



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813
**INSTRUCTION SHEET FOR
VOLUNTARY PROTECTION PROGRAMS (VPP) APPLICATION FORM**

Instructions

Please completely fill out the VOLUNTARY PROTECTION PROGRAMS (VPP) APPLICATION FORM.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Delivery via Fax

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
(808) 586-9104



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Please Print or Type Clearly

A. GENERAL INFORMATION

Site Name				
Street Address		City	State	Zip Code
Site Manager Name		Title		
Site VPP Contact Name		Title		
Phone Number ()		E-Mail Address		

Company/Corporate Name (if different from above)				
Street Address		City	State	Zip Code
VPP Contact (if applicable) Name		Title		
Phone Number ()		E-Mail Address		

COLLECTIVE BARGAINING AGENT(S) (List information on each separately)				
Union Name and Local #		Agent's Name		
Street Address		City	State	Zip Code
Phone Number ()		E-Mail Address		

Number of Employees Working at Applicant's Site	Number of Temporary Employees Supervised by Applicant	Number of Applicable Contractor* Employees
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TYPE OF WORK PERFORMED AND PRODUCTS PRODUCED
On another sheet, please provide a comprehensive description of the work performed at your site, the type of products produced, and the type of hazards typically associated with your industry.

APPLICANT'S STANDARD INDUSTRIAL CLASSIFICATION (NAICS) CODE (6 digit number) _____

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RECORDABLE NONFATAL INJURY AND ILLNESS CASE INCIDENCE RATES

Complete and submit the tables at the end of this application (Section G), then:

Record your combined 3-year TRC rate** here: _____ Record your combined 3-year DART** rate here: _____

If after completing Table 1, you determine that your 3-year TRC rate, DART rate, or both are at or above your industry average, specify your short- and long-term goals for reducing these rates to a level below the industry average. Include specific methods you will use to address this problem. It must be feasible to reduce rates within 2 years.

If you are a small business, you may be eligible for the alternative rate calculation. Contact the Hawaii Occupational Safety & Health (HIOSH) VPP Manager or review the VPP Federal Register Notice of July 24, 2000 for more details.

Complete Table 2 for rates of Applicable Contractors, listing each contractor individually. This information must be maintained at your worksite and made available to the HIOSH review team during the VPP onsite review. You do not need to submit it with your application.

* An Applicable Contractor has employees working 1,000 or more hours in at least 1 calendar quarter at the Applicant's site.

** TRC rate is the total recordable case incidence rate for recordable nonfatal injuries and illnesses. The DART rate is the incidence rate for recordable injury and illness cases involving days away from work, restricted work activity, and/or job transfer.

Please Attach Additional Sheets to Provide the Information Listed Below

B. MANAGEMENT LEADERSHIP AND EMPLOYEE INVOLVEMENT

MANAGEMENT LEADERSHIP

1. **Commitment**
Attach a copy of your top level safety policy specific to your facility. Note: Management must clearly demonstrate commitment to meeting and maintaining the requirements of the VPP.
2. **Organization**
Describe how your company's safety and health function fits into your overall management organization. Attach a copy of your organization chart.
3. **Responsibility**
Describe how your line and staff are assigned safety and health responsibilities. Include examples of specific responsibilities.
4. **Accountability**
Describe your accountability system used to hold managers, line supervisors, and employees responsible for safety and health. Examples are job performance evaluations, warning notices, and contract language. Describe system documentation.
5. **Resources**
Identify the available safety and health resources. Describe the safety and health professional staff available, including appropriate use of certified safety professionals (CSP), certified industrial hygienists (CIH), other licensed health care professionals, and other experts as needed, based on the risks at your site. Identify any external resources (including corporate office and private consultants) used to help with your safety and health management system.
6. **Goals and Planning**
Identify your annual plans that set specific safety and health goals and objectives. Describe how planning for safety and health fits into your overall management planning process.

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7. *Self-Evaluation*

Provide a copy of the most recent annual self-evaluation of your safety and health management system. Include assessments of the effectiveness of the VPP elements listed in these application guidelines, recommendations for improvement, assignment of responsibility, and documentation of action items completed. Describe how you prepare and use the self-evaluation.

EMPLOYEE INVOLVEMENT

8. *Three Ways*

List at least three meaningful ways employees are involved in your safety and health management system. Provide specific information about decision processes that employees impact, such as hazard assessment, inspections, safety and health training, and/or evaluation of the safety and health management system.

9. *Employee Notification*

Describe how you notify employees about site participation in the VPP, their right to register a complaint with HIOSH, and their right to obtain reports of inspections and accident investigations upon request. (Various methods may include new employee orientation; Intranet or e-mail, if all employees have access; bulletin boards; tool box talks; or group meetings.)

10. *Contract Workers' Safety*

Describe the process used for selecting contractors to perform jobs at your site.

Describe your system for ensuring that all contract workers who do work at your site are provided the same healthful working conditions and the same quality protection as your regular employees.

11. *Site Map*

Attach a site map or general layout.

Please Attach Additional Sheets to Provide the Information Listed Below

C. WORKSITE ANALYSIS

1. *Baseline Hazard Analysis*

Describe the methods used for baseline hazard analysis to identify hazards associated with your specific work environment, for example, air contaminants, noise, or lead. Identify the safety and health professionals involved in the baseline assessment and subsequent needed surveys. Explain any sampling rationale and strategies for industrial hygiene surveys if required.

2. *Hazard Analysis of Routine Jobs, Tasks, and Processes*

Describe the system used for examination and analysis of safety and health hazards associated with routine tasks, jobs, processes, and/or phases. Provide some sample analyses and any forms used. You should base priorities for hazard analysis on historical evidence, perceived risks, complexity, and the frequency of jobs/tasks completed at your worksite. In construction, the emphasis must be on special safety and health hazards of each craft and phase of work.

3. *Hazard Analysis of Significant Changes*

Explain how, prior to activity or use, you analyze significant changes to identify uncontrolled hazards and the actions needed to eliminate or control these hazards. Significant changes may include non-routine tasks and new processes, materials, equipment, and facilities.

4. *Self-Inspections*

Describe your worksite safety and health routine general inspection procedures. Indicate who performs inspections, their training, and how you track any hazards through to elimination or control. For routine health inspections, summarize the testing and analysis procedures used and qualifications of personnel who conduct them. Include forms used for self-inspections.

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5. *Employee Reports of Hazards*

Describe how employees notify management of uncontrolled safety or health hazards. Explain procedures for follow-up and tracking corrections. An opportunity to use a written form to notify management about safety and health hazards must be part of your reporting system.

6. *Accident and Incident Investigations*

Describe your written procedures for investigation of accidents, near-misses, first-aid cases, and other incidents. What training do investigators receive? How do you determine which accidents or incidents warrant investigation? Incidents should include first-aid and near-miss cases. Describe how results are used.

7. *Pattern Analysis*

Describe the system you use for safety and health data analysis. Indicate how you collect and analyze data from all sources, including injuries, illnesses, near-misses, first-aid cases, work order forms, incident investigations, inspections, and self-audits. Describe how results are used.

Please Attach Additional Sheets to Provide the Information Listed Below

D. HAZARD PREVENTION AND CONTROL

1. *Engineering Controls*

Describe and provide examples of engineering controls you have implemented that either eliminated or limited hazards by reducing their severity, their likelihood of occurrence, or both. Engineering controls include, for example, reduction in pressure or amount of hazardous material, substitution of less hazardous material, reduction of noise produced, fail-safe design, leak before burst, fault tolerance/redundancy, and ergonomic design changes.

Although not as reliable as true engineering controls, this category also includes protective safety devices such as guards, barriers, interlocks, grounding and bonding systems, and pressure relief valves to keep pressure within a safe limit.

2. *Administrative Controls*

Describe ways you limit daily exposure to hazards by adjusting work schedules or work tasks, for example, job rotation.

3. *Work Practice Controls*

Describe and provide examples of your work practice controls. These include, for example, workplace rules, safe and healthful work practices, specific programs to address HIOSH standards, and procedures for specific operations. Identify major technical programs and regulations that pertain to your site, such as lockout/tagout, process safety management, hazard communication, machine guarding, and fall protection.

4. *Personal Protective Equipment*

Describe and provide examples of required personal protective equipment your employees use.

5. *Safety and Health Rules*

Describe your general safety and health rules. Demonstrate that there is a disciplinary system for equitably enforcing these rules for managers, supervisors, and employees.

6. *Preventive/Predictive Maintenance*

Describe your written system for monitoring and maintaining workplace equipment to predict and prevent equipment breakdowns that may cause hazards. Provide a brief summary of the type of equipment covered.

7. *Occupational Health Care Program*

Describe your on-site and off-site medical service and physician availability. Explain how you utilize the services of licensed occupational health care professionals. Indicate the coverage provided by employees trained in first aid, CPR, and other paramedical skills, their training, and available equipment.

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8. *Emergency Preparedness*

Describe your emergency planning and preparedness system. Provide information on emergency drills and training, including evacuations.

Please Attach Additional Sheets to Provide the Information Listed Below

E. SAFETY AND HEALTH TRAINING

Describe the formal and informal safety and health training provided for managers, supervisors, and employees. Identify training protocols, schedules, and information provided to supervisors and employees on programs such as hazard communication, personal protective equipment, and handling of emergency situations. Describe how you verify the effectiveness of the training given.

Please Attach Additional Sheets to Provide the Information Listed Below

F. ASSURANCES

VPP applications must include a signed statement affirming that:

1. *Compliance*

You will comply with the *Occupational Safety and Health Law (OSH Law)* and correct in a timely manner all hazards discovered through self-inspections, employee notification, accident investigations, HIOSH onsite reviews, process hazard reviews, annual evaluations, or any other means. You will provide effective interim protection, as necessary.

2. *Correction of Deficiencies*

Within 90 days, you will correct safety and health deficiencies related to compliance with HIOSH requirements and identified during any HIOSH onsite review.

3. *Employee Support*

Your employees support the VPP application. At sites with employees organized into one or more collective bargaining units, the authorized representative for each collective bargaining unit must either sign the application or submit a signed statement indicating that the collective bargaining agent(s) support VPP participation. HIOSH must receive concurrence from all such authorized agents to accept the application. At non-union sites, management's assurance of employee support will be verified by the HIOSH onsite review team during employee interviews.

4. *VPP Elements*

VPP elements are in place, and management commits to meeting and maintaining the requirements of the elements and the overall VPP.

5. *Orientation*

Employees, including newly hired employees and contract employees, will receive orientation on the VPP, including employee rights under VPP and under the *OSH Law*.

6. *Non-Discrimination*

You will protect employees given safety and health duties as part of your safety and health management system from discriminatory actions resulting from their carrying out such duties, just as Section 8(e) of the *OSH Law* protects employees who exercise their rights.

7. *Employee Access*

Employees will have access to the results of self-inspections, accident investigations, and other safety and health data upon request. At unionized construction sites, this requirement may be met through employee representative access to these results.

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8. **Documentation**

You will maintain your safety and health management system information and make it available for HIOSH review to determine initial and continued approval to the VPP. This information will include:

- Any agreements between management and the collective bargaining agent(s) concerning safety and health.
- All documentation enumerated under Section III.J.4. of the July 24, 2000 *Federal Register* Notice.
- Any data necessary to evaluate the achievement of individual 1-Year Conditional Star goals.

9. **Annual Submission**

Each year by February 15, you will submit the following information to the HIOSH VPP Manager:

- Participant Rates
 - a. For the previous calendar year, the TRC rate for injuries and illnesses, and the DART rate (see tables at end of this application).
 - b. The total number of cases for each of the above two rates.
 - c. Hours worked and estimated average employment for the past full calendar year.
- Contractor Rates

If you are a general industry site, you will submit data on each applicable contractor. Applicable contractors are those employers who have contracted with you to perform certain jobs and whose employees worked a total of 1,000 or more hours in at least 1 calendar quarter at your worksite. The data will consist of:

 - a. The site's TRC rate and DART rate for each applicable contractor's employees;
 - b. The total number of cases from which these two rates were derived;
 - c. Hours worked and estimated average employment for the past full calendar year; and
 - d. The appropriate NAICS code for each applicable contractor's work at the site.
- Annual Evaluation

A copy of the most recent safety and health annual evaluation. Include a description of any success stories, such as reductions in workers' compensation rates, increases in employee involvement, and improvements in employee morale.

10. **Organizational Changes**

Whenever significant organizational or ownership changes occur, you will provide HIOSH within 60 days a new Statement of Commitment signed by both management and any authorized collective bargaining agent(s).

11. **Collective Bargaining Changes**

Whenever a change occurs in the authorized collective bargaining agent, you will provide HIOSH within 60 days a new signed statement indicating that the new representative supports VPP participation.

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Please Attach Additional Sheets to Provide the Information Listed Below

G. RATE CALCULATIONS AND TABLES

Follow these steps to complete the two tables below. Submit with your application. You must fill out and submit a Table 2 for each applicable contractor (see step 9).

1. Estimate total hours worked annually by all of your employees for each of the last 3 years. Include temporaries and contract employees supervised by your site. Include all overtime and management staff's total hours. Enter in the appropriate places in Column A. Enter the 3-year total at the bottom of Column A.
2. Enter the total number of recordable nonfatal injuries for each of the last 3 years in Column B. Enter the 3-year total.
3. Enter the total number of recordable nonfatal illnesses for each of the last 3 years in Column C. Enter the 3-year total.
4. For each of the past 3 years, combine the injuries and illnesses and enter in Column D. Combine the injury and illness 3-year totals and enter.
5. Calculate your Total Recordable Case (TRC) rate for each of the past 3 years and for the 3 years combined. Enter in Column E.

To calculate your TRC, use the formula $(N/EH) \times 200,000$ where:

N = Sum of the number of recordable non-fatal injuries plus illnesses in a given time frame (either 1 year for an annual rate or 3 years for a 3-year combined rate).

EH = Total number of hours worked by all employees in a given time frame (either 1 year for an annual rate or 3 years for a 3-year combined rate).

200,000 = Equivalent of 100 full-time workers working 40-hour weeks 50 weeks per year.

For example, to calculate your 3-year combined TRC rate:

$$\text{3-Year TRC rate} = \frac{[(\text{Year 1 \#inj} + \text{\#ill}) + (\text{Year 2 \#inj} + \text{\#ill}) + (\text{Year 3 \#inj} + \text{\#ill})]}{[\text{Year 1 Hours} + \text{Year 2 Hours} + \text{Year 3 Hours}] \times 200,000}$$

6. Repeat steps 2 to 4, except substitute injuries and illnesses that resulted in days away from work, restricted work activity, and/or job transfer. Enter in Columns F, G, and H.
7. Calculate your incidence rate for days away from work, restricted work activity, and/or job transfer (the DART rate) for each of the past 3 years and for the 3 years combined. Enter in Column I.

To calculate your DART rate, use the same formula as in step 5, above, except:

N = Sum of the number of all recordable injuries plus illnesses resulting in days away from work, restricted work activity, and/or job transfer in a given time frame.

8. To compare your rates with your industry's average rates, enter the industry average for your NAICS code. The industry average rates are published each year by the Bureau of Labor Statistics in its *Occupational Injuries and Illnesses Bulletin*. This information is also available at the BLS website, www.bls.gov.

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9. Fill out and submit Table 2 for each Applicable Contractor at your site. An applicable contractor is an employer whose employees worked 1,000 or more hours in any quarter at your site during the past full calendar year. For construction, all contractors are considered site employees for the purpose of rate calculations, and construction applicants must include them in the tables for site employee rates.

Table 1. Site Employee Recordable Nonfatal Injury and Illness Case Incidence Rates

	A	B	C	D	E	F	G	H	I
Year	Total Work Hours	Total # Injuries	Total # Illnesses	Total # Injuries and Illnesses	Total Recordable Case (TRC) Rate for Injuries and Illnesses	Total # Injuries Involving Days Away from Work, Restricted Activity, and/or Job Transfer	Total # Illnesses Involving Days Away from Work, Restricted Activity, and/or Job Transfer	Sum of Injury and Illness Cases Involving Days Away from Work, Restricted Activity, and/or Job Transfer	Days Away from Work, Restricted Activity, and/or Job Transfer Case Incidence Rate (DART rate)
3 Years Ago (annual)									
2 Years Ago (annual)									
Last Year (annual)									
3 Year Totals and Rates									
Current BLS Rates for SIC/NAICS									

Table 2. Site Applicable Contractors Recordable Nonfatal Injury and Illness Case Incidence Rates

	A	B	C	D	E	F	G	H	I
Year	Total Work Hours	Total # Injuries	Total # Illnesses	Total # Injuries and Illnesses	Total Recordable Case (TRC) Rate for Injuries and Illnesses	Total # Injuries Involving Days Away from Work, Restricted Activity, and/or Job Transfer	Total # Illnesses Involving Days Away from Work, Restricted Activity, and/or Job Transfer	Sum of Injury and Illness Cases Involving Days Away from Work, Restricted Activity, and/or Job Transfer	Days Away from Work, Restricted Activity, and/or Job Transfer Case Incidence Rate (DART rate)
Last Year Totals and Rates									
Current BLS Rates for SIC/NAICS									

Note: Applicable contractor rates do not have to be submitted with your application, but must be maintained at the site for review by the HIOSH VPP Team.

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