

**Leadership
Commitment**

**Cultural
Transformation**

**Process
and Systems**

Results

2020 **STEP** APPLICATION



Proud Sponsor of the ABC National
Safety Excellence Award



2020 STEP APPLICATION FORM (Want to save money? Apply online at abc.org/stepapp)

Note: ALL paper applications MUST include payment of the \$35 application processing fee

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) _____

For calendar year 2017, 2018 or 2019 have you had any employee fatalities corporate-wide that resulted in an OSHA citation? Yes No

b. Total number of CASES with days away from work (line H on the OSHA 300A) _____

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

c. Total number of CASES with job transfer/restriction (line I on the OSHA 300A) _____

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

d. Total number of OTHER RECORDABLE CASES (line J on the OSHA 300A) _____

Do you track good catches/potential significant events?

Yes No If yes, how many did you record in 2019? _____

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) _____

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

g. Annual average number of employees (as entered in your OSHA 300A) _____

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

h. Total hours worked by all employees (as entered in your OSHA 300A) _____

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

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

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

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 _____

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

NOTE: REQUIRED FOR PARTICIPATION IN STEP!

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

If no, please explain: _____

SECTION 2: SAFETY PERFORMANCE DATA (Continued)

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

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

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 Participatio _____
- 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: _____

SECTION 4: COMPANY AND ABC CHAPTER CERTIFICATION

I certify that I have examined this document and that, to the best of my knowledge, the entries are true, accurate and complete.

Company Executive Name: _____

Title: _____

Signature: _____

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.

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