

**Virginia STAR**

**Application**

***SECTION A: SUMMARY INFORMATION***

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| **Table A-1 Participant Summary Sheet (To be Completed by all VPP Participants)** | | | | | | | | | | | | | | |
| **VPP Participant Information** | | | | | | | | | | | | | | |
| **Company Logo or Site Picture** | | |  | | | | | | | | | | | |
| **Site Name** | | | ***Site Name Here.*** | | | | | | | | | | | |
| **Site Physical Address** | | | Physical Address. | | | | | City | | | State | | Zip. | |
| **Street** | | | | | **City** | | | **State** | | **Zip** | |
| **Mailing Address (If different)** | | | Mailing Address. | | | | | City. | | | State. | | Zip. | |
| **Street** | | | | | **City** | | | **State** | | **Zip** | |
| **Date Completed** | | | Date Report Completed. | | | | **Year of Last Onsite Evaluation** | | | Date of Last Audit Report. | | | | |
| **Site Manager** | | | | | | **Site VPP Contact** | | | | | | | | |
| **Name** | | Site Manager Name. | | | | **Name** | | | VPP Contact Name. | | | | | |
| **Title** | | Site Manager Title. | | | | **Title** | | | VPP Contact Title. | | | | | |
| **Direct Phone** | | Site Manager Phone. | | | | **Direct Phone** | | | VPP Contact Phone. | | | | | |
| **Email** | | Site Manager Email. | | | | **Email** | | | VPP Contact Email. | | | | | |
| **NAICS Code** | **NAICS Description** | | | | | | | | | | | | | |
| NAICS Code | NAICS Description here. | | | | | | | | | | | | | |
| **Corporate Information (If different than site information)** | | | | | | | | | | | | | | |
| **Corporate/ Company Name** | | | | Corporate/ Company Name. | | | | | | | | | | |
| **Contact Name & Title** | | | | Contact Name & Title. | | | | | | | | | | |
| **Address** | | | | Address. | | | | | | | | | | |
| **Direct Phone** | | | | Direct Phone. | | | | | | | | | | |
| **Email** | | | | Email. | | | | | | | | | | |
| **Give a brief history and physical description of the site** | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Type of work performed at the site** | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Does the site fall under the VOSH PSM Standard? (*If yes, you must complete and submit PSM Supplement B by March 1, 2023)*** | | | | | | | | | | | | **Yes** | | **No** |
|  | |  |
| **Are Employees at the site represented by a Collective Bargaining Unit? (*If yes, complete Table A-2 (Union Information) for each union represented)*** | | | | | | | | | | | | **Yes** | | **No** |
|  | |  |
| **Table A-2 Union Information Copy/paste additional tables as needed to create a Table A-2 for each bargaining unit represented at the site. Enter N/A if not applicable.** | | | | | | | | | | | | | | |
| **Union Name** | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Union Local Number** | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Union Representative for Site** | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Address** | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Phone** | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Email** | | | | | Click or tap here to enter text. | | | | | | | | | |

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| **Table A-3 Workforce Composition Give a current breakdown of the number of employees in each category.** | | | |
| **Salaried Employees** I.E. Exempt employees in management or supervisory positions | | | Click or tap here to enter text. |
| **Salaried Non-Management** I.E. Engineers, Sales Reps, etc. | | | Click or tap here to enter text. |
| **Hourly** I.E. – Non-Exempt | | | Click or tap here to enter text. |
| **Employee Hours and Shift Instructions** | **Describe the hours and shifts that employees work on the project. Add as needed by tabbing** | | |
| **Shifts** | | **Scheduled Hours** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |

***SECTION B: INJURY & ILLNESS RATE INFORMATION***

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| **Table B-1 VPP PARTICIPANT Recordable Non-Fatal Injury and Illness Case Incident Rates** |



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| ***Special Requirements If:***  ***TCIR or DART rate has increased since last year:*** | | |
| **Instructions:** If the site’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.  **Very Important**  If the site’s **3-year** TCIR or DART rate **now exceeds** the highest rate of the last 3 years published by the BLS statistics for the site’s NAICS code, then you must submit a separate rate reduction plan based on your findings and contact the Virginia VPP Program Manager to discuss the terms of your site’s rate reduction plan. | | |
| **Contributing Factor** | | **Corrective Action** |
| **1** | Click or tap here to enter text. | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Table B-2 APPLICABLE CONTRACTOR Recordable Nonfatal Injury and Illness Case Incident Rates** (For use by Site-Based Participants(non-construction) – For the Applicable Contractor’s work at your site only) |



***Section C: Significant Events or Changes***

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| **Significant Events or Changes** | | | |
| **List and describe the impact of any significant events such as management, corporate buyouts, etc., that occurred during 2023 and the steps taken to ensure/restore employee safety and health. Significant events include fatalities, catastrophes, accidents, complaints, VOSH enforcement inspections, etc. Include the results of all investigations and program changes. Please use the table provided for each event or impact and if there was a positive or negative effect.** | | | |
| **Event or Program Change** | | **Event or Program Impact** | **Positive or Negative** |
| **1** | Event or Program Change. | Event or Program Impact. | Choose an item. |
| **2** | Event or Program Change. | Event or Program Impact. | Choose an item. |
| **3** | Event or Program Change. | Event or Program Impact. | Choose an item. |
| **4** | Event or Program Change. | Event or Program Impact. | Choose an item. |
| **5** | Event or Program Change. | Event or Program Impact. | Choose an item. |

***Section D: Narrative Evaluation of Safety and Health Management System***

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| **1** | **Management Leadership and Employee Involvement** |
| **A** | **Management Leadership** |
| **1** | **Management Commitment to Safety and Health Protection and to VPP Participation** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **2** | **Policy** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **3** | **Goals, Objectives and Planning** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **4** | **Visible Top Management Leadership** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **5** | **Responsibility and Authority** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **6** | **Line Accountability** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **7** | **Resources** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **B** | **Employee Involvement** |
| **1** | **Employee Involvement** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **C** | **Contract Worker Coverage** |
| **1** | **Contract Employee Coverage** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **D** | **Self-Evaluation of SHMS** |
| **1** | **Written Safety and Health Management System** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |

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| **2** | **Worksite Analysis** |
| **A** | **Hazard Analysis of Routine Jobs, Tasks, and Processes** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **B** | **Hazard Analysis of Significant Changes, New Processes, and Non-Routine Tasks *Including pre-use analysis and new baselines*** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **C** | **Routine Self-Inspections** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **D** | **Hazard Reporting System for Employees** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **E** | **Industrial Hygiene Program** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **F** | **Investigation of Accidents and Near-Misses** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **G** | **Trend/ Pattern Analysis** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |

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| **3** | **Hazard Prevention and Control** | |
| **A** | **Certified Professional Resources** | |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |
| **B** | **Hazard Elimination and Control Methods** | |
| **1** | **Engineering Controls** |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |
| **2** | **Administrative Controls** |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |
| **3** | **Work Practice Controls and Hazard Control Programs** |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |
| **4** | **Safety and Health Rules and Disciplinary System** |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |
| **5** | **Personal Protective Equipment** |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |
| **C** | **Process Safety Management (If Applicable)** | |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |
| **D** | **Occupational Health Care Program** | |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |
| **E** | **Preventative/ Predictive Maintenance** | |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |
| **F** | **Tracking of Hazard Corrections** | |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |
| **G** | **Emergency Preparedness** | |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |

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| **4** | **Safety and Health Training** | |
| **A** | **Managers** | |
| ***Program Description (This can be copied from your application/ last annual report)*** | |
| Click or tap here to enter text. | |
| **B** | **Supervisors** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **C** | **Employees** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **D** | **Emergencies** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |
| **E** | **PPE** |
| ***Program Description (This can be copied from your application/ last annual report)*** |
| Click or tap here to enter text. |

***Section E: Best Practices and Success Stories***

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| ***BEST PRACTICES*** | |
| ***Instructions:*** *Describe any* ***new*** *Best Practices that the site has developed this past year or* ***previous*** *ones you continue to utilize that directly affected employee safety and health management system. Examples include but are not limited to new engineering solutions, hazard elimination efforts, enhanced training, additional safeguards, or policies that further protect employees, engagement programs that have resulted in improved safety performance, etc.* | |
| **1** | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. |
| **3** | Click or tap here to enter text. |
| **4** | Click or tap here to enter text. |

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| ***Success Stories*** | |
| ***Instructions:*** *Describe any* ***success stories*** *correlated to the* ***implementation of VPP requirements****, if attaching any additional files, please complete the attachment section at the beginning of the report. One of the major goals of VPP is to* ***share the good things*** *your site has done with others so that they can benefit from what your site has learned.* ***Don’t be shy*** *about the site’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** | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. |
| **3** | Click or tap here to enter text. |
| **4** | Click or tap here to enter text. |

***Section F: Improvements to your Safety and Health Management System***

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| --- | --- | --- | --- | --- |
| **1** | *What continuous improvement goals were set for 2023?* | | | |
| **2** | *What is the status of those goals? Were the goals met? Why or why not?* | | | |
| **3** | *What goal modifications do you have for your Safety and Health Management System for 2024* | | | |
| ***\*Note – SMART = Specific, Measurable, Achievable, Relevant, and Time-Bound*** | | | | |
| **Previous Continuous Improvement Goals - 2023** | | | | |
| **SMART GOAL** | | | **Status** | **Modification Needed?** |
| ***Goal 1*** | | Click or tap here to enter text. | Choose an item. | Click here to enter text. |
| ***Goal 2*** | | Click or tap here to enter text. | Choose an item. | Click here to enter text. |
| ***Goal 3*** | | Click or tap here to enter text. | Choose an item. | Click here to enter text. |
| ***Goal 4*** | | Click or tap here to enter text. | Choose an item. | Click here to enter text. |
| **4** | *Please describe/ list what continuous improvement efforts will be made to make your Safety and Health Management System in 2024 to make it even more effective (i.e., become more involved in the SGE Program by increasing the number of SGEs at our site, engaging in more qualifying SGE activities, etc.)* | | | |
| **New/ Modified Continuous Improvement Goals - 2024** | | | | |
| **SMART GOAL** | | | **Responsible Party** | **Due Date** |
| ***Goal 1*** | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| ***Goal 2*** | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| ***Goal 3*** | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| ***Goal 4*** | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

***Section G: Virginia Unique Standards***

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| ***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.**Please* ***list*** *any standard(s) that may* ***apply*** *to your* ***facility.*** | |
| **1** | Choose an item. |
| **2** | Choose an item. |
| **3** | Choose an item. |
| **4** | Choose an item. |

**Voluntary Protection Programs Assurance Letter**

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap to enter a date. |
| ***Company Name*** | ***Date*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Agrees to comply with the following items as a Voluntary Protection Programs participant:** | | | |
| **1.** | **Compliance** | | |
| a. | We will comply with the Occupational Safety and Health Act (VOSH Act) and correct all hazards discovered through self-inspections, employee notifications, and accident investigations, promptly. | |
| b. | 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 VPP STAR participation. | |
| b. | VOSH must receive concurrence from all such authorized collective bargaining agents to support the site’s VPP STAR participation. | |
| c. | At non-union sites, the VOSH onsite review team will verify management’s assurance of employee support during employee interviews. | |
| **4.** | **VPP Elements** | | |
| a. | VPP elements are in place, and management commits to meeting and maintaining the requirements of the elements and the overall VPP. | |
| **5.** | **Orientation** | | |
| a. | Employees including newly hired or transferred employees and contract employees will receive orientation on the site’s participation in VPP which includes employee rights under VPP and the VOSH 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 sites, this requirement may be met through employee representative access to these results. | |
| **8.** | **Correction of Deficiencies** | | |
| 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 VPP. 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 15th, we will submit the following information to the Virginia VPP Office: | |
| 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 full calendar year of the report. |
| **10.** | **Contractor Rates** | | |
| a. | We will submit data on each applicable contractor. Applicable contractors are those employers who have contracted with our facility to perform certain jobs and whose employees worked a total of 1,000 or more hours in at least one (1) calendar quarter at our worksite. The data will consist of: | |
| i. | The site’s TCIR and DART rate for each applicable 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 full calendar year of the report. |
| iv. | The appropriate NAICS code for each applicable contractor’s work at the site. |
| **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 the VPP Manager, **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 the VPP Manager, **within 60 days**, a new signed statement indicating that the new representative supports VPP participation. | |

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|  | Click or tap to enter a date. |
| ***Highest Site Company Official Signature and Title*** | ***Date*** |
| Click or tap here to enter text. |
| ***Print Name and Title*** |
|  | Click or tap to enter a date. |
| ***Highest Union Official Site Representative Signature and Title*** | ***Date*** |
| Click or tap here to enter text. |
| ***Print Name and Title*** |