



2008 STEP Application Submission Form

SECTION 1: COMPANY INFORMATION

Check this box if you are applying for STEP Platinum

Company Name: _____ Business Unit: _____

Address: _____

City/State/Zip: _____ NAICS Code (see page 6): _____

Work Type: Residential:____% Commercial:____% Industrial:____%

Proximity of Work to Headquarters: Within 100 miles:____% Within 101-250 miles:____% Beyond 250 miles:____%

Form Completed By: _____ Phone: _____

Email: _____ ABC Chapter Name: _____

SECTION 2: SAFETY PERFORMANCE DATA

Refer to your 2007 OSHA FORM 300A for items (a) through (h) and Focus Four Data

a. _____ Total number of deaths (line G on the OSHA 300A)	} j.) a+b+c+d = _____ Total number of OSHA recordable injuries
b. _____ Total number of CASES with days away from work (line H on the OSHA 300A)	
c. _____ Total number of CASES with job transfer/restriction (line I on the OSHA 300A)	
d. _____ Total number of other recordable cases (line J on the OSHA 300A)	

e. _____ Total number of **DAYS** away from work (line K on the OSHA 300A)

f. _____ Total number of **DAYS** of job transfer or restriction (line L on the OSHA 300A)

g. _____ Annual average number of direct hire employees

h. _____ Total hours worked by all direct hire employees in 2007

i. _____ Experience Modification Rate (EMR, or "mod factor")

Number of federal/state OSHA inspections in 2007: _____

Number of federal/state OSHA citations issued in 2007: _____

Number of federal/state OSHA citations tossed out in 2007: _____

Length of safety orientation (in minutes): _____

Frequency of toolbox safety talks: Daily Weekly Bi-weekly Monthly Other: _____

Do you have a substance abuse program that includes a drug/alcohol screening process? Yes No

Focus Four Data	
Number of falls	_____
Number of caught in/between	_____
Number of struck-by	_____
Number of electrical incidents	_____

SECTION 3: 20 KEY COMPONENTS OF SAFETY SELF-ASSESSMENT (see pages 9-14)

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|--|--|---------------------------------|
| A. _____ Employer Commitment | H. _____ Pre-Planning for Jobsite Safety | P. _____ Accident Investigation |
| B. _____ Employer Statement on Safety | I. _____ Employee Participation | Q. _____ Use of PPE |
| C. _____ Responsibility for Safety Defined | J. _____ New Employee Orientation | R. _____ Performance Review |
| D. _____ EMR or Loss Ratio | K. _____ Safety Rules | S. _____ Substance Abuse Policy |
| E. _____ Resources for Safety | L. _____ Employee Safety Training | T. _____ Recordkeeping |
| F. _____ Safety Program Goal Setting | M. _____ Toolbox Safety Meetings | |
| G. _____ Employer Supervisory Meetings | N. _____ Inspections | TOTAL SCORE: _____ |
| | O. _____ Supervisory Training | |

SECTION 4: COMPANY MANAGEMENT AND ABC CHAPTER CERTIFICATIONS

I, the undersigned, certify the information contained on this form is true and correct.

For Company: Print Name: _____ Signature: _____

Title: _____

For ABC Chapter: Print Name: _____ Signature: _____

