2021 STEP APPLICATION
Company Name*

Contact Name*

Contact Email*

Have you signed the Drug and Alcohol- Free Workplace pledge?*
- Yes
- No

Are you a part of ABC's Accredited Quality Contractor (AQC) Program?*
- Yes
- No

Are you a contractor or supplier?*
- Contractor
- Supplier

Contractor Codes:
- 236110 - Residential Building Construction
- 236115 - New Single-Family Housing Construction (except Residential Remodelers)
- 236117 - New Housing For-Sale Builders
- 236118 - Residential Remodelers
- 236210 - Industrial Building Construction
- 236220 - Commercial and Institutional Building Construction
- 237110 - Water and Sewer Line and Related Structures Construction
- 237120 - Oil and Gas Pipeline and Related Structures Construction
- 237210 - Land Subdivision
- 237310 - Highway, Street, and Bridge Construction
- 237990 - Other Heavy and Civil Engineering Construction
- 238110 - Poured Concrete Foundation and Structure Construction
- 238120 - Structural Steel and Precast Concrete Contractors
- 238130 - Framing Contractors
- 238140 - Masonry Contractors
- 238150 - Glass and Glazing Contractors
- 238160 - Roofing Contractors
- 238170 - Siding Contractors
- 238190 - Other Foundation, Structure, and Building Exterior Contractors
- 238210 - Electrical Contractors and Other Wiring Installation Contractors
- 238220 - Plumbing, Heating, and Air-Conditioning Contractors
- 238230 - Other Building Equipment Contractors
- 238310 - Drywall and Insulation Contractors
- 238320 - Painting and Wall Covering Contractors
- 238330 - Flooring Contractors
- 238340 - Tile and Terrazzo Contractors
- 238350 - Finish Carpentry Contractors
- 238390 - Other Building Finishing Contractors
- 238910 - Site Preparation Contractors
- 238990 - All Other Specialty Trade Contractors

Supplier Codes:
- 327320 - Ready-Mix Concrete Manufacturing
- 327390 - Other Concrete Product Manufacturing
- 423310 - Lumber, Plywood, Millwork, and Wood Panel Manufacturing
- 423320 - Brick, Stone, and Related Construction Material Manufacturing
- 423380 - Other Construction Material Merchant Wholesalers
- 423510 - Metal Service Centers and Other Metal Merchant Wholesalers
- 424720 - Petroleum and Petroleum Products Merchant Wholesalers
- 541380 - Testing Laboratories
- All Other Supplier Codes - All Other Supplier Codes
Company Information

This application and data: *

- Represents entire company
- Represents location, dept., or div.

Annual Volume (work in place): $

Please indicate the organizations your company uses for insurance brokerage, carrier or surety.*

- Other
- ACSTAR
- Alliant Insurance
- Arch Insurance
- Builders Mutual
- Captive Program
- CCI Surety
- Chubb
- CNA / CNA Surety
- FCCI Surety
- RICOH (First Insurance Co of Hawaii)
- Hanover Insurance
- Hudson 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 Hartford
- The Nitsche Group
- Travelers
- Zurich

Please specify the percentages for each of the following types:

Keep in mind all percentage totals must equal 100%

<table>
<thead>
<tr>
<th>Work Type</th>
<th>Proximity to Headquarters</th>
<th>Percentage of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>Within 100 miles</td>
<td>Self-Performed</td>
</tr>
<tr>
<td></td>
<td>Within 101-250 miles</td>
<td>Subcontracted</td>
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<tr>
<td></td>
<td>Beyond 250 miles</td>
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</tbody>
</table>
2020 Safety Performance Data

Please enter the numbers from your company's 2020 OSHA 300A.

A. Total number of DEATHS: 

B. Total number of CASES with days away from work: 

C. Total number of CASES with job transfer/restriction: 

D. Total number of OTHER RECORDABLE CASES: 

E. Total number of DAYS away from work: 

F. Total number of DAYS of job transfer or restriction: 

G. Annual average number of employees: 

H. Total hours worked by all employees: 

Number of federal/state OSHA citation issued (affirmed after settlement) in 2020:

Willful Citations:

Repeat Citations:

Serious Citations:

Other than Serious:
For calendar year 2018, 2019 or 2020, have you had any employee fatalities corporate-wide that resulted in an OSHA citation? *

- Yes
- No

Do you track good catches/potential significant events? (aka near misses/near hits)

- Yes
- No

If yes, how many did you record in 2020?

Please include your company's 2020 OSHA 300A with the application

Do the numbers in letters A-H above match the uploaded 2020 OSHA 300A? *

- Yes
- No

If no, explain.
Safety Training Data

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

Toolbox Safety meeting frequency:

- Daily
- Weekly
- Bi-Weekly
- Monthly
- Other

Do you conduct site-specific safety orientations for all employees, including specialty (sub) contractors?

- Yes
- No

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 a daily task specific safety process, aka a Jobsite Safety Analyses (JSA) / Activity Hazard Analyses (AHA)?

- Yes
- No
Key Components

Please select from the dropdowns the number representing each category question that corresponds to you.

This assessment can be completed using the Key Components worksheet found under STEP materials at https://step.abc.org/Step/WelcomePage

<table>
<thead>
<tr>
<th>Leadership Commitment</th>
<th>Process</th>
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<tbody>
<tr>
<td>L1. Top Management Engagement</td>
<td>P1. Incident Investigations</td>
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<tr>
<td>L2. Safety Policy Statement</td>
<td>P2. Pre-planning for Project Safety</td>
</tr>
<tr>
<td>L5. Safety Program Performance Review</td>
<td>P5. Safety Rules</td>
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</tbody>
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<th>Culture</th>
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<tbody>
<tr>
<td>C1. Employee Participation</td>
<td></td>
</tr>
<tr>
<td>C2. Substance Abuse Program</td>
<td></td>
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<tr>
<td>C3. Safety Program Goal Setting</td>
<td></td>
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<tr>
<td>C4. Supervisor Safety Meetings</td>
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<tr>
<td>C5. New Hire Safety Orientation</td>
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<tr>
<td>C6. Employee Safety Training</td>
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<tr>
<td>C7. Behavior-Based Safety (BBS)</td>
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<tr>
<td>C8. Supervisor Safety Training (Contractors Only)</td>
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<td>P3. Emergency Response/Fire Elimination Plan</td>
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<tr>
<td>P4. Task-Specific Safety Process</td>
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<td>P6. Toolbox Safety Talks</td>
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<td>P7. Safety Inspections</td>
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<tr>
<td>P8. Use of Personal Protective Equipment (PPE)</td>
</tr>
<tr>
<td>P9. Recordkeeping and Documentation</td>
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<tr>
<td>P10. Work Zone/Mobile Equipment/Vehicle Safety (Contractors Only)</td>
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<th>Results</th>
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<tbody>
<tr>
<td>R1. Leading Indicators</td>
</tr>
<tr>
<td>R2. Trailing Indicators (review of claims and key safety rates)</td>
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</table>

I have read and understand all qualifying requirements and instructions as outlined in the STEP instruction book.

Total Score
Optional Uploads

Please include here any additional information or documents that you would like to provide with your application for review. Additional documents may include (OSHA 300As from 2017 through 2020, receipt of signature of the Drug and Alcohol-Free Workplace pledge, or a written appeal addressing why your company should achieve a higher level of recognition.

File 1  
Choose File  no file selected

File 2  
Choose File  no file selected

File 3  
Choose File  no file selected