

**TABLE A: EVALUATION TABLE FOR BUILDERS ASSOCIATION/OSHA SAFETY PARTNERSHIP**

In order to determine at which level a Builders Association member may become signatory to the Safety Partnership, the applicant must provide the Safety and Health Committee (or designated representative) evidence of fulfilling requirements in **Table A** that correlate to the particular level. It is understood that the Safety and Health Committee may determine that another level is more appropriate based on this Evaluation and the accompanying Partnership Application.

		Bronze	Silver	Gold
1.	Contractor has implemented a written safety and health program.			
2.	Contractor conducts weekly employee safety meetings.			
3.	Contractor conducts and documents self-audits.			
4.	One trained employee or individual administers the firm's safety and health program and conducts documented safety inspection of all work.			
5.	Contractor conducts new employee orientation of the firm's safety and health program and trains employees for hazard recognition specific to contractor's work sites.			
6.	Contractor has evidence of employee involvement such as, but not limited to, participation in self-audits, site inspections, and job hazard analyses, safety and health program reviews safety training and mishap investigations.			
7.	Contractor implements and maintains a substance abuse testing program.			
8.	Contractor provides all field construction supervisory personnel with proper training.			
9.	Contractor maintains an injury/illness rate, with respect to Standard Industrial Classification (SIC), which is 5% less than the rate published by the BLS.			
10.	Contractor maintains a copy of its specialty contractor's safety and health plan, hazard communication plan, and fall protection plan (where applicable) or contractor requires specialty contractor to follow Gold participants plan.			
11.	One trained employee or individual administers the firm's safety and health program and conducts documented safety inspections of all work. The employee must have completed the AGC's Safety Management Course or equivalent in the previous three years.			
12.	Contractor has designated personnel at each site who conduct documented safety inspections of Gold participant's work, and has authority to take prompt corrective action.			
13.	Contractor has trained all field supervisory personnel. In addition to a supervisory training course, additional training has been provided for competent person.			
14.	A six-foot fall protection policy is used.			
15.	Contractor maintains an injury/illness rate, with respect to Standard Industrial Classification (SIC), which is 10% less than the rate published by the BLS.			
16.	Contractor has not had any willful violations in the last three years.			
17.	Contractor has not had any repeated serious violations in the last three years.			
18.	Contractor has not had any fatalities or catastrophes within the last three years that resulted in serious or willful citations related to the incident.			

Builders Association/OSHA Partnership  
2011 Application  
Application for Calendar Year 2011 based on 2010 OSHA Form 300A:  
Summary of Work-Related Injuries and Illnesses for the Chicago Area

Please select the appropriate category:

- Current Partner Member       New Applicant

This application is intended for the following level (please check one):

- Bronze       Silver       Gold

It is understood that the Safety & Health Committee may determine another level to be more appropriate. If this is the case, it is possible to move up in levels after one year.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Classification of Contractor:

- General Contractor  
 Sub/Specialty Contractor (list specialty(s) below):

\_\_\_\_\_  
\_\_\_\_\_

Trades Employed: \_\_\_\_\_

Construction NAICS/SIC Code (4 Digit): \_\_\_\_\_

Average # of Field Employees (Prior Year- Chicago Area Office(s) Only): \_\_\_\_\_

Average # of Office Staff (Prior Year- Chicago Area Office(s) Only): \_\_\_\_\_

Does the company have a safety department?  Yes  No

Name of company safety director: \_\_\_\_\_

Number of full-time safety employees: \_\_\_\_\_

Date of last OSHA inspection: \_\_\_\_\_

Date of any willful OSHA violation(s) in the last three years: \_\_\_\_\_

From which OSHA office: \_\_\_\_\_

Date of any repeat serious violation(s) in the last three years: \_\_\_\_\_

From which OSHA office: \_\_\_\_\_

Date of any fatalities or catastrophes within the last three years that have resulted in serious or willful citations related to the incident: \_\_\_\_\_

From which OSHA office: \_\_\_\_\_

**Please Choose Appropriate Level (Please see Attached Evaluation form for Additional Criteria)**

- Bronze (total case injury/illness incidence should not exceed the national average w/respect to Standard Industrial Classification [SIC])
- Silver (total case injury/illness incidence with respect to Standard Industrial Classification [SIC] must exceed national average by 5%)
- Gold (total case injury/illness incidence with respect to Standard Industrial Classification [SIC] must exceed national average by 10%)

Does the company currently have a comprehensive safety & health program:  Yes  No

Does the company perform drug testing:  Yes  No

If Yes, is it for:  Post Offer  Random  Post Accident  Probable Cause

**For the year 2010, please provide an official copy of your OSHA 300A Summary Report.**

**Note that the case rate of injuries and illnesses will be checked and computed by the following formula:  
Total number of injuries and illnesses X 200,000 ÷ Employee hours worked = Total Recordable Case Rate**

Please read and sign the disclosure and return it along with your application, evaluation form and safety manual or if a current partner member, any substantial changes to your safety manual to:

Builders Association  
9550 West Higgins Road, Suite 380  
Rosemont, IL 60018  
Attn: Stacey Kelly

**Checklist:** The following items need to be included with the application for consideration by the Builders Association Safety and Health Committee:

1. **Evaluation**
2. **Signed OSHA 300A Summary Report**
3. **Printout of your Company's OSHA Activity Report**<sup>1</sup> via Establishment Search on OSHA's Website <http://www.osha.gov/pls/imis/establishment.html>
4. **Signed disclosure form**
5. **NEW APPLICANTS: Copy of Safety and Health Manual**
6. **RENEWAL APPLICANTS: Copy of revised Safety and Health Manual if substantial changes incorporated since last application since last application**

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<sup>1</sup> Builders Association staff will access the Establishment Search for OSHA Activity Report for the review process

## Disclosure

The Builders Association Safety & Health Committee will review this application and the eligibility requirements spelled out in the attached evaluation guidelines to determine your eligibility for the program and the level at which you should be recommended to Illinois OSHA for participation (Bronze, Silver, or Gold).

The Safety & Health Committee will perform this evaluation solely to determine whether your company is eligible to participate in the program, and, if so, the level that would be appropriate. This evaluation is not intended to be, and should not be considered, a determination that your company's safety program does or does not meet any applicable legal standards, such as federal safety or health statutes. In addition, the Committee will not attempt to determine whether or not your company is exercising a "reasonable standard of care" or whether its safety program ensures a "safe and healthful working environment" for either your own or any other company's employees. The Builders Association and the Committee disclaim, and do not undertake, any liability or other responsibility for any claim that may arise out of your company's performance of its obligations either to its employees or others.

It is understood that by signing this application form for the Builders Association/OSHA Comprehensive Safety Partnership, you and your company acknowledge and accept the limited scope and purpose of the evaluation that the Chapter's Safety & Health Committee will perform.

I hereby certify that all information contained herein is accurate:

Name: \_\_\_\_\_  
(please print)

Company : \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_  
(Principal, please print)

Signature of Principal: \_\_\_\_\_