

FLORIDA STRATIGIC PARTNERSHIP APPLICATION

ONE LEVEL

Please complete one application per project and submit with the \$200 fee payable to SFAGC

Project Name: _____

Project Address: _____ Zip code: _____

Company Name: _____

Company Address: _____ Zip code: _____

Telephone Number: () _____ Fax Number: () _____

Email: _____

Contact Name: _____ Title: _____ Cell No. () _____

Construction NAICA Code: _____ Company occupation / Specialty: _____

Average number of employees who work on your project: _____

Total hours worked by all employees: (over life of project): _____

Trades Employed: _____

Average number of supervisors (YR): _____ Do you have a budget for safety? Yes ___ No ___

Dedicated safety manager? Yes ___ No ___ Do you have a safety consultant? Yes ___ No ___

Safety committee on this project? Yes ___ No ___ How many people on your safety committee? _____

Do you perform drug testing? Yes ___ no ___

Prior to Entry: Yes ___ No ___ For probable cause: Yes ___ No ___

Post accident: Yes ___ No ___ Random: Yes ___ No ___

Date of last OSHA inspection (if any): _____ Date of last repeated serious citation: _____

Any Citations Issues? Yes ___ No ___ Date of last fatality and/or catastrophe: _____

Any safety awards on this project? Yes ___ No ___

Incident Rate: IR (See Below) Overall life of the project _____

Dart Incident Rate: LWDII (See Below) Overall life of the project _____

I hereby certify that all the information above is true and correct to the best of my knowledge.

Signature: _____ Title: _____ Date: _____

From worksheet on page three – General contractors use data from chart two

IR = (Total number of recordable Injury and Illness in your establishment ÷ Hours worked by all your employees) x 200,000

$G + H + I + J = \text{Total} = \text{_____} \times 200,000 \div \text{_____} (\text{hours}) = \text{_____} (\text{IR rate})$ or Total recordable cases incidence rate

LWDII = (Total number of recordable Injury and Illness involving days away from work ÷ Hours worked by all your employees) x 200,000

$H + I = \text{Total} = \text{_____} \times 200,000 \div \text{_____} (\text{hours}) = \text{_____} (\text{LWDII rate})$ or DART Incidence rate

Section E – One Level (documentation must be provided for each item below)	YES	NO
1. Contractor has implemented a comprehensive written safety and health program based on the ANSI A10.38-1991 or the OSHA 1989 Safety and health program Management guidelines, and has site specific safety plans for all the contractor's Worksites.		
2. Contractors agree to Mentor its contractors on their jobs who have not yet attained recognition within the partnership. Contractor maintains a copy of it's specialty contractors safety and health plan, Hazard communication plan, and fall protection plan (where applicable) or contractor requires specialty contractors to follow participates plan.		
3. Contractor has an employee who administers all the firm's safety and health program and conducts documented safety inspections of all work. This person must have experience in one of the following: five (5) years experience in the field of construction safety and health; current OSHA OTI (OSHA Training Institute) 500 Certification; BS or BA Degree in the field of safety and health from an accredited university or college; hold a professional designation such as CHST (Construction Health and Safety Technologist), CSP (Certified Safety Professional) or CIH (Certified Industrial Hygienist). Subcontractors/Specialty Trades as part of this partnership should at a minimum, assign at least one experienced employee with responsibility for employee to administer the participant's safety and health management system, and to conduct and document safety and health inspections of on-going work. This person must have completed an OSHA 30-Hour Construction outreach course.		
4. Contractor has designated safety personnel at each site who conduct documented safety inspections of all work on the contractor's projects, and through training and experience, can recognize hazards and have the authority to take prompt corrective action. Training equivalent to the OSHA 30-Hour Construction Outreach Course is satisfactory.		
5. Contractor has trained all field supervisory personnel. In addition to the OSHA 30-Hour Construction Outreach Course, additional training shall be provided for competent persons in such areas as scaffolding, excavation, fall protection, Crane operations , etc. (this additional training will be predicated by the type and scope of the work the contractor routinely conducts). Subcontractors/Specialty Trades should at a minimum, provide OSHA -10 hour Construction Outreach Course to all field personnel.		
6. Contractor provides safety and health program orientation for all new employees and trains employees for hazard recognition specific to the contractors work sites.		
7. Contractor has evidence of employee involvement such as, but not limited to, participation in self audits, site inspections, job hazard analyses, safety and health program reviews, safety training and mishap investigations.		
8. Contractor maintains a substance abuse program.		
9. Contractor conducts weekly employee safety meetings.		
10. Contractor conducts and documents self audits.		
11. Contractor uses a six-foot Fall Protection Policy or better. This includes scaffolding, masonry, steel erection and work off ladders.		
12. Contractor maintains a total case injury/illness incidence rate that is 10% less than the most current Bureau of Labor Statistics national rate for the construction industry. Rates can be found at http://www.bls.gov/news.release/osh.t01.htm Last reported rate (2015) is 3.3 less 10% = 2.97 TRC Construction		
13. Provide documentation for safety and health program training for Non English speaking employees. (if applicable)		
14. Contractor has not had any willful violations in the last three years.		
15. Contractor has not had any repeated serious violations in the last three years.		
16. Contractor has not had any fatalities or catastrophes within the last three years that resulted in serious or willful citations related to the incident.		

All (YES) responses will require supportive documentation when submitting this application. If the applicant has answered "NO" to any of the questions listed above in Section E, then the applicant is not eligible to become a Strategic Partnership participant - One Level. If the applicant answered "YES" to all of the questions, then the project is eligible to become a Strategic Partnership participant – One Level for a period of 2 years. An inspection of this project site should be conducted by THE UNIVERSITY OF SOUTH FLORIDA SAFETY/FLORIDA CONSULTATION PROGRAM and a member of the AGC Chapter Safety and Health Committee.

Please continue to page three to calculate your current rates. General contractors, please provide data for all hours worked on all projects by all workers, use data from last full year completed.

For all Subcontractors and Specialty Trade Contractors –

Chart 1 -

Using these categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness: (M)				
Year:						Injury	Skin Disorder	Respiratory Condition	Poisoning	All other illnesses
Death	Days away from work	Remained at work		On job transfer or restriction (days)	Away from work (days)					
		Job transfer or restriction	Other recordable cases							
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
Totals										

Total hours worked by all employees:

- _____ Number of full time employees
- x _____ Number of hours worked in a year by a full time employee
- _____ this is the number of full time hours worked
- + _____ Number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)
- _____ Round the answer to the next highest whole number.

For General contractors, please provide data for all work covered by your work. Total includes subcontractor and tier subcontractors.

Chart 2 -

Using these categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness: (M)				
Year:						Injury	Skin Disorder	Respiratory Condition	Poisoning	All other illnesses
Death	Days away from work	Remained at work		On job transfer or restriction (days)	Away from work (days)					
		Job transfer or restriction	Other recordable cases							
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
Totals										

Total hours worked by all employees:

- _____ Number of workers, inclusive of contractor's receiving orientation
- _____ Number of hours worked in a year by all workers