Build Safe Partnership Program application form

Please complete the following questions by typing or printing legibly.

**Company name** Click or tap here to enter text.

|  |  |
| --- | --- |
| **Street address** Click or tap here to enter text. | **City, state, zip** Click or tap here to enter text. |

**North America Industry Classification System (NAICS) code(s)**

1. Primary NAICS code Click or tap here to enter text.
2. Secondary NAICS code Click or tap here to enter text.

**Trades employed** Click or tap here to enter text.

|  |  |
| --- | --- |
| **Average number of employees** Click or tap here to enter text. | **Supervisors** Click or tap here to enter text. |

**Website address** Click or tap here to enter text.

**Primary partnership contact** Click or tap here to enter text. **Title** Click or tap here to enter text.

|  |  |
| --- | --- |
| **Telephone** Click or tap here to enter text. | **Fax** Click or tap here to enter text. |
| **Email** Click or tap here to enter text. | |

**Alternative partnership contact** Click or tap here to enter text. **Title** Click or tap here to enter text.

|  |  |
| --- | --- |
| **Telephone** Click or tap here to enter text. | **Fax** Click or tap here to enter text. |
| **Email** Click or tap here to enter text. | |

Safety and health performance

List your company’s experience modification rating (EMR) for the three (3) most recent years.

|  |  |  |
| --- | --- | --- |
| 20XX  *(Enter year)* | 20XX  *(Enter year)* | 20XX  *(Enter year)* |
| Click or tap here to enter text.  *(Enter rating)* | Click or tap here to enter text.  *(Enter rating)* | Click or tap here to enter text.  *(Enter rating)* |

List your company’s number of injuries/illnesses from your OSHA 300 logs for the three (3) most recent years. *Note: Please only include the worksites/locations operating in Missouri (MO), Kansas (KS) and Nebraska (NE).*

|  |  |  |  |
| --- | --- | --- | --- |
|  | 20XX  *(Enter year)* | 20XX  *(Enter year)* | 20XX  *(Enter year)* |
| Total number of **deaths** | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* |
| Total number of cases with **days away from work** | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* |
| Total number of cases with **job transfer or restrictions** | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* |
| Total number of other **recordable cases** | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* |
| Total number of **days of job transfer or restrictions** | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* |
| Total number of **days away from work** | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* |
| Total number of **hours worked by all employees** | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* |

What is your company’s total case injury/illness incidence rate for the three (3) most recent years? *Note: Please only include Missouri (MO), Kansas (KS) and Nebraska (NE).*

|  |  |  |
| --- | --- | --- |
| 20XX  *(Enter year)* | 20XX  *(Enter year)* | 20XX  *(Enter year)* |
| Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* | Click or tap here to enter text.  *(Enter number)* |

Safety and health program

|  |  |  |
| --- | --- | --- |
| Safety program documentation | **Check one** | |
| Does your company have a written safety and health manual?  Last revision date Click or tap here to enter text. | Yes | No |
| 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 |
| Policies and management support |  |  |
| Do you have a written safety policy statement signed by an officer of the company and distributed to all employees? | Yes | No |
| Do you have a disciplinary process for enforcement of your safety program? | Yes | No |
| Does executive management review: *(Check all that apply)*  Accident reports/injury/illness logs  Safety statistics  Inspection reports | | |
| Does your company have a written policy on accident reporting and investigation? | Yes | No |
| Does your company have a light-duty/return-to-work policy? | Yes | No |
| Is safety part of your supervisor’s performance evaluation? | Yes | No |
| 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 |
| Does each level of management have assigned safety duties and responsibilities? | Yes | No |
| Does your company have a written substance abuse program? If yes, does it include?   |  |  | | --- | --- | | Pre-testing  Random testing  Reasonable cause testing | Return-duty testing  Disciplinary process  Alcohol testing | | | |
| Training and orientation |  |  |
| Does your company conduct safety orientation training for all new employees? | Yes | No |
| Does your safety program require safety-training meetings for all field supervisors (foreman and above)? If yes, how often?   |  |  | | --- | --- | | Weekly  Monthly  Quarterly  Annually | Average length of training Click or tap here to enter text.  Average length of training Click or tap here to enter text.  Average length of training Click or tap here to enter text.  Average length of training Click or tap here to enter text. | | Yes | No |
| Does your company hold toolbox/tailgate safety meetings focused on your specific work operations/exposures? If yes, how often?   |  |  | | --- | --- | | Daily  Weekly | Average length of training Click or tap here to enter text.  Average length of training Click or tap here to enter text. | | Yes | No |
| 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 |
| Do all supervisory personnel engaged in construction activities complete a minimum of 4 hours of documented safety and health training annually? | Yes | No |
| Administration and procedures | | |
| Does your written safety program address administrative procedures?  If yes, check which apply:   |  |  | | --- | --- | | Pre-project/task planning  Record keeping  Safety committees  Hazard communication  Substance abuse prevention  Return-to-work | Emergency procedures  Audits/inspections accident  Investigations/reporting  Training documentation  Hazardous work permits  Subcontractor pre-qualification | | Yes | No |
| Do you have project safety committees? | Yes | No |
| Does your company conduct and document job site safety inspections? If yes, how often?   |  |  |  |  | | --- | --- | --- | --- | | Daily | Weekly | Monthly | Quarterly | | Yes | No |
| OSHA inspections | | |
| Has your company been inspected by OSHA within the last three (3) years?  If yes, list date(s): Click or tap here to enter text.  OSHA area office(s): Click or tap here to enter text. | Yes | No |
| Has your company had any willful OSHA violation(s) in the last three (3) years?  If yes, list date(s): Click or tap here to enter text.  OSHA area office(s): Click or tap here to enter text. | Yes | No |
| Has your company had any repeat serious OSHA violation(s) in the last three (3) years?  If yes, list date(s): Click or tap here to enter text.  OSHA area office(s): Click or tap here to enter text. | Yes | No |
| Has your company had any fatalities or catastrophes within the last three (3) years that resulted in serious or willful citation(s) related to the incident?  If yes, list date(s): Click or tap here to enter text.  OSHA area office(s): Click or tap here to enter text. | Yes | No |
| Please submit the following information | **Check if enclosed** | |
| OSHA form 300 and OSHA form 300A for the three (3) most recent years. *Note: Please only include Missouri (MO), Kansas (KS) and Nebraska (NE).* |  | |
| Experience modification rating (EMR) verification letter for the three (3) most recent years from your insurance carrier. |  | |
| Complete written company safety and health program manual. |  | |
| Training records for all supervisory personnel engaged in construction verifying completion of OSHA 10-Hour Construction Outreach Course. |  | |
| 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. |  | |
| Previous year's total number of employees trained, number of training hours provided, and training topics/subjects. |  | |
| Previous year's total number of supervisors/managers trained, number of training hours provided, and training topics. |  | |
| Previous year's total number of self-inspections performed, and number of hazards identified and abated/corrected. *Note: Please only include Missouri (MO), Kansas (KS) and Nebraska (NE).* |  | |

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** Click or tap here to enter text. | |
| **Title** Click or tap here to enter text. | **Telephone** Click or tap here to enter text. |
| **Email** Click or tap here to enter text. | |
| **Signature** Click or tap here to enter text. | **Date** Click or tap to enter a date. |

Please submit completed application and all required items outlined in the application to:

The Builders’ Association

Attention: [Matt Dierking](mailto:mdierking@buildersassociation.com)

720 Oak Street

Kansas City, MO 64106

For questions, please contact [Matt Dierking](mailto:mdierking@buildersassociation.com) at [mdierking@buildersassociation.com](mailto:mdierking@buildersassociation.com?subject=BSPP%20application%20form) or 816.595.4158.