



North Carolina Department of Labor

STAR Program

Annual Safety and Health Evaluation Report

Revised November 2009

Annual Safety and Health Evaluation Report

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I. Sample Letter from the Recognition Program Manager



CHERIE K. BERRY
COMMISSIONER

JOHN R. BOGNER, JR.
CONSULTATIVE SERVICES BUREAU CHIEF
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Dear STAR Program Participant (Facility/Worksite Manager):

In accordance with the *North Carolina Department of Labor Carolina Star Policies and Procedures Manual*, this letter is to notify you that the Annual Safety and Health Evaluation Report for Calendar Year 20XX must be submitted by February 15, 20XX.

As discussed in the *North Carolina Department of Labor STAR Program Annual Safety and Health Evaluation Report* document (www.nclabor.com/osha/star/star.htm), the report should contain narrative descriptions of the various components of your safety and health management system including the following information:

- Cover letter signed by the Facility/Worksite Manager and the STAR point-of-contact at the facility.
- Copy of the facility's 2009 OSHA-300 and 300A Forms.
- Facility Injury and Illness incidence rates i.e., **Total Recordable Case (TRC) Rate and Days Away, Restricted or Transferred (DART) Rate** for the past three years using the enclosed (or similar) form. **Be sure to include injury and illness data for all on-site contractors (who worked 500 or more hours in any calendar quarter) and temporary employers.**
- If this is the submission of your **initial** OSHNC STAR Program Annual Safety and Health Evaluation Report, use the guidance found in the following: "**Format for INITIAL Annual Safety and Health Annual Evaluation Report**" (Follow the details outlined in **Section III**).
- If this is **not** your initial report, submit an evaluation of any changes or improvements in the OSHNC STAR Program Requirements using the guidance found in "**Format for SUBSEQUENT Annual Safety and Health Evaluation Reports**" (Follow the details outlined in **Section IV**).

Please send your Annual Safety and Health Evaluation Report as indicated below:

<u>US MAIL</u>	<u>FEDEX/UPS</u>
LaMont D. Smith Recognition Program Manager NC Department of Labor OSH Division Bureau of Consultative Services 1101 Mail Service Center Raleigh, NC 27699-1101	LaMont D. Smith Recognition Program Manager NC Department of Labor OSH Division Bureau of Consultative Services 111 Hillsborough Street Raleigh, NC 27699-1101

If you have any questions regarding this letter, completion of the annual safety and health evaluation report, or need any other assistance, please contact your appropriate STAR Program Consultant contact as indicated below:

- Leonard Mangum at (336) 449-9126 or email at Leonard.Mangum@labor.nc.gov;
- Ron Ellis at (336) 776-4435 or email at Ron.Ellis@labor.nc.gov;
- Kimberly Bostic at (336) 776-4437 or email at Kimberly.Bostic@labor.nc.gov;
- Rebecca Israel at (704) 437-1064 or email at Rebecca.Israel@labor.nc.gov;
- Charlie Cash at (828) 863-0513 or email at Charlie.Cash@labor.nc.gov.

Also, if you would like additional information or have questions regarding the OSHNC Safety Awards Program, please contact Eursula Joyner at (919) 807-2908 or Eursula.Joyner@labor.nc.gov or visit our website at www.nclabor.com/osha/consult/safaward.htm.

Sincerely,
LaMont D. Smith
Recognition Program Manager

II. STAR Program Participant Guidelines for Self-Evaluation of Your Safety and Health Management System

Each OSHNC STAR Program participant must have an effective safety and health management system. The OSHNC STAR Program management systems, at a minimum, are comprised of five elements: 1) Management Commitment and Leadership; 2) Employee Involvement and Participation; 3) Worksite Hazard Analysis; 4) Hazard Prevention and Control; and 5) Safety and Health Training. **Appendix I** of this document lists the details of the five elements in the “Requirements for the OSHNC STAR Programs.” An OSHNC STAR Program participant must have a system for conducting and providing an annual evaluation of the operation of its safety and health management system in order to judge success in meeting the worksite’s goals and objectives. As a result of this evaluation, those with assigned responsibilities can determine and implement changes needed to improve employee safety and health protection.

Participation in the OSHNC STAR Program includes the following items regarding evaluation of your safety and health management system:

- ★ The system 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 action or the reason no action was taken.
- ★ The evaluation must assess the effectiveness of all STAR Program requirements and any other of the site’s safety and health programs.
- ★ The evaluation should be conducted by a committee, task force, unit, group, etc. at the worksite. This is a positive means of engaging the employees in the process of reporting the status of safety and health management system.
[Note: Although not preferred, the report may be conducted by competent corporate or site personnel or by competent private sector third parties who are trained and/or experienced in performing such evaluations.]

The most comprehensive evaluation that you can conduct should include reviewing your written programs, walking through your workplace, and interviewing employees. During this process you should be answering the following questions relating to each of the requirements of your safety and health program:

- ★ Is it comprehensive?
- ★ Is it operating effectively?
- ★ What improvements can be made to make it even more effective?

The annual evaluation should be conducted at approximately the same time each year, and it should follow the applicable format outlined in **Sections III** or **IV**. Those OSHNC STAR

Program participants preparing to submit their initial annual evaluation (see **Section III**) should assess the effectiveness of each requirement listed in Appendix I in the form of a brief narrative. Recommendations for improvement should follow each narrative. Assignments of responsibility for completing recommended improvements may be made after each recommendation or separately at the end of the evaluation report. After your worksite has submitted its annual evaluation report for the first time, the evaluation reports submitted from that time forward are referred to as “*subsequent* annual evaluation reports” (see **Section IV**).

REMEMBER: This annual self-evaluation is **NOT** an inspection of the worksite; it is a critical review of **ALL** of the aspects of the safety and health management system. An evaluation that is merely a workplace inspection with a brief report pointing out hazards or saying that everything is satisfactory is inadequate for purposes of STAR. You should be evaluating your program much like the OSHNC STAR evaluation team does.
Incomplete self-evaluations are not acceptable.

III. Format for INITIAL Annual Safety and Health Evaluation Report

This section pertains only to those OSHNC STAR Program participants preparing to submit their **INITIAL** annual evaluation report. [Please see **Section IV** for submission of **SUBSEQUENT** annual evaluation reports.] The goal of this evaluation is to determine the effectiveness of the overall safety and health management system, including the status of worksite goals, injury and illness reduction, OSHNC STAR Program Requirements, actions taken toward continuous improvements, success stories, mentoring and changes at the worksite. This information should be presented in narrative form. The formats listed in the sections below are provided for your guidance. **The INITIAL report must address sub-sections A – H below.**

A. Safety and Health Goals, Objectives, and Performance

1. Provide an overview of the worksite's previous and current year goals and performance by providing a narrative description of the following:
 - ★ Previous year's goals and the status of those goals, i.e., **highlight major accomplishments or deficiencies, and indicate whether goals were achieved**, or if there is more work to be done in these areas.
 - ★ Major planning and current year's goals, and include the associated safety and health objectives that will be used to achieve the goals.
 - ★ Summary of Overall Safety Performance for Previous Year and Impact (e.g. effect on Workers' Compensation costs and any other cost-related savings, employee involvement and participation, purchase of new and improved equipment etc.).
2. In addition to the above summary of the previous year's performance, **include any Significant Events and Changes that have occurred over the past year** using the following criteria:
 - ★ **Significant Events:** Please discuss any significant events that have occurred over the past year and the steps that you have taken to ensure that your safety and health management system is operating effectively. Include any major incidents such as OSHA inspections (e.g., fatalities, accidents, catastrophes, complaints, etc.), imminent danger situations, and a summary of all associated investigations.

Example:

Hazard Prevention and Control -

- Explain Event(s)
- List Findings/Recommendations
- List Corrective Actions

- ★ **Significant Changes:** Please discuss any significant changes that have occurred over the past year and the steps that you have taken to ensure that your safety and health management system is operating effectively. Include any significant changes as it pertains to employment (ownership, management, supervision, and employees), safety and health programs, safety and health committees, operations, equipment, etc.

Example:

Safety and Health Committee -

- Explain change(s) and Reason for Change
- Impact of Change on Safety and Health
- Modifications of Operating Procedures
- Time Period (Permanent or Temporary)
- Employee Involvement (Pre-planning, JSAs, Training, etc.)

B. Evaluation of the 18 OSHNC STAR Program Requirements

In narrative form, assess the effectiveness of each of the requirements and their components as listed in **Appendix I** of this document. For each requirement, include any recommendations for improvement. Follow this with the assignment of responsibility for completing each recommendation and a target date for completion. **The following is only an example of the format desired for detailing each requirement within the report. Many elements may require more documentation.**

Example:

JSA/Process Reviews (i.e., Requirement)

Analysis of hazards associated with individual jobs and processes (i.e., one component of the JSA/Process Review Requirement):

- A. 2009 Activities – “Job Safety Analyses (JSAs) are maintained and are available to employees; these JSAs are reviewed annually and are periodically updated. JSA quality and content requires on-going improvement. Employee review and understanding is crucial to an effective JSA program. All employees have not annually reviewed all applicable JSAs. Providing electronic JSAs would improve consistency and accessibility.”
- B. Evaluation - Narrative evaluation of effectiveness of the requirement and its components - “Recommendation for providing electronic JSAs are 50 percent completed. The 2009 activities in this area were to complete the process. Additional monitoring and training will be required in 2010.”
- C. Recommendation(s) for improvement – “Add additional software program.”
- D. Assignment of responsibility for completing recommendation – “The JSA task group is responsible for this program element.”
- E. Target date for completion – “6/30/10.”

C. Injury and Illness Incident Rate Data

Using the data from your STAR worksite's OSHA 300 logs:

1. **Provide detailed worksite injury and illness incidence rates i.e.,** Total Recordable Case (TRC) rate and Days Away, Restricted or Transferred (DART) rate, **for the past three years.** Using the form provided in **Appendix II** (or similar form) will assist you with this process. Be sure to include injury and illness data for all on-site contractors who worked 500 or more hours in any calendar quarter, and temporary employers.
2. Provide your worksite's three-year average TRC and DART rates, and compare them to the most recently published Federal BLS rate for your NAICS code.
3. Provide an explanation for any decreases or increases in your rates, summary of trend analysis, and actions planned to reverse any negative trends.
4. Include copies of the OSHA 300 and 300A forms with the submission of your report.

D. Special Safety and Health Program Information

If applicable, include a summarized description and status of the main (14) elements of your facility **Process Safety Management (PSM) Program as listed below.**

14 Elements of PSM:

1. Employee participation
2. Process Safety Information (PSI)
3. Process Hazard Analyses (PHA)
4. Operating Procedures
5. Training
6. Contractors
7. Pre-Startup Safety Review
8. Mechanical Integrity
9. Hot Work Permits
10. Management of Change
11. Incident Investigations
12. Emergency Planning and Response
13. Compliance Audits
14. Trade Secrets

E. Success Stories and Best Practices

Please describe, in detail, any success stories related to the site's participation in the STAR Program. This provides an opportunity to showcase your successes that do not fall under any of the categories in the body of the evaluation report. This will also assist us in responding expeditiously to state and federal inquiries.

F. Mentoring Efforts

Please describe any efforts made over the past year to mentor other companies who have expressed interest in becoming an OSHNC STAR worksite, or efforts to assist other OSHNC STAR worksites with their continuous improvement activities. Please list the names and locations of the companies you have mentored. If your company did not have mentoring activities last year, please indicate this.

G. Updated Company Information

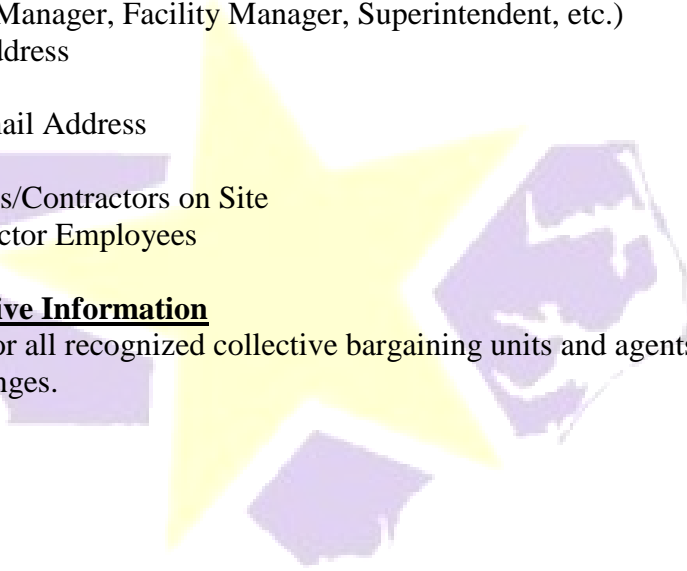
Please provide any updates to site information, as indicated below. Please be sure to indicate if there have been changes in management or ownership.

- Company Name
- Worksite Address
- Telephone Number
- Fax Number
- Managing Official (e.g., City Manager, Facility Manager, Superintendent, etc.)
- Managing Official’s Email Address
- Worksite STAR Contact
- Worksite STAR Contact’s Email Address
- Number of Employees
- Names of Temporary Agencies/Contractors on Site
- Number of Temporary/Contractor Employees

H. Updated Union Representative Information

Please provide updated information for all recognized collective bargaining units and agents onsite, or state that there were no changes.

- Union Name
- Local #
- Worksite Representative
- Mailing Address
- Telephone Number
- Fax Number
- Email Address



IV. Format for SUBSEQUENT Annual Safety and Health Evaluation Reports

After your worksite has submitted its initial annual safety and health evaluation report for the first time, the evaluation reports submitted from that time forward are referred to as “**subsequent** annual evaluation reports.” The goal of this evaluation is to determine the effectiveness of each overall safety and health management system, including the status of worksite goals, injury and illness reduction, OSHNC STAR Program requirements, actions taken toward continuous improvements, success stories, mentoring and changes at the worksite. The intention for using this format is to minimize the repetitive reporting of information, resulting in an update on the status of the safety and health management system components. The **SUBSEQUENT reports must address sub-sections A – H below.**

A. Safety and Health Goals, Objectives, and Performance

1. Provide an overview of the worksite’s previous and current year goals and performance by providing a narrative description of the following:
 - ★ Previous year’s goals and the status of those goals, i.e., **highlight major accomplishments or deficiencies, and indicate whether goals were achieved**, or if there is more work to be done in these areas.
 - ★ Major planning and current year’s goals, and include the associated safety and health objectives that will be used to achieve the goals.
 - ★ Summary of Overall Safety Performance for Previous Year and Impact (e.g. effect on Workers’ Compensation costs and any other cost-related savings, employee involvement and participation, purchase of new and improved equipment etc.).
2. In addition to the above summary of the previous year’s performance, **include any pertinent update on Significant Events and Significant Changes that have occurred over the past year as they relate to each of the elements listed above** using the following criteria:
 - ★ **Significant Events:** Please discuss any significant events that have occurred over the past year and the steps that you have taken to ensure that your safety and health management system is operating effectively. Include any major incidents such as OSHA inspections (e.g., fatalities, accidents, catastrophes, complaints, etc.), imminent danger situations, and a summary of all associated investigations.

Example:

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- Explain Event(s)
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Example:

Safety and Health Committee -

- Explain change(s) and Reason for Change
- Impact of Change on Safety and Health
- Modifications of Operating Procedures
- Time Period (Permanent or Temporary)
- Employee Involvement (Pre-planning, JSAs, Training, etc.)

B. Evaluation of Safety and Health Management System Performance

For the five OSHNC STAR Program Elements of your safety and health management system listed below, provide a narrative summary of the performance of the previous year's related activities.

- Management Commitment and Leadership
- Employee Involvement and Participation
- Worksite Hazard Analysis
- Hazard Prevention and Control
- Safety and Health Training

C. Injury and Illness Incident Rate Data

Using the data from your STAR worksite's OSHA 300 logs:

1. **Provide detailed worksite injury and illness incidence rates i.e., Total Recordable Case (TRC) rate and Days Away, Restricted or Transferred (DART) rate, for the past three years.** Using the form provided in **Appendix II** (or similar form) will assist you with this process. Be sure to include injury and illness data for all on-site contractors who worked 500 or more hours in any calendar quarter, and temporary employers.
2. Provide your worksite's three-year average TRC and DART rates, and compare them to the most recently published Federal BLS rate for your NAICS code.
3. Provide an explanation for any decreases or increases in your rates, summary of trend analysis, and actions planned to reverse any negative trends.
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Please describe any efforts made over the past year to mentor other companies who have expressed interest in becoming an OSHNC STAR worksite, or efforts to assist other OSHNC STAR worksites with their continuous improvement activities. Please list the names and locations of the companies you have mentored. If your company did not have mentoring activities last year, please indicate this.

G. Updated Company Information

Please provide any updates to site information, as indicated below. Please be sure to indicate if there have been changes in management or ownership.

- Company Name
- Worksite Address
- Telephone Number
- Fax Number
- Managing Official (e.g., City Manager, Facility Manager, Superintendent, etc.)
- Managing Official's Email Address
- Worksite STAR Contact
- Worksite STAR Contact's Email Address
- Number of Employees

- Names of Temporary Agencies/Contractors on Site
- Number of Temporary/Contractor Employees

H. Updated Union Representative Information

Please provide updated information for all recognized collective bargaining units and agents onsite, or state that there were no changes.

- Union Name
- Local #
- Worksite Representative
- Mailing Address
- Telephone Number
- Fax Number
- Email Address



Appendix I

Requirements for the OSHNC STAR Programs

1. *Management Commitment and Leadership*

Clearly established policies and procedures.
Goal-oriented objectives and accountability.
Resources (safety and health).

2. *Accountability*

Documented systems for holding all line managers and supervisors accountable for safety and health.

3. *Disciplinary Program*

Written program that is communicated to all employees.
Covers both supervisors and their employees.

4. *Injury and Illness Rates*

Three-year average rate for both total recordable cases (TRC), and days away, restricted and transferred (DART) cases.

5. *Employee Participation*

Meaningful ways for employees to participate in the safety and health program.

6. *Self-Inspections*

General Industry:

Inspections of entire worksite monthly (or more often, as needed) and tracking of hazards to correction.

Construction:

Management inspections of entire worksite weekly.
Safety and health committee inspections of entire worksite monthly.
Tracking of hazards to correction.

Public Sector:

Inspections of entire worksite monthly (or more often, as needed) and tracking of hazards to correction.

7. *Employee Hazard Reporting System*

Formal written reporting system.
Timely and appropriate responses.
Tracking of hazards to correction.

8. *Accident/Incident Investigation*

Written procedures.
Written reports of findings.
Tracking of hazards to correction.

9. JSA/Process Reviews

Analysis of hazards associated with individual jobs and processes.
Safety and health training.
Tracking of hazards to correction.

10. Safety and Health Training

Supervisor Training:

Must understand hazards in their work areas.

Potential effects on their employees:

Ensure employees follow rules.

Employee Training:

Aware of hazards, safe work procedures, emergency situations, and PPE use.

11. Preventive Maintenance

Written preventive maintenance program.
Ongoing monitoring and maintenance of workplace equipment.

12. Emergency Programs/Drills

Written emergency program.
Drills for ALL employees.

13. Health Program

Baseline surveys.
Sampling, testing, and analysis with written records of results.
Tracking of hazards to correction.

14. Personal Protective Equipment

Appropriate PPE.
PPE training on care and use.
Replacement of PPE.

15. Safety and Health Staff Involved with Changes

Safety and health staff must be involved with analysis of all new processes, materials, or equipment.

16. Contractor Safety

Documented selection criteria.
Training.
Enforcement.

17. Medical Program

Availability of physician services.
Personnel trained in first aid/CPR.

18. Resources

Commitment of adequate safety and health staff.
Access to certified safety professionals (CSP) and certified industrial hygienists (CIH).

Appendix II

OSHNC STAR Program Injury and Illness Rate Calculation Worksheet

Reminder on Rate Requirements for OSHNC STAR Site Participants:

- ★ **Carolina Star Program:** The three-year average rates for both the total recordable cases (TRC) and cases with days away from work, job transfer, or restriction (DART) for the most recent three calendar years must be at or below 50% of the most recent published Federal BLS rate.
- ★ **Rising Star Program:** The three-year average rates for both the total recordable cases (TRC) and cases with days away from work, job transfer, or restriction (DART) for the most recent three calendar years must be below the most recent published Federal BLS rate.
- ★ **Building Star Program:** The three-year average rates for both the total recordable cases (TRC) and cases with days away from work, job transfer, or restriction (DART) for the most recent three calendar years must be at or below 50% of the most recent published Federal BLS rate.
- ★ **Public Sector Star Program:** Calculate the three-year average rates for both the total recordable cases (TRC) and cases with days away from work, job transfer, or restriction (DART) or the most recent three calendar years. The OSHNC STAR Program will compare this data with the previously established baseline and evaluate the need for further improvements.

APPENDIX II

OSHNC STAR Program Injury and Illness Rate Calculation Worksheet

Name of Worksite: _____
 Industry NAICS: _____ Worksite NAICS (if different than Industry): _____

Year:	Total Recordable Cases (N = Columns G+H+I+J)	DART Cases (N = Columns H+I)	Employee-Hours Worked (EH)
STAR worksite			
Contractors			
Temporary			
TOTAL			

Year:	Total Recordable Cases (N = Columns G+H+I+J)	DART Cases (N = Columns H+I)	Employee-Hours Worked (EH)
STAR worksite			
Contractors			
Temporary			
TOTAL			

Year:	Total Recordable Cases (N = Columns G+H+I+J)	DART Cases (N = Columns H+I)	Employee-Hours Worked (EH)
STAR worksite			
Contractors			
Temporary			
TOTAL			

N = Number of recordable injuries in one year (including any contractor, temporary, and miscellaneous employees that have worked on the site 500 or more hours during any quarter).

EH = Total number of hours worked by all employees in one year at the worksite. This figure is to include all temporary and miscellaneous employees in addition to contractors that have worked on the site 500 or more hours during any quarter.

200,000 = Factor equivalent to 100 full-time employees working 40-hour weeks, 50 weeks per year.

Total Recordable Case (TRC) Rates (calculate rate for each year using the information recorded above) (N + EH x 200,000)		Total TRC Incidence Rates	Sum of All Years TRC Rates
Year:	÷ x 200,000		= _____
Year:	÷ x 200,000		
Year:	÷ x 200,000		

3-year Rate Average: Sum + 3 = _____ Current Federal BLS Rate = _____ % below BLS Rate = _____

Days Away, Restricted, Transfer (DART) Case Rates (calculate rate for each year using the information recorded above) (N + EH x 200,000)		Total DART Incidence Rates	Sum of All Years DART Rates
Year:	÷ x 200,000		= _____
Year:	÷ x 200,000		
Year:	÷ x 200,000		

3-year Rate Average: Sum + 3 = _____ Current Federal BLS Rate = _____ % below BLS Rate = _____