

MEASURE

your performance on key components.

STRENGTHEN

and expand best practices.

BUILD

your safety culture.



2025 STEP SUPPLIER KEY COMPONENTS



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SUPPLIER KEY COMPONENTS OF SAFETY SELF-ASSESSMENT WORKSHEET

The Supplier Key Components of an effective world-class safety management system is listed below. Each component contains columns that describe four levels of safety performance. Select the column that BEST describes your company's performance. Remember, each scoring column describes a set of actions/policies that your company currently undertakes. In order to achieve a score, your safety program must contain ALL the listed criteria. Any scores on the STEP submission that do not match any of the four available scoring options in each of the Supplier Key Components will automatically be rounded down to the nearest listed score.

TOTAL HUMAN HEALTH

12	8	4	0
<ul style="list-style-type: none"> • The Employee Assistance Program is customized and includes confidential counseling. • Company provides a retirement plan with company contributions. • Company provides paid professional development opportunities or reimbursement. • Leadership utilizes metrics to measure workforce engagement in total human health activities. • Company promotes workforce engagement in total human health activities and provides resources. 	<ul style="list-style-type: none"> • The Employee Assistance Program includes crisis intervention services. • Company provides additional health benefits such as free biometric screenings, smoke cessation program, flu shots or other preventable measures. • Company provides retirement and financial planning resources. • Company provides a daily huddle to promote open communication and teamwork. • Company integrates and embeds total human health activities for the workforce such as regularly scheduled social events, community charity events and establishes various peer or employee resource groups. 	<ul style="list-style-type: none"> • Company has taken the CIASP Suicide Prevention Pledge and the Drug- and Alcohol-Free Workplace Pledge. • Company promotes a psychologically safe culture inclusive of a diverse workforce. Normalizes conversations regarding mental health and wellness to lower stigma. • Company provides basic health insurance, paid holidays and/or PTO benefits to their workforce. • Company provides and distributes policy statements and information on all these resources through bulletins, newsletters, alerts and/or free education sessions. Additionally, awareness level information is shared via text, email, website, toolbox talk, or wellness events. 	<ul style="list-style-type: none"> • Company provides general information to the workforce regarding wellness topics and external resources.

What is Total Human Health?

Total human health is focused on building a resilient workforce that is connected through relationships and engaged in performing construction work to a high standard of safety, quality and effectiveness. Traditional OSHA-required safety measures are focused primarily on the body of workers and their observable behaviors. We must look deeper into the complexity of conditions that affect the decision-making process of our workforce while performing their mission-critical tasks.

Total human health raises the bar of keeping workers safe to acknowledge and then address thoughts and preoccupying concerns that everyone experiences in daily life, incorporating:

- A whole-person approach to engage a person's body, mind, heart and soul.
- Psychological safety that is respectful and inclusive of a diverse workforce.
- Acknowledgement of the risk of distraction and impairment and responding with appropriate care.

Why Address Total Human Health?

Our workforce is our most important resource, highly skilled and ready to build the places where America lives, works, plays, heals and prays. The driving imperative behind total human health in our labor-intensive industry is twofold:

- Address the changing demographics of the workforce and the workforce shortage in the skilled trades.
- Work to reduce the high suicide rate among construction workers.

Our success is directly dependent on the talent we attract and retain. Not only should we send our workforce home safe at the end of every shift, but we want our workforce to live a healthy lifestyle and enjoy the abundance life has to offer in their careers and beyond. We must be leaders in our industry to make this happen.

LEADERSHIP

L1. TOP LEADERSHIP ENGAGEMENT

12	8	4	0
<ul style="list-style-type: none"> • Owner/CEO/top leadership directly and actively participates in regularly scheduled health and safety meetings and jobsite visits. • Top leadership instills personal accountability for health and safety throughout the company. • Top leadership tracks and at least quarterly reviews health and safety goals/objectives for the company. • Top leadership solicits continuous feedback on the health and safety process. • Top leadership budgets resources (money, time, personnel, equipment, supplies, etc.) for the health and safety process necessary to achieve goals and evaluates expenditures for efficacy and efficiency. • Health and safety performance is assessed in everyone's performance appraisal (executives and field employees). • Top leadership integrates health and safety into every facet of company operation (estimating, project planning, project execution, project close-out, project evaluation). 	<ul style="list-style-type: none"> • Top leadership participates in the health and safety process through periodic management meetings and site walks. • Top leadership is aware of health and safety goals/objectives but does not track progress. • Personal accountability is expected, but there is little or no structured goal setting or evaluation metrics. • Top leadership provides the resources necessary for health and safety compliance. 	<ul style="list-style-type: none"> • Top leadership supports health and safety but does not actively participate. • There is little personal accountability beyond encouragement to follow health and safety rules and procedures. • Limited funds are provided. 	<ul style="list-style-type: none"> • Top leadership is not involved in the health and safety process. • Health and safety are left to supervisory personnel to handle "as needed." • There is no accountability. • Little or no funding is provided.

L2. HEALTH AND SAFETY POLICY STATEMENT

6	4	2	0
<ul style="list-style-type: none"> • Is in writing and is signed and by top leadership and reviewed at least annually. • Is aligned with the mission, vision, and core values of the company. • Is inclusive and respectful of a diverse workforce. • Goes beyond occupational health and safety to recognize mental health. • Builds a sense of community and connectiveness. 	<ul style="list-style-type: none"> • Health and safety policy statement exists and is incorporated into health and safety manual and programs. • Is explained to employees in their language at time of new hire orientation. • Explains the value of health and safety in the company. • Commits to protecting employees, continually improving the program, involving employees in the safety process and meeting regulatory obligations. • States that safety is a shared responsibility. • Is a posted part of the company's written safety policy. 	<ul style="list-style-type: none"> • Policy statement exists but is not posted nor in the health and safety manual. • Not fully explained to employees and most do not know. 	<ul style="list-style-type: none"> • No policy statement exists.

L3. HEALTH AND SAFETY RESPONSIBILITIES

9	6	3	0
<ul style="list-style-type: none"> Responsibilities for health and safety are clearly defined and communicated for everyone in the company, including subcontractors. Responsibilities include, but are not limited to, hazard and injury reporting, PPE use, and all aspects of the company's health and safety program. Workforce consistently executes their responsibilities. Notifies and works with leadership to overcome barriers to carry out responsibilities. 	<ul style="list-style-type: none"> Responsibility for health and safety is defined for everyone in the company. Health and safety accountability is explained to employees at time of new hire orientation. Accountability for health and safety is universally applied. 	<ul style="list-style-type: none"> Responsibility for health and safety rests with the individual. Employees told that they are responsible for "being safe." There is little or no accountability for safety. 	<ul style="list-style-type: none"> Responsibility for safety has not been defined within the company.

L4. RESOURCES FOR HEALTH AND SAFETY

6	4	2	0
<ul style="list-style-type: none"> All health and safety resources (funds, time, personnel, equipment, supplies, etc.) are regularly budgeted or invested. Health and safety resources are regularly reviewed to ensure that they are adequate and adjusted, as necessary. Return on health and safety investment is tracked (actual or projected) to evaluate effectiveness of resource allocation and to guide future expenditure decisions. 	<ul style="list-style-type: none"> Reasonable resources, including personnel or outside consultants, are budgeted or invested for health and safety. Expectation to use health and safety resources are regularly communicated and understood. Workforce demonstrates effective planning and use of resources. Notifies and works with leadership to ensure appropriate resources are readily available. 	<ul style="list-style-type: none"> Minimal investments are made to achieve health and safety compliance. Money is taken from general funds as needed to react to health and safety needs (regulatory mandates, OSHA fines, incidents, etc.). 	<ul style="list-style-type: none"> Resources are not consistently available for safety.

L5. HEALTH AND SAFETY PROGRAM PERFORMANCE REVIEW

6	4	2	0
<ul style="list-style-type: none"> Top leadership reviews the health and safety program performance quarterly with an emphasis on evaluating performance versus established goals. Specific measurable goals (e.g., safety perception surveys, training metrics, incident rates, loss ratios, safety meeting metrics, OSHA inspection data, employee participation, etc.) are evaluated and updated as part of the review process. Emphasis is placed on leading indicators. Review process results and revised goals are shared, and revised responsibilities are assigned at each level of the organization. Results impact all staff, supervisors and other stakeholders' annual performance evaluations. 	<ul style="list-style-type: none"> Top leadership reviews the safety program annually. Review process is not formal, and results are only shared with supervisors. Some leading and lagging indicators are tracked and evaluated. Responsibilities for safety performance improvement are not formally established. 	<ul style="list-style-type: none"> Health and safety program performance review is performed by the safety staff. Top leadership is not directly involved in the review process but receives updates from the safety staff. Limited health and safety metrics are involved in the review process with a focus on lagging indicators. Review results are not shared with management personnel. 	<ul style="list-style-type: none"> Minimal, informal review of health and safety program performance is performed.

CULTURE

C1. EMPLOYEE PARTICIPATION

9	6	3	0
<ul style="list-style-type: none"> • Employees are actively engaged in the safety process (e.g., safety perception surveys, hazard reporting, incident investigation, safety instruction, policy development/auditing, new hire mentoring, committees, pre-planning, etc.). • Participation in health and safety activities is rewarded. • Supervisory personnel are aware of these opportunities and actively encourage employee involvement. • Participation opportunities are evaluated to ensure that meaningful, necessary resources are available (time, money, staff, equipment, etc.) and potential barriers are identified and eliminated. 	<ul style="list-style-type: none"> • Opportunities for employees to participate in the health and safety process exist but are not specifically documented. • Supervisors are provided limited training in soliciting employee participation, but nonetheless encourage involvement. • Employees may be aware of opportunities, but there are no specific participation expectations. • There is a limited focus on identifying and eliminating potential barriers to participation. 	<ul style="list-style-type: none"> • Employees are encouraged to participate in the health and safety process, but no concerted efforts are made to engage them. • Employees are offered a general communication channel: "If you have any questions or concerns, speak with your supervisor." • An employee suggestion/comment process is in place. 	<ul style="list-style-type: none"> • There are no opportunities for employees to participate in the health and safety process.

C2. SUBSTANCE ABUSE PREVENTION

6	4	2	0
<ul style="list-style-type: none"> • Supervisory personnel are trained in workplace substance abuse recognition and reasonable suspicion. • Employee substance abuse prevention education initiatives are offered. • The company has an employee assistance program. • The company keeps counseling and testing records. 	<ul style="list-style-type: none"> • The policy is consistent and actively enforced. • The policy includes random, pre-employment and reasonable suspicion substance abuse testing. • Supervisors are trained in hazards of substance abuse on the job. • Subcontractors are contractually required to have prevention programs equal to or exceeding the general contractors. 	<ul style="list-style-type: none"> • The company has substance abuse verbiage in its safety manual and employee safety policy. • Substance abuse testing is for pre-employment only. 	<ul style="list-style-type: none"> • The company has no policy regarding substance abuse testing.

C3. HEALTH AND SAFETY PROGRAM GOAL SETTING

9	6	3	0
<ul style="list-style-type: none"> • A formal process is in place to annually assess or establish safety program goals that are specific, measurable and attainable. • Action plans are developed, documented and implemented to assure goals are accomplished in a timely manner. • Progression of action plans are tracked, with status reports and feedback from those assigned the tasks. • Top leadership reviews goals, action plans and status reports with staff to provide feedback, direction and support of initiatives. • Process is in place to evaluate degree of effectiveness action plan had in achieving end goal. 	<ul style="list-style-type: none"> • Safety program goals reviewed periodically but at least annually. • Specific goals are assigned to stakeholders with no formal action plan established. • Top leadership plays minor role in goal setting and evaluation. 	<ul style="list-style-type: none"> • Informal or infrequent process in place to establish or review safety program goals. • Goals are solely managed by safety staff. • No formal action plan or tracking of progress is established. • Top leadership is not involved. 	<ul style="list-style-type: none"> • There is no process of safety program goal setting.

C4. HEALTH AND SAFETY MEETINGS

9	6	3	0
<ul style="list-style-type: none"> • The employer conducts health and safety meetings at least weekly • The employer begins each meeting with a health and safety moment. • Meetings include: <ul style="list-style-type: none"> - A dedicated health and safety training topic rotated weekly. - Pre-planning discussions. - Lessons learned discussions. - Review of serious incidents. - Health and wellness topics are shared at least monthly during the safety meetings. 	<ul style="list-style-type: none"> • At least monthly, the employer conducts health and safety meetings. • Meeting includes a status report on company safety activities. • Serious incidents are reviewed. • Meetings include: <ul style="list-style-type: none"> - A dedicated health and safety training topic rotated monthly. - Review of serious incidents. 	<ul style="list-style-type: none"> • Health and safety meetings are held occasionally (less than monthly). • There is general discussion of the health and safety information. • Serious incidents are usually reviewed. 	<ul style="list-style-type: none"> • Health and safety meetings are informal and rarely conducted.

C5. NEW HIRE HEALTH AND SAFETY ORIENTATION

6	4	2	0
<ul style="list-style-type: none"> • A documented health and safety orientation process is in place for all newly hired or transferred employees in a language they understand (i.e., who gets orientation, when, how, by whom and topics to be covered) • Safety orientation topics include, but are not limited to: <ul style="list-style-type: none"> - Explanation of employer health and safety commitment and expectations. - Individual health and safety responsibilities and accountability. - Advanced safety rules that pertain to the company's operations. - Review of substance abuse prevention policy. - Identity of key competent persons and their specific roles. - Orientation platforms include, but are not limited to instructor-led, virtual reality, interactive video and other written materials. - Stop work authority. - Total human health resources (e.g., suicide prevention, medical and health benefits, EAP, etc.) • New hires are assigned a special designation or safety mentor until their orientation process is complete. • New hire performance evaluation process is established to give feedback to new hires on pre-determined frequency (e.g., 30/60/90 days). 	<ul style="list-style-type: none"> • Health and safety orientation is given to newly hired employees in a language they understand. • Health and safety orientation topics include at a minimum: <ul style="list-style-type: none"> - Explanation of employer health and safety commitment and expectations. - Review of substance abuse prevention policy. - Personal protective equipment expectations with skills demonstration (donning and wearing harness, adjusting guards, PPE use and inspection, etc.) - Basic health and safety rules that pertain to the company's operations. - Hazard communication. - Hazard, injury and emergency reporting procedures. • Process may or may not involve a special designation or safety mentor. • There is no new hire performance evaluation process. • Documented records are maintained showing employee health and safety orientations have occurred. 	<ul style="list-style-type: none"> • Informal or on-the-job health and safety instruction is given to newly hired employees. • Health and safety orientation topics include at a minimum: <ul style="list-style-type: none"> - Globally Harmonized System, aka HAZCOM. - Hazard, injury and emergency reporting procedures. - PPE expectations. • No documentation is maintained. 	<ul style="list-style-type: none"> • No orientation is given to new employees.

C6. EMPLOYEE HEALTH AND SAFETY TRAINING

12	8	4	0
<ul style="list-style-type: none"> • Based on continual health and safety training needs assessment, tracking methods are developed and instituted (i.e., who needs what, when and who will train). • Formal health and safety training topics also include: <ul style="list-style-type: none"> - Driver safety. - Pertinent DOT compliance and CDL annual training, where applicable. - Mental health and suicide awareness. - Emergency preparedness (e.g., natural disaster, active shooter). • Specialized training such as first aid/CPR/AED is offered to non-employees and nonoperational personnel. • Employee training comprehension and understanding is verified and documented (e.g., test, skills assessment, etc.). • Health and safety training data is recorded, tracked and analyzed. 	<ul style="list-style-type: none"> • Formal health and safety training is utilized, with topics including: <ul style="list-style-type: none"> - Recognition and control of hazards specific to trade/work tasks (e.g., tools and equipment, LOTO, proper lifting techniques, GHS aka HAZCOM, LOTO and personal protective equipment use and inspection). - First aid/CPR/AED. - Selected OSHA topics including, but not limited to, basic electrical safety, ladder/stairs, fire prevention and protection, tool safety, fall protection and prevention, etc.). • Training is conducted by competent/qualified safety instructors. • Employees are only retrained as required by OSHA and when they visibly lack health and safety skills. • Training needs are identified by role/positions but may not have the structure to follow up or ensure employees understand the need. • Training records are maintained and readily available, with dates, attendees, topics covered and trainers. 	<ul style="list-style-type: none"> • Informal or on-the-job safety training is arranged as needed. • Limited or no training documentation is kept. • Company's executives exempt from training classes. 	<ul style="list-style-type: none"> • Training is only provided at new hire health and safety orientation.

C7. SUPERVISOR HEALTH AND SAFETY TRAINING

9	6	3	0
<ul style="list-style-type: none"> • All supervisory personnel receive advanced training in health and safety, leadership and human resource topics. • Opportunities for professional development are offered and utilized. • Dedicated training facilities are available with competent/qualified trainers. • Supervisor training data is recorded, tracked and analyzed. 	<ul style="list-style-type: none"> • All supervisory personnel receive additional training in: <ul style="list-style-type: none"> - OSHA 30. - Fit for duty. - Supervisory level anti-harassment and discrimination. - Mental health awareness. - Dealing with conflict. - Conducting effective meetings. • Supervisors have access to sources of safety information or knowledge. • Supervisors have access to a safety subject matter expert. • Competent/qualified trainers are used. • Annual refresher training is mandatory. 	<ul style="list-style-type: none"> • Supervisory personnel receive safety training in: <ul style="list-style-type: none"> - Company safety policy. - Employer's supervisor safety expectations. - First aid/CPR/AED. - OSHA 10. - Competent person for trade/ task-specific topics. - Emergency response procedures. - Creating a job hazard/ safety analysis. - Completing an incident investigation. - Conducting a jobsite safety inspection or BBS observation. • Annual refresher training is available but is not mandatory. 	<ul style="list-style-type: none"> • There is no specific training program for supervisory personnel.

PROCESS

P1. INCIDENT INVESTIGATION

9	6	3	0
<ul style="list-style-type: none"> Supervisors are trained in the techniques of incident investigation including, but not limited to, root cause*, casual factors and/or fault tree analysis, among others. Incidents are investigated promptly by top leadership and safety department personnel and a preliminary report is communicated within 24-48 hours. Root cause/final outcome/lessons learned are openly shared across the organization to improve overall safety performance. 	<ul style="list-style-type: none"> Supervisors receive a basic level of incident investigation training. Incidents; "good catches," aka near misses; and potential significant events are investigated by site supervision. Reports are completed for all incidents. Remedial actions are taken to prevent recurrence of similar incidents. Employer reviews only serious incidents Incident details are shared openly across the organization. 	<ul style="list-style-type: none"> Incidents are usually investigated by site supervision. Reports are not always completed and communicated in a timely manner. Little or no attempt is made to identify causal factors or take corrective actions. Incident details are not shared openly across the organization. 	<ul style="list-style-type: none"> Incidents are not investigated to determine causal factors.

P2. PLANNING FOR OFFICE/WAREHOUSE HEALTH AND SAFETY

6	4	2	0
<ul style="list-style-type: none"> Safety planning is integrated into the estimate, bid and mobilization/demobilization stages of projects. Project safety plans are regularly updated throughout life of project. Supplier key components of the plan (including updates) are communicated with all site employees (including specialty contractors, if applicable) before implementation. 	<ul style="list-style-type: none"> Health and safety planning is required prior to start of site work. Supervisors are trained in the health and safety planning process. A checklist or similar document is used to ensure a consistent and comprehensive approach to exposure evaluation and resource needs. 	<ul style="list-style-type: none"> There is no established procedure for project health and safety planning, but some planning is done. Project supervisory personnel may have received some training in the health and safety planning process, but it is not required. 	<ul style="list-style-type: none"> No health and safety planning is done.

P3. FIRE ELIMINATION PLAN AND EMERGENCY RESPONSE

6	4	2	0
<ul style="list-style-type: none"> • Company has a comprehensive fire elimination plan that is based on NFPA 241. • Emergency response equipment and processes are implemented on-site. • If general contractor, all tiered contractors are contractually bound to follow the FEP. 	<ul style="list-style-type: none"> • Company has FEP that includes the following, at a minimum: <ul style="list-style-type: none"> - Training on the selection, use and maintenance of portable fire extinguishers. - Hot work recognition, training and permitting to include a 30-minute fire watch. - Evacuation, assembly point and head count procedures are published, posted, and communicated. - Compressed gas (if used) is handled, stored, and used per manufacturer's recommendations. - Only approved flammable and combustible containers are used or allowed in all settings. - Frequent and consistent disposal of combustible material (housekeeping). • Company has emergency response equipment available including first-aid kit(s) and site-specific processes in place. 	<ul style="list-style-type: none"> • Company has FEP that includes the following, at a minimum: <ul style="list-style-type: none"> - Annual toolbox topic and demonstration of how to use a fire extinguisher. - Informally communicated, but not documented, evacuation and head count procedures. • Company has emergency response equipment available including first-aid kit(s) and generalized processes in place. 	<ul style="list-style-type: none"> • Informal emergency response/FEP.

P4. TASK SPECIFIC HEALTH AND SAFETY PROCESS

6	4	2	0
<ul style="list-style-type: none"> • The processes are reviewed annually by top leadership. • All personnel are trained in using the process and it's communicated to everyone in a language they can understand. • All personnel have received training on completing the task-specific planning process. • Policy includes, at a minimum: <ul style="list-style-type: none"> - Definition of scope of work. - Hazard identification, analysis and control methods. - Continuous improvement provisions. 	<ul style="list-style-type: none"> • A process exists and is utilized by the company for all tasks. • Supervisory personnel have received training on completing the task-specific planning process. • The plan is completed prior to the start of onsite operations. • Change of conditions require work to be stopped, the process is reviewed and altered to complete the work safely. • Employees have read, understood and signed off on the process. 	<ul style="list-style-type: none"> • A process exists but is not consistently utilized and is only completed for high-hazard/risk tasks. • Forms are not reviewed after the work is completed. 	<ul style="list-style-type: none"> • Informal task-specific plan process.

P5. HEALTH AND SAFETY RULES

6	4	2	0
<ul style="list-style-type: none"> • Rules are: <ul style="list-style-type: none"> - In writing and are part of the employee health and safety program. - Enforced equally among all employees. - Regularly updated and reviewed by top leadership to reflect change in company policy and/or regulation. 	<ul style="list-style-type: none"> • Rules are: <ul style="list-style-type: none"> - In writing and posted, but not necessarily in the employee health and safety program. - Explained to employees at time of new hire health and safety orientation. - Clear, concise and easy to understand. - Specific to trade and/or scope of work operations. - Usually enforced equally among all employees. - Periodically updated to reflect change in company policy and/ or regulation. 	<ul style="list-style-type: none"> • Some general rules exist, but they are not posted or reviewed with employees. • Rules that do exist are boilerplate rules and are not necessarily specific to the company's trade and/or scope of operations. • Rules are not regularly enforced. • Rules are rarely reviewed or updated. 	<ul style="list-style-type: none"> • Informal rules.

P6. EMPLOYEE HEALTH AND SAFETY MEETINGS

6	4	2	0
<ul style="list-style-type: none"> • Employee health and safety meetings are held daily. • Employees routinely lead the talks. • Top leadership regularly participates. 	<ul style="list-style-type: none"> • Employee health and safety meetings are held regularly, at least weekly. • Supervisors/managers actively solicit employee participation (e.g., volunteer to present talk, share experience, Q&A, etc.) • The highest-level supervisors/managers are present and participate. • Top leadership occasionally attends. 	<ul style="list-style-type: none"> • Employee health and safety meetings are held at least once per month. • Attendance and topics are documented. • Employees are encouraged to participate. 	<ul style="list-style-type: none"> • Employee health and safety meetings are not held or held only occasionally (less than once per month).

P7. HEALTH AND SAFETY INSPECTIONS

9	6	3	0
<ul style="list-style-type: none"> • Weekly jobsite health and safety inspections are conducted by top leadership. • Daily jobsite health and safety inspections are conducted by supervisors. • Daily jobsite health and safety inspections are conducted by first line supervisors or employees. • Inspection is documented, along with assignment of responsibility and expected completion date. • Follow-up process in place to confirm action taken is producing expected results. • Health and safety inspection data is recorded, tracked and analyzed. 	<ul style="list-style-type: none"> • Monthly jobsite health and safety inspections are conducted by top leadership. • Weekly jobsite health and safety inspections are conducted by supervisors. • Inspection is documented, along with assignment of responsibility and expected completion date. • Health and safety issues are corrected immediately. 	<ul style="list-style-type: none"> • Top leadership participates in jobsite health and safety inspections. • Informal inspections (walk throughs) are made by supervisors. • There is no documentation or follow-up. • Health and safety issues are corrected, in a timely, unspecified manner. 	<ul style="list-style-type: none"> • No inspections are conducted.

P8. PERSONAL PROTECTIVE EQUIPMENT (PPE)

6	4	2	0
<ul style="list-style-type: none"> • Company’s written PPE policy is reviewed and revised at least annually by employees and management. • Company conducts an annual PPE needs assessment that is documented. • Company continually invests in new and innovative PPE. • Processes are instituted by which the suitability and effectiveness of PPE is evaluated. 	<ul style="list-style-type: none"> • The company has a written PPE policy that is consistently and universally enforced and is available for review by all employees. • Employees are informed of PPE requirements for each job and task. • Employees are trained in PPE selection, inspection, use and care. • PPE is provided in proper sizes for all employees. • Employees are held accountable for proper PPE use. • PPE refresher training is conducted at least annually. 	<ul style="list-style-type: none"> • A PPE policy exists but is rarely enforced. • PPE is provided, and its use encouraged. • Some training on PPE use is provided. • Company PPE policy is enforced inconsistently. 	<ul style="list-style-type: none"> • No PPE policy exists, and use of PPE is left to the discretion of each employee.

P9. RECORDKEEPING AND DOCUMENTATION

6	4	2	0
<ul style="list-style-type: none"> • The company maintains accurate and current records and documents in a database for storage, tracking and trends analysis. • Records are easily accessible and up to date. 	<ul style="list-style-type: none"> • The company maintains records and documents for: <ul style="list-style-type: none"> - Safety orientations. - Safety training. - OSHA-required written programs. - Comprehensive safety policy. - Incident investigations, “good catches” (aka near misses) and potential significant events. - Safety inspections/surveys. - Equipment, including mobile equipment. - Safety training, including verification of learning (test, skills evaluation, etc.) - Equipment inspections. - Jobsite inspections/surveys, including verification of action taken. - Safety planning. - Loss run analysis. - Employee exposure and monitoring data and reports. 	<ul style="list-style-type: none"> • The company maintains minimal records: <ul style="list-style-type: none"> - OSHA injury and illness records (reports, 300 logs and 300A summary log). - Minimal safety policy. 	<ul style="list-style-type: none"> • No records are kept for safety-related activities or policies

RESULTS

R1. LEADING INDICATORS

6	4	2	0
<ul style="list-style-type: none"> • Top leadership reviews leading indicator data at least weekly. • The company has identified a minimum of four leading indicators that are not post-injury related. • Leading indicator data is collected weekly and entered in a format (e.g., spreadsheet, safety app) for analysis. • The company reviews leading indicator trend data continuously to identify and implement improvements. 	<ul style="list-style-type: none"> • Leading indicator data is collected weekly and entered in a format (e.g., spreadsheet, safety app) for analysis. • Company reviews leading indicator data monthly. • The company has identified a minimum of two leading indicators that are not post-injury related. 	<ul style="list-style-type: none"> • Leading indicator data is collected monthly. • The company has identified a minimum of one leading indicator that is not post-injury related. 	<ul style="list-style-type: none"> • No leading indicators have been identified and there is no process in place to track leading indicators.

Examples of Leading Indicators

- Number of safety observations completed.
- Number of safety observations completed by upper management.
- Number of positive safety observations.
- Number of safety training completed.
- Number of hours spent per period (week, month, year) on safety training.
- Number of supervisors who have completed safety leadership or other key training.
- Number of safety committee meetings held.
- Number of new hazards identified on inspections/audits.
- Time to correct hazards once identified.
- Number of near misses or good catches identified.
- Attendance at safety meetings.
- Number of safety meetings led by upper management.

R2. TRAILING INDICATORS (REVIEW OF CLAIMS AND KEY SAFETY RATES)

6	4	2	0
<ul style="list-style-type: none"> • Key company personnel are trained to know the meaning and relevance including, but not limited to, DART, TRIR, Lost Time, Near Miss Frequency, EMR. • Employer regularly reviews claims, claim costs and claim trends to gauge impact on company and guide resource allocation. • Incidents influencing trailing indicators are examined to determine cause and effect and determine ways to prevent repeating same or similar events. 	<ul style="list-style-type: none"> • Key company personnel are familiar with trailing indicator data but may not fully understand meaning or relevance. • Employer reviews claims with insurer as part of workers' comp policy renewal process. 	<ul style="list-style-type: none"> • Trailing indicators are tracked but key company personnel are not familiar with trailing indicator data. 	<ul style="list-style-type: none"> • Trailing indicators are not tracked.