



THE INDUSTRIAL COMMISSION OF ARIZONA

DIVISION OF OCCUPATIONAL SAFETY & HEALTH



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Safety & Health Achievement Recognition Program SHARP Application Safety & Health Program Assessment

Directions: this assessment is to be completed by the most senior member of management on-site (i.e., Owner, President). Please circle the response best indicating the present state of your site.

Name of Employer: _____
 Site Address: _____

SIC/NAICS Code: _____ TCR (TCIR) Rate: _____ DART Rate: _____
(Rates are for the previous complete year)

BLS Rate (most recent) for your NAIC Code: _____ Number of Employees: _____
(Employer TCR & DART rates must be below BLS rate for most current complete year to qualify).

Element Scoring: 0 = No, we don't do this; 1 = Yes, but needs major improvement; 2 = Yes, but needs minor improvement; 3 = Yes, we do it well; N/A = Not Applicable

A. Hazard Anticipation and Detection

- | | | | | | |
|-----------------------------------------------------------|---|---|---|---|-----|
| 1. Safety and Health inspections are performed regularly. | 0 | 1 | 2 | 3 | N/A |
| 2. A Hazard reporting system exists. | 0 | 1 | 2 | 3 | N/A |
| 3. Accidents are investigated for root causes. | 0 | 1 | 2 | 3 | N/A |

B. Hazard Prevention and Control

- | | | | | | |
|--------------------------------------------------------------|---|---|---|---|-----|
| 1. Safety and Health rules and work practices are in place | 0 | 1 | 2 | 3 | N/A |
| 2. Personal Protective equipment is routinely used. | 0 | 1 | 2 | 3 | N/A |
| 3. A preventative maintenance program exists | 0 | 1 | 2 | 3 | N/A |
| 4. A procedure(s) for tracking hazard correction is in place | 0 | 1 | 2 | 3 | N/A |

C. Planning and Evaluation

- | | | | | | |
|------------------------------------------------------------------------|---|---|---|---|-----|
| 1. Workplace injury/illness data are analyzed for trends. | 0 | 1 | 2 | 3 | N/A |
| 2. A safety and health goal and supporting objectives exist. | 0 | 1 | 2 | 3 | N/A |
| 3. A review of OSHA mandated program is conducted at least annually. | 0 | 1 | 2 | 3 | N/A |
| 4. Employees know their responsibilities in the event of an emergency. | 0 | 1 | 2 | 3 | N/A |

D. Administration and Supervision

- | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|-----|
| 1. Safety and Health program tasks are specifically assigned to an individual. | 0 | 1 | 2 | 3 | N/A |
| 2. An accountability mechanism is included with each assignment of safety and health responsibility. | 0 | 1 | 2 | 3 | N/A |
| 3. Persons with assigned safety and health responsibilities have the necessary knowledge, skills and resources to perform their duties. | 0 | 1 | 2 | 3 | N/A |

E. Safety and Health Training

- | | | | | | |
|------------------------------------------------------------------------------------|---|---|---|---|-----|
| 1. Appropriate safety and health training is provided to employees and management. | 0 | 1 | 2 | 3 | N/A |
| 2. New employees are oriented with applicable safety and training. | 0 | 1 | 2 | 3 | N/A |



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F. Management Participation

1. Top management policy establishes clear priority for safety and health.	0	1	2	3	N/A
2. Managers personally follow and enforce safety and health rules.	0	1	2	3	N/A
3. Managers allocate the resources needed to support the organization's safety and health system.	0	1	2	3	N/A

G. Employee Participation

1. There is a process to involve employees in safety and health issues.	0	1	2	3	N/A
2. Employees participate in hazard detection and prevention activities.	0	1	2	3	N/A
3. Employees participate in the safety and health training of co-workers.	0	1	2	3	N/A

In addition to the information completed above we are submitting as required, the following documents:

1. A letter from the Senior Plant official expressing the desire to become a SHARP site.
2. OSHA 300 logs and summary of Occupational Injury and Illness for the facility for the previous 3 complete years.

By submitting this information, I affirm that we have at least one year of operating history at this location. I also understand that we are asking to be recognized as a SHARP site in the State of Arizona and agree to the conduct of a comprehensive onsite consultation survey by both Safety and Industrial Hygiene staff. This survey will be scheduled with ADOSH staff upon receipt and review of this document. The purpose of the survey is to determine if we do in fact meet SHARP criteria.

Completion of this document and attached information is merely for application to the Safety and Health Achievement Recognition Program, (SHARP), and does not constitute approval into the program.

Signature

Print Name

Title

Date