



BUILD SAFE PARTNERSHIP PROGRAM

APPLICATION FORM

Directions: Please complete the following questions by typing or printing legibly.

1. Company Name:

2. Address: City: State: Zip:

3. North America Industry Classification System (NAICS) Code(s):

a) Primary NAICS Code:

b) Secondary NAICS Code:

4. Trades Employed:

5. Average Number of Employees: Supervisors:

6. Website Address:

7. Primary Partnership Contact: Title:

Telephone: Fax:

E-mail:

8. Alternate Partnership Contact: Title:

Telephone: Fax:

E-mail:

SAFETY & HEALTH PERFORMANCE

1. List your company's Experience Modification Rating (EMR) for the (3) three most recent years.

YEAR 20 EMR YEAR 20 EMR YEAR 20 EMR

2. List your company's number of injuries/illnesses from your OSHA 300 logs for the (3) three most recent years.

Note - Please only include the worksites/locations operating in Missouri (MO), Kansas (KS) and Nebraska (NE).

	20 <input style="width: 50px; height: 25px;" type="text"/>	20 <input style="width: 50px; height: 25px;" type="text"/>	20 <input style="width: 50px; height: 25px;" type="text"/>
a. Total Number of Deaths	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
b. Total Number of Cases with Days Away From Work	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
c. Total Number of Cases with Job Transfer or Restrictions	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
d. Total Number of Other Recordable Cases	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
e. Total Number of Days of Job Transfer or Restrictions	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
f. Total Number of Days Away From Work	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
g. Total Number of Hours Worked by All Employees	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>

3. What is your company's total case injury/illness incidence rate for the (3) three most recent years? (MO, KS, & NE ONLY)

20 <input style="width: 50px; height: 25px;" type="text"/>	20 <input style="width: 50px; height: 25px;" type="text"/>	20 <input style="width: 50px; height: 25px;" type="text"/>
<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>

SAFETY & HEALTH PROGRAM

1. SAFETY PROGRAM DOCUMENTATION

Check One

- a. Does your company have a written safety and health manual? Yes No
- Last revision date:
- b. Does your company provide all field employees a copy of the written safety and health manual or safety booklet containing work rules, responsibilities, and other appropriate information? Yes No

2. POLICIES AND MANAGEMENT SUPPORT

- a. Do you have a written safety policy statement signed by an officer of the company and distributed to all employees? Yes No
- b. Do you have a disciplinary process for enforcement of your safety program? Yes No
- c. Does executive management review:
- Accident reports/Injury/Illness logs Safety Statistics Inspection Reports
- d. Does your company have a written policy on accident reporting and investigation? Yes No
- e. Does your company have a light-duty/return-to-work policy? Yes No
- f. Is safety part of your supervisor's performance evaluation? Yes No
- g. Does your company have a written policy requiring and enforcing the use of 100% conventional fall protection by employees when performing work in excess of six feet above a lower level? Yes No
- h. Does each level of management have assigned safety duties and responsibilities? Yes No
- i. Does your company have a written substance abuse program? Yes No
- If yes, does it include?
- Pre-Testing Return-Duty Testing
- Random Testing Disciplinary Process
- Reasonable Cause Testing Alcohol Testing

3. TRAINING AND ORIENTATION

- a. Does your company conduct safety orientation training for all new employees? Yes No
- b. Does your safety program require safety-training meetings for all field supervisors (foreman and above)? If yes, how often? Yes No
- | | | |
|------------------------------------|----------------------------|--|
| <input type="checkbox"/> Weekly | Average length of training | <input style="width: 95%; height: 20px;" type="text"/> |
| <input type="checkbox"/> Monthly | Average length of training | <input style="width: 95%; height: 20px;" type="text"/> |
| <input type="checkbox"/> Quarterly | Average length of training | <input style="width: 95%; height: 20px;" type="text"/> |
| <input type="checkbox"/> Annually | Average length of training | <input style="width: 95%; height: 20px;" type="text"/> |
- c. Does your company hold tool box/tailgate safety meetings focused on your specific work operations/exposures? If yes, how often? Yes No
- | | | |
|---------------------------------|---------------------------|--|
| <input type="checkbox"/> Daily | Average length of meeting | <input style="width: 95%; height: 20px;" type="text"/> |
| <input type="checkbox"/> Weekly | Average length of meeting | <input style="width: 95%; height: 20px;" type="text"/> |
- d. Have all supervisory personnel engaged in construction activities or other personnel serving in the capacity as a competent person completed the OSHA 10-hour Construction Outreach Course (or its equivalent)? Yes No
- e. Do all supervisory personnel engaged in construction activities complete a minimum of 4 hours of documented safety and health training annually? Yes No

4. ADMINISTRATION AND PROCEDURES

a. Does your written safety program address administrative procedures? Yes No

If yes, check which apply:

- | | |
|---|--|
| <input type="checkbox"/> Pre-Project/Task Planning | <input type="checkbox"/> Emergency Procedures |
| <input type="checkbox"/> Record Keeping | <input type="checkbox"/> Audits/Inspections |
| <input type="checkbox"/> Safety Committees | <input type="checkbox"/> Accident Investigations/Reporting |
| <input type="checkbox"/> Hazard Communication | <input type="checkbox"/> Training Documentation |
| <input type="checkbox"/> Substance Abuse Prevention | <input type="checkbox"/> Hazardous Work Permits |
| <input type="checkbox"/> Return-To-Work | <input type="checkbox"/> Subcontractor Pre-Qualification |

b. Do you have project safety committees? Yes No

c. Does your company conduct and document job site safety inspections? If yes, how often? Yes No

- Daily Weekly Monthly Quarterly

5. OSHA INSPECTIONS

a. Has your company been inspected by OSHA within the last (3) three years? Yes No

If yes, list date(s):

OSHA Area Office(s):

b. Has your company had any willful OSHA violation(s) in the last (3) three years? Yes No

If yes, list date(s):

OSHA Area Office(s):

c. Has your company had any repeat serious OSHA violation(s) in the last three years? Yes No

If yes, list date(s):

OSHA Area Office(s):

d. Has your company had any fatalities or catastrophes within the last (3) three years that resulted in serious or willful citation(s) related to the incident? Yes No

If yes, list date(s):

OSHA Area Office(s):

6. PLEASE SUBMIT THE FOLLOWING INFORMATION

Check if Enclosed

a. OSHA Form 300 and OSHA Form 300A for the (3) three most recent years. (MO, KS, & NE ONLY)

b. Experience Modification Rating (EMR) verification letter for the (3) three most recent years from your insurance carrier.

c. Complete written company safety and health program manual.

d. Training records for all supervisory personnel engaged in construction verifying completion of OSHA 10-Hour Construction Outreach Course.

- e. Training records for the previous year for all supervisory personnel engaged in construction activities verifying completion of a minimum of (4) four hours of documented safety and health training annually.
- f. Previous year's total number of employees trained, number of training hours provided, and training topics/subjects.
- g. Previous year's total number of supervisors/managers trained, number of training hours provided, and training topics.
- h. Previous year's total number of self-inspections performed and number of hazards identified and abated/corrected. (MO, KS, & NE ONLY)

I HAVE READ THE BUILD SAFE PARTNERSHIP AGREEMENT REVISED AND ENTERED INTO ON MARCH 24, 2016, AND HEREBY CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Person Completing Application Form:

Title: Telephone:

E-Mail:

Signature: Date:

PLEASE SUBMIT COMPLETED APPLICATION AND ALL REQUIRED ITEMS OUTLINED IN THE APPLICATION TO:

The Builders' Association
 Attention: Phil Shoemaker
 720 Oak Street
 Kansas City, Missouri 64106
 Telephone: 816-595-4158
 E-mail: pshoemaker@buildersassociation.com