2020 STEP APPLICATION

Leadership Commitment

Cultural Transformation

Process and Systems

Results

Proud Sponsor of the ABC National Safety Excellence Award
SECTION 1: COMPANY INFORMATION

Company Name: ________________________________________________

Address: _____________________________________________________

City: __________________________________ State: ________ ZIP: ________

Contact Name: _______________________________________________

Email: _________________________________________________________

Chapter: ______________________________________________________

This application and data: ☐ Represents entire company
☐ Represents specific location, dept. or div.

Is this IDENTICAL STEP application being used for other ABC chapters?
☐ Yes ☐ No   If Yes, which chapters? ________________________________

Are you a contractor or a supplier?  ☐ Contractor   ☐ Supplier

Primary NAICS Code ________________ (as entered in your OSHA 300A)

Annual volume (work in place): __________________________________

Do you use STEP as a pre-qualifier?  ☐ Yes ☐ No

Work Type:  Residential _______ % Commercial _______ %

Industrial _______ % Public works/Military _______ %

Percentage of work performed:  <100 miles of HQ _______ %

Within 101-250 miles _______ %  >250 miles _______ %

Percentage of your contract work: Self-performed _______ %

Sub-Contracted _______ %

SECTION 2: SAFETY PERFORMANCE DATA  Refer to your 2019 OSHA FORM 300A for items (a) through (h)

a. Total number of DEATHS (line G on the OSHA 300A) _______________
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 employees (as entered in your OSHA 300A) _______________
h. Total hours worked by all employees (as entered in your OSHA 300A) _______________

Incidence rate = \( \frac{(a + b + c + d) \times 200,000}{h} \) _______________

Experience Modification Rate as of Jan. 1, 2020 (EMR or “mod factor”— contact insurance company) _______________

Number of federal/state OSHA inspections in 2019 _______________

Number of federal/state OSHA citations adjudicated issued (after settlements) in 2019 _______________

Willful _______ Repeat _______ Serious _______ Other than Serious _______

De Minimis _______

Do the numbers in letters A-H match the attached 2019 OSHA 300A?  ☐ Yes ☐ No

For calendar year 2017, 2018 or 2019 have you had any employee fatalities

 corporate-wide that resulted in an OSHA citation?  ☐ Yes ☐ No

Length of safety portion of new-hire orientation (in minutes): _______________

Do you conduct a daily task specific safety process, aka a Jobsite Safety Analyses (JSA) / Jobsite Hazard Analyses (JHA)?  ☐ Yes ☐ No

Do you track good catches/potential significant events?  ☐ Yes ☐ No   If yes, how many did you record in 2019? _______________

Toolbox safety talks frequency: ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other

Do you establish/participate in site safety committees at most jobsites?  ☐ Yes ☐ No

Do you conduct safety training for employees beyond owner/user-required training?  ☐ Yes ☐ No

Do you conduct site specific orientations including training for specialty contractors?  ☐ Yes ☐ No

Have you signed the Drug- and Alcohol-Free Workplace Pledge at www.drugfreeconstruction.org?  ☐ Yes ☐ No

NOTE: REQUIRED FOR PARTICIPATION IN STEP!
STEP SAFETY MANAGEMENT SYSTEM

SECTION 2: SAFETY PERFORMANCE DATA (Continued)

Please indicate the organizations your company uses for insurance brokerage, carrier, and insurance surety. (Check all that apply)

- ACSTAR
- Alliant Insurance
- Arch Insurance
- Builders Mutual
- Captive Program
- CCI Surety
- Chubb
- CNA / CNA Surety
- FCCI Surety
- FICOH (First Insurance Co of Hawaii)
- Hanover Insurance
- Insurance
- INSURICA
- JW Surety Bonds
- Liberty Mutual
- Marsh & McLennan
- Merchants Bonding Co
- Morgan Marrow
- Nationwide
- Old Republic Surety
- Philadelphia Insurance Companies
- RLI Surety
- South Coast Surety
- Surety One
- The Graham Company
- The Guarantee USA
- The Hartford
- The Nitsche Group
- Travelers
- Zurich
- Other: (Please list company)

SECTION 3: 25 KEY COMPONENTS SAFETY SELF-ASSESSMENT

Use the self-assessment worksheet to calculate scores

**Leadership Commitment**

L1. Top Management Engagement
L2. Safety Policy Statement
L3. Safety Responsibilities
L4. Resources for Safety
L5. Safety Program Performance Review

**Culture**

C1. Employee Participation
C2. Substance Abuse Program
C3. Safety Program Goal Setting
C4. Supervisor Safety Meetings
C5. New Hire Safety Orientation
C6. Employee Safety Training
C7. Behavior-based Safety (BBS)
C8. Supervisor Safety Training

**Process**

P1. Incident Investigations
P2. Pre-planning for Project Safety
P3. Emergency Response/Fire Elimination Plan
P4. Task-Specific Safety Process
P5. Safety Rules
P6. Toolbox Safety Talks
P7. Safety Inspections
P8. Use of Personal Protective Equipment (PPE)
P9. Recordkeeping & Documents
P10. Work Zone/Mobile Equipment/Vehicle Safety

**Results**

R1. Leading Indicators
R2. Trailing Indicators

TOTAL

Are you part of ABC’s AQC Program? □ Yes □ No

I have read and understand all qualifying requirements and instructions.

Initials here:

To be filled out by ABC Chapter:

ABC Chapter Representative: ____________________________

Signature: ____________________________

STEP PAYMENT INFORMATION

- □ STEP Platinum, $235 $_____
- □ STEP Diamond, $435 $_____
- □ Framed Certificates/Plaques (Platinum/Diamond only), $50 X _____ = $_____
- □ Unframed Certificates/Plaques, $15 X _____ = $_____  
- □ Paper Application Processing Fee, $35 $_____

Total $__________

Please enclose a check payable to ABC National

All applicants MUST include a copy of their 2019 OSHA Form 300A with application. STEP Diamond applicants and applicants under 100 employees using the STEP Gold, Platinum or Diamond three-year Incidence Rate Qualifier must include copies of OSHA 300A forms for 2017, 2018 and 2019. Companies with under 50 employees using the five-year incidence rate qualifier must include copies of OSHA 300A for 2015, 2016, 2017, 2018 and 2019.