our safety and health program information and make it available for VOSH review to determine initial and continued approval to the BEST. This information will include:
 - i. Any agreements between management and the collective bargaining agent(s) concerning safety and health.
 - ii. All documentation enumerated under Section III.J.4. of the July 24, 2000, Federal Register Notice.

- iii. Any data necessary to evaluate the achievement of individual Merit or 1-Year Conditional Star goals.

9. Annual Submission

- a. Each year by February 15, we will submit the following information to the Virginia BEST Coordinator
 - i. For the previous calendar year, the TCIR for injuries and illnesses, and the DART rate.
 - ii. The total number of cases for each of the above two rates.
 - iii. Hours worked and estimated average employment for the past full calendar year.

10. Contactor Rates

- a. We will submit data on each applicable key sub-contractor.
The data will consist of:
 - i. The company's TCIR and DART rate for each applicable key sub-contractor's employees.
 - ii. The total number of cases from which these two rates were derived;
 - iii. Hours worked and estimated average employment for the past full calendar year.
 - iv. The appropriate SIC code for each applicable key sub-contractor's work at the company.

11. Annual Evaluation

- a. A copy of the most recent safety and health annual evaluation. Include a description of any success stories, such as reductions in worker's compensation rates, increases in employee involvement, and improvements in employee morale.

12. Organizational Changes

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

13. Collective Bargaining Changes

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

Signature of Company Official and Title
(Owner, President, Manager, Etc.)

Click or tap to enter a date.
Date

Print Name and Title

Signature of Union Official Site Representative and Title

Click or tap to enter a date.
Date

Print Name and Title

Appendix

Definitions

- **DUNS#:** The D&B Data Universal Numbering System or D-U-N-S® Number is a unique nine-digit identifier for businesses. It is used to establish a business credit file, which is often referenced by lenders and potential business partners to help predict the reliability and/or financial stability of the company in question.¹
- **FEIN:** An Employer identification Number (EIN) is also known as a Federal tax identification Number, and is used to identify a business entity.²
- **NAICS Code:** The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.³
- **SIC Code:** The **Standard Industrial Classification SIC** is a system for classifying industries by a four-digit code.⁴

Instructions for locating and recording your NAICS Code and Employee Injuries and Key Sub-Contractor Injury and Illness Data

1. Look up the 2018 BLS data

- a. Click on the Blue Link (Most recently published **BLS Rates)
- b. A web site will open with a PDF or Excel document. Locate your NAICS Code (2nd column)

TABLE 1. Incidence rates¹ of nonfatal occupational injuries and illnesses by industry and case types, 2015 -- Continued

Industry ²	NAICS code ³	Total recordable cases	Cases with days away from work, job transfer, or restriction			Other recordable cases
			Total	Cases with days away from work ⁴	Cases with job transfer or restriction	
Asphalt paving, roofing, and saturated materials manufacturing	32412	2.3	1.6	0.6	1.0	0.7
Asphalt paving mixture and block manufacturing	324121	3.0	2.0	0.7	1.3	1.1
Asphalt shingle and coating materials manufacturing	324122	1.6	1.3	0.5	0.8	0.3

- c. Use the Total Recordable Cases (3rd column) and Total Column (4th column) to fill in the Orange Cells in the table
2. Double click on Table 1 – Injury and Illness Table for your Facility
 - a. Fill in the following columns: Hours, Total Cases, Days Away, Restricted, Transferred Cases for 2017, 2018 and 2019 years (**Yellow Cells**) with your facility information
 - b. Use the BLS data you located in step 1b. to fill in the **Orange Cells** in the table
 3. Move to Table 2 – Key Sub-Contractor Injury and Illness Chart and Double Click on Table to open
 - a. Fill in Company Name, NAICS Code, Total Hours Worked at company 2019 (**Yellow Cells**) for each key sub-contractor
 - b. Click on tabs at bottom (Labeled Contractor 1-6) and complete for each key sub-contractor
 - c. Fill in the following columns: Hours, Total Cases, Days Away, Restricted, Transferred Cases for 2017, 2018 and 2019 years (**Yellow Cells**) for each key sub-contractor

¹ <http://www.dnb.com/duns-number.html>

² <https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers-eins>

³ <http://www.census.gov/eos/www/naics/>

⁴ https://en.wikipedia.org/wiki/Standard_Industrial_Classification

- d. Use the BLS data you located in step 1b. to fill in the **Orange Cells** in the table
- 4. Each key sub-contractor should have their own tab and chart completed**
5. Double click outside the table to close the window (it will be saved when you save your report)
6. Save the file

[\(Click here to return\)](#)

Information for Conducting a Good Self Evaluation

7. Ask yourself for each Sub Element:
 - a. Is it comprehensive? – Is it operating effectively and meeting established goals and objectives?
 - b. Are there problems that require the development and implementation of solutions in order to achieve or maintain (depending on whether it is pre or post star recognition) world class performance and BEST eligibility?
 - c. What improvements can be made to make it even more effective?
 - d. What goal/objective modifications should be made for the upcoming year?
- 8.** Include interviews/discussions with employees and managers
- 9.** Review written programs, policies, procedures
- 10.** Include facility walkthroughs, informal discussions, observations
- 11.** Should include independent non-S&H professionals who can ask critical questions without making assumptions
- 12.** Provide opportunities for employee involvement
- 13.** Be creative, try to keep S&HMS elements “evergreen”
- 14.** Capitalize on best practices from other BEST companies
- 15.** Use statistical analysis of your leading and trailing indicators

Elements

Management Commitment to BEST Participation and Leadership

- Describe the company's statement of commitment to maintaining compliance with and continuously improving safety and health and meeting BEST requirements? How is this communicated to all employees? Establishing, documenting, and communicating to employees and key sub-contractors clear goals that are attainable and measurable, objectives that are relevant to workplace hazards and trends of injury and illness, and policies and procedures that indicate how to accomplish the objectives and meet the goals. Ensuring that all workers (including contract workers) are provided equal, high-quality safety and health protection. ([Click here to return](#))

Management Resources

- Describe how your company's management has committed resources to safety and health over the past year. Commitment can be displayed in many different and meaningful ways. Examples could be a budget line item for safety & health, allowing employees to meet during the workday for committee meetings, hiring safety professionals, supporting employees attending offsite training, etc. ([Click here to return](#))

Visible Leadership

- Describe the ways top management is visibly involved in the safety and health program such as wearing any required personal protective equipment, reporting hazards, reporting injuries and illnesses, following the same safety and health procedures expected for all employees at the workplace, and subjecting managers and employees to the same disciplinary system for infractions. ([Click here to return](#))

Communications

- Describe the methods used to communicate policies, goals and objectives with all employees and how the company's created an environment that allows for reasonable employee access to company's management and senior management. ([Click here to return](#))

Targets and Objectives

- Describe any health & safety targets your company may have developed and explain how you developed those. (hazard surveys, perception survey, trend analysis) ([Click here to return](#))

Accountability

- Explain how management has established accountability for health & safety. This could be attained by job descriptions, performance plans for managers, mid-level managers/supervisors and or designated safety & health staff). ([Click here to return](#))

Discipline

- Describe the company's documented disciplinary plan. Also include any "stand alone" type disciplinary plans for safety & health such as cardinal safety rules, safety work rules or other safety & health related discipline. ([Click here to return](#))

Program Evaluations

- Describe how the company's conducts an annual self-evaluation of the safety and health management system in order to maintain knowledge of the hazards to which employees are exposed, maintain knowledge of the effectiveness of system elements, ensure completion of the previous years' recommendations and modify goals, policies, and procedures. ([Click here to return](#))

Safety & Health Perception Survey

- Explain how your company responded to the responses given by employees during the perception survey. This may include changes in policies, procedures, forms or addressing safety & health concerns ([Click here to return](#))

Employee Knowledge and Notification

- Are employees and new hires knowledgeable about BEST and their OSHA rights and responsibilities? How has this been verified? ([Click here to return](#))

Key Sub-Contractor Programs

- Discuss how key sub-contractors are selected to perform work for the company? Explain the oversight and management system for key sub-contractors to ensure the key sub-contractor' employees are provided effective protection and follow the company's safety and health policy. Discuss the procedure used when a key sub-contractor is found in violation of a Safety and Health policy. ([Click here to return](#))

Key Sub-Contractor Injury and Illness Data

- How does the company verify the key sub-contractor injury and illness data and is it included in the company's report? What happens if the key sub-contractors TCIR or DART rate increases? ([Click here to return](#))

Key Sub-Contractor Training

- How are key sub-contractor employees trained on the hazards they may encounter while working for your company? Are they trained how to recognize hazardous conditions and the signs and symptoms of workplace-related illness and injuries? Does the training cover safe work procedures, emergency procedures and accident / incident reporting? ([Click here to return](#))

Annual Self-Evaluation of the SHMS

- The company must completed an annual self-evaluation (this report will comply) that included a written narrative with recommendations for timely improvements, assignment of responsibility for those improvements, and documentation of timely follow-up action or the reason no action was taken. Who conducts the evaluation and how were they trained to perform an evaluation? Are the results shared with employees and how? ([Click here to return](#))

Adherence to Rules

- What indicators does the company use to measure progress toward goals and objectives, effectiveness of hazard controls and overall effectiveness of the safety and health management system? Explain the rationale behind the selection of indicator, the method, frequency, and responsibility for monitoring or measuring each indicator. The periodic review of the indicator suitability, methods used to keep records, the analysis, interpretation, and communication of results. ([Click here to return](#))

Comprehensive Safety and Industrial Hygiene Survey

- Has the company needed to complete or update the baseline hazard survey and if so, explain why? Has the baseline identified and documented common safety hazards at the company? Were any new hazards identified that needs further study? Has the entire work area been covered? Explain the sampling rationale and strategy followed. (Sampling rationale should be based on the IH sampling strategy and objective data including reviews of any changes that have occurred. Review of safety data sheets, employee complaints, exposure incidents, medical records and any other instance determines that sampling is warranted.) ([Click here to return](#))

Hazard Analysis of Routine Jobs, Tasks, and Processes

- Does hazard identification and analysis address both safety and health hazard? What hazard analysis techniques are employed for routine operations and activities? Are analyses conducted on routine jobs, tasks, processes that have had injuries/illnesses associated with them or experienced significant incidents or near-misses. Are results of the hazard analysis adequately documented, included in training and the hazard control program? ([Click here to return](#))

Hazard Analysis of Significant Changes, New Processes, and Non-Routine Tasks (Including Pre-Use Analysis and New Baselines)

- When purchasing new materials or equipment, or implementing new process, what types of analyses are performed and are these adequate? Are tasks performed less than once a year included in the hazard analysis? Pre-Use Analysis: When considering new equipment, chemicals, facilities, or significantly different operations or procedures is an analysis completed to address any concerns or hazards that might be created? Does the analysis address each step, hazard controls, dates conducted, recommendations for improvements, documented, included in training and the hazard control program? ([Click here to return](#))

Routine Self-Inspections

- Does the company have a minimally effective system for performing safety and health inspections? How often are they conducted? Is the entire company covered at least quarterly? Does the company include hazards identified by baseline hazard analysis, accident investigation and annual evaluations into inspections? Are employees conducting inspections adequately trained? Describe checklists that are being used. Are findings documented in written reports? Is there a system used to track all hazards until they are controlled or eliminated? ([Click here to return](#))

Hazard Reporting System for Employees

- Describe the system employees use to report hazards. Does it include responding to employees in a timely and appropriate manner following reports of hazardous conditions? Can employees report hazards anonymously and without fear of reprisal? ([Click here to return](#))

Industrial Hygiene (IH) Program

- Describe the company's industrial hygiene exposure assessment strategy. What permissible exposure limits are used for comparison? Does the program include descriptions of work process, controls in place, sampling times, calculations, and number of exposed employees? How are results communicated to employees and management? Who performs sampling and are they qualified? ([Click here to return](#))

Investigation of Accidents and Near Misses

- Is there a reporting system for accidents and near-misses that include tracking? Are those conducting investigations trained in accident/incident investigation techniques? How were they trained? What techniques are used? Have any hazards been discovered during investigations? If so, what were they and how were they addressed. Are the results made available to employees? ([Click here to return](#))

Trend Analysis

- What type of trending do you perform? What trends have you discovered and how have they been addressed? Is the company using injury/illness history, hazards identified during inspections, employee reports of hazards, accident and near-miss investigations, OSHA logs, inspection reports? How is this information shared with employees and management and used to prevent injuries? ([Click here to return](#))

Certified Professional Resources

- Does the company have access to certified safety and health professionals and other licensed health care professionals? This can be on company or off company (Example: IH, MD, CSP, etc.) What is their roll in your safety program? ([Click here to return](#))

Hazard Elimination and Control Methods

- Describe the different types of controls that are used at the facility and have any follow-up studies been conducted based on incidents, inspections or recommendations from employees?
- **Engineering Controls**
 - Engineering controls directly eliminate a hazard by such means as substituting a less hazardous substance, isolating the hazard; these are the most reliable and effective. What engineering controls have been implemented at the company?
- **Administrative Controls**
 - Administrative controls significantly limit daily exposure to hazards by control or manipulation of the work schedule or work habits. (Example: job rotation) What administrative controls have been implemented at the company?
- **Work Practice Controls**

- These controls include workplace rules, safe and healthful work practices, personal hygiene, housekeeping and maintenance. What work practice controls have been implemented at the company?
- **Personal Protective Equipment**
 - PPE should only be used when all other hazard controls have been exhausted or more significant hazard controls are not feasible. What type of PPE is used and how was it determined? [\(Click here to return\)](#)

Hazard Control Programs

- The hazard control programs a company uses must be understood by all employees, equally enforced, clearly communicated, written disciplinary system that includes procedures for disciplinary action or reorientation of managers, supervisors, and non-supervisory employees who break or disregard safety rules, safe work practices, proper materials handling or emergency procedures. Hazard control programs must be updated by management as needed, used by employees and incorporated in training. (Examples: PPE, LOTO, Confined Space Entry, etc.) What Hazard Control Programs does the company have in place and are they effective? [\(Click here to return\)](#)

Occupational Health Care Program

- Describe the occupational health care program used at the company. Include availability of medical services, first aid, special program (audiograms, pre-placement physicals, or other medical tests used). Are employees trained in First Aid, CPR, is there an AED on company? Do employees know where to go when they need medical attention? How are licensed occupational health professionals used in the company's hazard identification and analysis, early recognition and treatment of illness and injury? Is the program appropriate? [\(Click here to return\)](#)

Preventive Maintenance of Equipment

- Explain the preventive/predictive maintenance schedule and is it adequate? Is the schedule being followed? How are records kept? Who monitors the system? [\(Click here to return\)](#)

Tracking of Hazard Correction

- How does the company track hazards until completion? Does the tracking system assign responsibility, time frames for corrections, interim protection, provide feedback to employees that have reported the hazard? Does the system result in timely correction of hazards? [\(Click here to return\)](#)

Disciplinary System

- How does the written disciplinary system address safety and health violations? Does it include procedures for disciplinary action or reorientation of managers, supervisors, and non-supervisory employees who violate health and safety policies rules, work practices, material handling or emergency procedures? How has it been communicated to employees and management? Is it enforced equally? Does it discourage employees from reporting? [\(Click here to return\)](#)

Emergency Preparedness

- Describe the company's emergency action plan. Does it assign responsibilities; address all types of emergencies (fire, chemical, spill, accident, active shooter, weather, etc.), specify exit routes (routine and emergency), have emergency numbers, designated meeting places. How many drills were held and what was the outcome? Were outside emergency responders included? Are all employees covered in a drill and if not, how are they briefed on the drill? [\(Click here to return\)](#)

Process Safety Management

- (If applicable, Please submit and label under the attachment section on Page 2.) [\(Click here to return\)](#)

Knowledge of Hazards

- Describe the training that managers, supervisors, non-supervisory employees, and key sub-contractors receive on hazards they face in the workplace, how to recognize hazardous conditions, signs and symptoms of workplace – related illnesses and safe work procedures. Is the training addressing the needs of ALL EMPLOYEES? Do all employees understand the hazards to which they may be exposed and how to prevent harm to themselves and others? [\(Click here to return\)](#)

Managers and Supervisors

- Do managers and supervisors understand their safety and health responsibilities and how to carry them out? What training do they receive that is specific to their position? ([Click here to return](#))

New Employees

- Does the new employee orientation/training include discussion of hazards, protective measures, emergency evacuation, employee rights under the OSH Act, and BEST? How long is the Safety portion of the orientation? Does the company utilize any type of mentoring or job shadow? ([Click here to return](#))

Emergency Training

- Is training provided for all employees regarding their responsibilities for each type of emergency? Do all employees, key sub-contractors and visitors understand what to do in an emergency situation? ([Click here to return](#))

Safety and Health Responsibilities

- How does the company ensure that employees who have specific roles in the safety and health management system are competent to carry out their responsibilities? Are education, training and experience used? Is the competency requirement for each role incorporated into position descriptions and standard operating procedures? Has any additional training been received? ([Click here to return](#))

General Training Information

- How is the training attendance documented? Is training required by an OSHA standard conducted as required? Is training not specifically required by an OSHA standard provided at adequate intervals? Is additional training provided when changes occur in work processes, new equipment, new procedures or work phases change?
- Is the training up-to-date, specific to the worksite, modified when needed to address changes, trends, hazards and understandable for all employees?
- Do the persons conducting the training have specific knowledge or expertise in the subject? ([Click here to return](#))

PPE Training

- Where personal protective equipment (PPE) is required (either by OSHA standard or decision of management), describe the training process for employees to understand why it is required, its limitations, how to use it and how to maintain it? ([Click here to return](#))

Goal – The following information is from www.smart-goals-guide.com

- Goals are specific, primary and important, large in size.
- Measurable and achievable.
- Long term.
- Something that you are trying to do or achieve.
- ([Click here to return](#))

Objectives - The following information is from www.smart-goals-guide.com

- Sub-goals.
- Medium or small in size.
- Shorter term.
- The steps to reach your goal.
- ([Click here to return](#))

Virginia Unique Standard

- Standard can be found at this link: [Virginia Unique Standard](#)
- Standards include: Tree trimming Operations, Reverse Signal Operation, Confined Space Standards Telecommunications Industry, Overhead High Voltage Line Safety Act, Fall Protection for Subpart R – Steel Erection, Field Sanitation, Agriculture, Construction Industry Standard for Sanitation, Administrative Regulations Manual, Telecommunications, General Approach Distance, Reporting Fatalities, Hospitalizations, Amputations and Losses of an Eye as a result of Work-Related incidents.
- ([Click here to return](#))

FAQ

1) What is a BEST Annual Self-Evaluation?

The evaluation should evaluate the company's success in meeting BEST goals and objectives. The evaluation must examine the effectiveness of all elements and sub-elements. The evaluation must provide for an annual written narrative report with recommendations for Timely improvements, assignment of responsibility for those improvements, and documentation of timely follow-up actions on the previous year's recommendations or the reason no action was taken. In addition to addressing the BEST elements and sub-elements, the evaluation should also include Success Stories, Significant Events, and Description of any SHMS Incentive Programs (if applicable). All BEST Applications must include in their attachment section their company's most recent self-evaluation (which is a BEST requirement). This demonstrates to VOSH that the self-evaluation process is understood and in place. After approval into the BEST and for as long as the company remains in BEST, VOSH requires the annual self-evaluation be sent in each year.

2) Who may conduct the evaluation for the report?

The evaluation may be conducted by competent company, corporate, or other persons who are trained and/or experienced in performing such evaluations.

3) What is a Safety and Health Program?

A program that can operate with or without you. The focus is typically on compliance with a specific regulation. Programs can lack strong, if any, feedback or evaluation mechanisms, which limits their continuous improvement over time. An example of a safety and health program would be a lock-out/tag-out program aimed at complying with VOSH's lockout standard.

4) What is a Safety and Health Management System?

A System approach, while not losing sight of program requirements, is broader in scope and addresses many other issues including quality of the safety and health performance, integration of safety with other business systems, and focuses on safety and health overall improvement. A key distinction of a System approach is that there are clear feedback and evaluation mechanisms so that the system responds to both internal and external events. BEST is a systems approach and the annual self-evaluation is an example of this mechanism. A system's approach integrates all of the individual safety programs within the business operations, and is thus more dynamic and comprehensive than any single program. One of the advantages to a safety and health systems approach is the resolution of the common criticism that safety is rarely integrated into business systems but is a stand-alone static adjunct. Systems also allow for the alignment of safety and health objectives with the broader business objectives (such as marketing, sales, quality control and productivity), thus minimizing potentially competing interests for priority and resources.

5) What is an annual self-evaluation of SHMS:

A critical review and evaluation of the effectiveness of the BEST elements of the company's safety and health management system. The self-evaluation must identify the strengths and weaknesses of the safety and health management system, it must contain specific recommendations for improvements, including time lines and assignment of responsibility for improvements, and it must also summarize actions taken to satisfy any and all previous year's recommendations. Remember, the evaluation is not an annual company-wide compliance evaluation.

6) How do I showcase the progress of my BEST company? The following should be addressed:

What are the realistic strengths and weaknesses of the SHMS? It is to provide specific recommendations for improvements, assign responsibility for those improvements, document timely follow up of all actions or the reason no action was taken, ensure employee participation and input in the annual self-evaluation process, establish realistic goals and encourage goal reaching success, and is the annual evaluation used for 'inputs' to the company's resource planning process.

7) What should the annual self-evaluation include?

Written programs, walkthroughs of the workplace, interviewing employees, union officials and management (including senior management), and reviewing injury and occupational illness recordkeeping data. Make sure the rate calculations and NAICS code determination are correct - very important. Follow up on all of the company's previous year's evaluation recommendations. Either close them out with a summary of what was accomplished, or explain why they are still open or applicable, and how they have been modified for this year. Always include who or what committee has the lead responsibility for implementing the recommendation. Self-evaluations with no recommendations for improvement are basically not acceptable. The basic premise of BEST is continual refinement and improvement of the company's safety and health programs and system. Please document this. If the company has had an onsite OSHA/VOSH Inspection or significant safety related event reported in the news, be sure to include this information in the evaluation.