

**Builders Association/OSHA Partnership  
2010 Application**

**Application for Calendar Year 2010 based on 2009 OSHA Form 300A:  
Summary of Work-Related Injuries and Illnesses for the Chicago Area**

**New Applicants:**

Your company safety manual needs to accompany this application to be considered for review.

**Current Partners:**

If there are substantial changes in your safety manual, please include with your application.

Current Partner Member:  Yes             No

If Yes, what level:

Bronze         Silver         Gold

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

Bronze             Silver             Gold

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

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

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

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

Classification of Contractor:  General Contractor     Sub/Specialty Contractor (list below)

Type of Specialties: \_\_\_\_\_

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

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

Average # of Field Employees (Prior Year): \_\_\_\_\_

Average # of Office Staff (Prior Year): \_\_\_\_\_

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 in the last three years: \_\_\_\_\_

From what OSHA office: \_\_\_\_\_

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

From what 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 what OSHA office: \_\_\_\_\_

**Please see Attached Evaluation form for Details on all Levels for Specific Criteria**

- All applicants qualify to enter the Partnership at the Bronze level (total case injury/illness incidence should not exceed the national average of **4.7%**).
- To qualify for Silver, your total case injury/illness incidence must be **4.46** or 5% less than the 2008 BLS national rate of 4.7 for the construction industry.
- To qualify for Gold, your total case injury/illness incidence must be **4.23** or 10% less than the 2008 BLS national rate of 4.7 for the construction industry.

**Please Choose Appropriate Level:**

Bronze

Silver

Gold

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 previous reporting year, please provide the following information based on your OSHA 300A Form:***

**Number of Cases:**

**(G)** Total Number of Fatalities: \_\_\_\_\_

**(H)** Total Number of Cases With Days Away from Work: \_\_\_\_\_

**(I)** Total Number of Cases with Job transfer or Restriction: \_\_\_\_\_

**(J)** Total Number of other Recordable Cases: \_\_\_\_\_

**Number of Days:**

**(K)** Total Number of Days Away from Work: \_\_\_\_\_ **(L)** Total Number of Days of Job Transfer or Restriction: \_\_\_\_\_

**Injury and Illness:**

**Please List the Total of all Recordable Items under Section M: Injury, Skin Disorder, Respiratory Condition, Poisoning, All Other Illnesses:**

**(M)** Total Number of Injury and Illnesses \_\_\_\_\_

**Total Hours Worked:** \_\_\_\_\_

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

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

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, Ill. 60018  
Attn: Kristin Garcia

**Reminder:** The following items need to be sent together before the Safety Committee will review:

- 1) Application**
- 2) Signed disclosure form**
- 3) Signed evaluation form**
- 4) Safety manual**

## Disclosure

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

The Safety 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 Safety 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 Partnership, you and your company acknowledge and accept the limited scope and purpose of the evaluation that the Chapter's Safety Committee will perform.

I hereby certify that all information contained herein is accurate :

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

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

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

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

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

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

Signature: \_\_\_\_\_  
(Principal)

### Evaluation for BA Partnership

Eligibility: In order to determine which level a contractor can become a signatory to the BA Partnership; the contractor must provide the BA Safety Committee or their designated representative with evidence of each requirement below for each level.

<b>BRONZE LEVEL</b>	YES	NO
1. Contractor has implemented a written safety and health program.		
2. Contractor conducts weekly employees safety meetings.		
3. Contractor conducts and documents self-audits.		

If the contractor has answered “no” to any of these questions, then the contractor is not eligible to become a signatory to the BA Partnership. If the contractor has answered “yes” to all of the questions, then the contractor is eligible to become a signatory member at the Bronze Level for the term of one year.

<b>SILVER LEVEL</b>	YES	NO
1. Contractor has implemented a comprehensive written safety and health program.		
2. One trained employee or individual administers the firm’s safety and health program and conducts documented safety inspections of all work.		
3. Contractor conducts new employee orientation of the firm’s safety and health program and trains employees for hazard recognition specific to the contractor’s work sites.		
4. Contractor conducts weekly employee safety meetings.		
5. Contractor conducts and documents self-audits.		
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 maintains a substance abuse program.		
8. Contractor provides all field construction supervisory personnel with proper training.		
9. Contractor maintains an injury/illness rate 5% less than the rate published by the BLS.		

If the contractor has answered “no” to any of these questions, then the contractor is not eligible to become a signatory at the Silver Level. If the contractor has answered “yes” to all of the questions, then the contractor is eligible to become a signatory member at the Silver Level for the term of one year.

<b>GOLD LEVEL</b>	YES	NO
1. Contractor has implemented a comprehensive written safety and health program for all of the Gold participant’s work.		
2. Contractor maintains a copy of its specialty contractor’s safety and health plan, hazard communications plan, and fall protection plan (where applicable) or contractor requires specialty contractor to follow Gold participants plan.		
3. 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 Safety Management Course or equivalent in the previous three years.		
4. Contractor has designated personnel at each site who conduct documented safety inspections of the Gold participant’s work, and has authority to take prompt corrective action.		

5. Contractor has trained all field supervisory personnel. In addition to a supervisory training course, additional training has been provided for competent persons.		
6. Contractor conducts new employee orientation of the firm's safety and health program and trains employees for hazard recognition specific to the contractors work site(s).		
7. Contractor conducts weekly employee safety meetings.		
8. Contractor conducts and documents self-audits.		
9. A six-foot Fall Protection Policy is used.		
10. Contractor maintains an injury/illness rate 10% less than the rate published by the BLS.		
11. Contractor has not had any willful violations in the last three years.		
12. Contractor has not had any repeated serious violations in the last three years.		
13. Contractor has not had any fatalities or catastrophes within the last three years that resulted in serious or willful citations related to the incident.		
14. Contractor maintains a substance abuse program.		
15. 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 review, safety training and mishap investigations.		

If the contractor has answered "no" to any of these questions, then the contractor is not eligible to become a signatory at the Gold Level. If the contractor has answered "yes" to all of the questions, then the contractor is eligible to become a signatory member at the Gold Level for the term of one year.

\_\_\_\_\_  
Reviewed by (print name)  
(Principal)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
(Principal)