



North Carolina Department of Labor

Star Program

Star Annual Report Guidelines

Revised November 2018

Star Annual Report Guidelines

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I. Letter from the Recognition Program Manager



CHERIE K. BERRY
COMMISSIONER

WANDA L. LAGOE
BUREAU CHIEF
EDUCATION, TRAINING AND TECHNICAL ASSISTANCE

November 28, 2018

Dear Star Program Participant (Facility/Worksite Manager/Star Point of Contact):

In accordance with the **North Carolina Department of Labor Carolina Star Policies and Procedures Manual**, this letter is to notify you that the Star Annual Report (SAR) for Calendar Year 2018 must be received on or before **February 15, 2019**.

SARs are requested to be submitted electronically to dol.carolinastar@labor.nc.gov and copy your Star Program Consultant. If you are unable to electronically submit the SAR, please contact your Star Program Consultant to identify alternate ways the report can be received. Format request is listed below.

This report should contain narrative descriptions of the various components of your safety and health management system. Be sure to follow the relevant format listed below:

- All companies who were initially approved to be in a Star Program, **on or prior to June 30, 2018**, must submit a SAR following the Star Annual Report Guidelines.
- If this is the submission of your **initial** SAR, use the guidance found in the following: “**Format for INITIAL Star Annual Report**” (Follow the details outlined in **Section III**).
- If this is **not** your initial SAR, use the guidance found in the following: “**Format for SUBSEQUENT Star Annual Reports**” (Follow the details outlined in **Section IV**).

Things to Remember:

- For those of you who are in the **Carolina, Rising, or Building Star Programs**, remember that you need to review your three-year OSHA Total Recordable Cases (TRC) and Days Away Restricted Time (DART) rates for comparison with current (2017) Federal Bureau Labor Statistics (BLS) rates which are linked below. Remember that you need to make the comparison using the listed North America Industrial Classification System (NAICS) code that most closely matches the one for your industry, therefore, using the highest number digit code available.

Website with the listing of all available 2017 BLS data using table 1 –
<https://www.bls.gov/iif/oshsum.htm>

- For those worksites participating in the **Public Sector Star Program**, you should review your Total Recordable Case (TRC) and Days Away, Restricted or Transferred (DART) rates for the past three years for comparison with your baseline TRC and DART rates.

Changes for 2018 SARs:

- The sub-section flow has been changed. Be sure to follow the guideline line number reference.
- Include information in all sections or identify Not Applicable. DO NOT leave out a section.
- Additional company information is requested in Section B.
- Initial Report – Section L is for Rising Star sites only; Subsequent Report – Section L is required by any Star designation that is required to submit an IIRRP, if not applicable, company may N/A this section.

Submit your Star Annual Report via email, using the following format:

To: dol.carolinastar@labor.nc.gov; Carbon Copy (Cc): your Star Program Consultant;

Subject: Company Name / Facility Name (include facility name as shown on Carolina Star website if multiple sites are in the Star Program) – 2018 SAR

Attached: Electronic version of the 2018 SAR



If you have any questions regarding this email, completion of the Star Annual Report or need any other assistance, please contact your appropriate NCDOL Star Program Consultant as indicated below:

- LaMont Smith at (919) 707-7852 or email at Lamont.Smith@labor.nc.gov;
- Carlene Harris at (919) 275-4388 or email at Carlene.Harris@labor.nc.gov;
- Tim Hogan at (336) 830-2756 or email at Tim.Hogan@labor.nc.gov;
- Michelle Evans at (336) 309-1755 or email at Michelle.Evans@labor.nc.gov;
- Morgan Brown at (919) 344-3563 or email at Morgan.Brown@labor.nc.gov;

Also, if you would like additional information or have questions regarding the NCDOL OSH Safety Awards Program, please contact Safety Awards Coordinator Eursula Joyner at (919) 707-7855, or Eursula.Joyner@labor.nc.gov, or visit our website at <https://www.labor.nc.gov/safety-and-health/recognition-programs/safety-awards-program>.

Sincerely,

LaMont D. Smith

LaMont D. Smith
Recognition Program Manager

II. Star Program Participant Guidelines for Self-Evaluation of Your Safety and Health Management System (Star Annual Report)

Each NCDOL OSH Star Program participant must have an effective safety and health management system. The NCDOL OSH Star Program management systems, at a minimum, are comprised of five elements: 1) Management Commitment and Leadership; 2) Employee Involvement and Participation; 3) Hazard Identification and Evaluation; 4) Hazard Prevention and Control; and 5) Safety and Health Training. **Appendix I** of this document lists the details of the “Requirements for the NCDOL OSH Star Programs.” An NCDOL OSH Star Program participant must have a system for conducting and providing an annual evaluation of the operation of its safety and health management system in order to judge success in meeting the worksite’s goals and objectives. As a result of this evaluation, those with assigned responsibilities can determine and implement changes needed to improve employee safety and health protection.

Participation in the NCDOL OSH Star Program includes the following items regarding evaluation of your safety and health management system:

- ★ The system must provide for an annual written narrative report with recommendations for timely improvements, assignment of responsibility for those improvements, and documentation of timely follow-up action or the reason no action was taken.
- ★ The evaluation must assess the effectiveness of all Star Program requirements and any other of the site’s safety and health programs.
- ★ The evaluation should be conducted by a committee, task force, unit, group, etc. at the worksite. This is a positive means of engaging the employees in the process of reporting the status of safety and health management system.
[Note: Although not preferred, the report may be conducted by competent corporate or site personnel or by competent private sector third parties who are trained and/or experienced in performing such evaluations.]

The most comprehensive evaluation that you can conduct should include reviewing your written programs, walking through your workplace, and interviewing employees. During this process you should be answering the following questions relating to each of the requirements of your safety and health program:

- ★ Is it comprehensive?
- ★ Is it operating effectively?
- ★ What improvements can be made to make it even more effective?

The annual evaluation should be conducted at approximately the same time each year, and it should follow the applicable format outlined in **Sections III** or **IV**. Those NCDOL OSH Star Program participants preparing to submit their INITIAL annual evaluation (see **Section III**)

should assess the effectiveness of each requirement listed in Appendix I in the form of a brief narrative. Recommendations for improvement should follow each narrative. Assignments of responsibility for completing recommended improvements may be made after each recommendation or separately at the end of the evaluation report. After your worksite has submitted its annual evaluation report for the first time, the evaluation reports submitted from that time forward are referred to as “*SUBSEQUENT* annual evaluation reports” (see **Section IV**).

REMEMBER: This annual self-evaluation is **NOT** an inspection of the worksite; it is a critical review of **ALL** of the aspects of the safety and health management system. An evaluation that is merely a workplace inspection with a brief report pointing out hazards or saying that everything is satisfactory is inadequate for purposes of Star. You should be evaluating your program much like the NCDOL OSH Star evaluation team does.
Incomplete self-evaluations are not acceptable.

III. Format for INITIAL Star Annual Report

This section pertains only to those NCDOL OSH Star Program participants preparing to submit their **INITIAL** star annual report. [Please see **Section IV** for submission of **SUBSEQUENT** star annual reports.] The goal of this evaluation is to determine the effectiveness of the overall safety and health management system, including the status of worksite goals, injury and illness reduction, NCDOL OSH Star Program Requirements, actions taken toward continuous improvements, success stories, mentoring and changes at the worksite. This information should be presented in narrative form. The formats listed in the sections below are provided for your guidance. **The INITIAL report must address sub-sections A – N below.**

A. Cover Letter

Include cover letter signed by the Facility/Worksite Manager and the Star point-of-contact at the facility. The cover letter should briefly identify what is provided in the 2018 Star Annual Report.

B. Updated Company Information

Provide current site information, as indicated below. Information is requested with or without changes from previous year.

- Company Name
- Worksite Address
- Telephone Number
- Fax Number
- Managing Official (e.g., City Manager, Facility Manager, Superintendent, etc.)
- Managing Official's Email Address
- Worksite Star Contact
- Worksite Star Contact's Email Address
- Number of Employees
- Normal operation hours with identified shifts
- Names of Temporary Agencies/Contractors on Site (*)
- Number of Temporary/Contractor Employees

* *Identify if the contractors are Resident Contractor(s) (those who receive supervision directly from Host Company) or Separate Entity Contractor(s) (those who perform, oversee, and directly supervises all of their own work independent of the host owners).*

C. Updated Union Representative Information

Provide updated information for all recognized collective bargaining units and agents onsite, or state that there were no changes.

- Union Name
- Local #
- Worksite Representative

- Mailing Address
- Telephone Number
- Fax Number
- Email Address

D. Safety and Health Goals, Objectives, and Performance

1. Provide a summary of the worksite’s previous and current year goals and performance by providing a narrative description or table of the following:
 - a) Previous year’s goals achieved, and identification of activities conducted to achieve goals; also address goals in-progress or not achieved, and identification of activities planned to achieve goals.
 - b) Current year’s goals and objectives to include the identification of activities planned to achieve these goals and objectives.
 - c) Summary of overall safety performance for the previous year and impact.

2. In addition to the above summary of the previous year’s performance, **include any Significant Events and Changes that have occurred over the past year** using the following:
 - a) **Significant Events:** Discuss any major events such as OSHA inspections involving fatalities, accidents, catastrophes, complaints, imminent danger situations, etc. to include a summary of all associated investigations and corrective measures, or significant findings from corporate or third-party safety and health audits, etc.

Example:

Type of Event(s) -

- Explain Event(s)
- List Findings/Recommendations
- List Corrective Actions

- b) **Significant Changes:** Discuss any significant changes that have occurred over the past year and the steps that you have taken to ensure that your safety and health management system is operating effectively as it pertains to employment (ownership, management, supervision, and employees) or changes that include newly implemented safety and health programs, safety and health committees, facilities, operations/processes, equipment, etc.

Example:

Type of Change(s) -

- Explain Change(s) and Reason for Change
- Impact of Change on Safety and Health
- Modifications of Operating Procedures
- Time Period (Permanent or Temporary)
- Employee Involvement (Pre-planning, JSAs, Training, etc.)

E. Evaluation of the 18 NCDOL OSH Star Program Requirements

In narrative form, assess the effectiveness of each of the requirements and their components as listed in **Appendix I** of this document. For each requirement, include any recommendations for improvement. Follow this with the assignment of responsibility for completing each recommendation and a target date for completion. **The following is only an example of the format desired for detailing each requirement within the report.** Many elements may require *more* documentation.

Example:

JSA/Process Reviews (i.e., Requirement)

Analysis of hazards associated with individual jobs and processes (i.e., one component of the JSA/Process Review Requirement):

- A. YEAR 20XX (i.e., previous year) Activities – “Job Safety Analyses (JSAs) are maintained and are available to employees; these JSAs are reviewed annually and are periodically updated. JSA quality and content requires on-going improvement. Employee review and understanding is crucial to an effective JSA program. All employees have not annually reviewed all applicable JSAs. Providing electronic JSAs would improve consistency and accessibility.”
- B. Evaluation - Narrative evaluation of effectiveness of the requirement and its components - “Recommendation for providing electronic JSAs are 50 percent completed. The 20XX activities in this area were initiated to complete the process. Additional monitoring and training will be required by *(INSERT DATE)*.”
- C. Recommendation(s) for improvement – “Add additional software program.”
- D. Assignment of responsibility for completing recommendation – “The JSA task group is responsible for this program element.”
- E. Target date for completion – *(INSERT DATE)*.

F. Injury and Illness Incident Rate Data

Using the data from your Star worksite’s OSHA Form 300A for the past 3 years:

1. Provide detailed worksite injury and illness incidence rates using the form provided in **Appendix II NCDOL OSH Star Program injury and illness Rate Calculation Worksheet** (or similar form) to identify the TRC rate and DART rate. Compare your worksite’s three-year average TRC and DART rates to the most recently published Federal BLS rate for your NAICS code. Public Sector will compare to their identified baseline. **NOTE:** This includes all temporary employees, any contractors

and miscellaneous employees that have worked on the site 500 or more hours during any quarter and receive direct supervision from Host Company. Do not include separate entity contractors in calculation.

2. (a) Explain the reason(s) for any decreases or increases in your rates.
(b) Explain the reason(s) for any increase or decreases in your near-misses and first aid reports.
(c) Include a summary of trend analysis, and actions planned to reverse any negative trends for rates, near-misses and first aid reports.
3. Submit copies of your most recent complete 3 years OSHA Form 300 and 300A with your Star Annual Report.

G. Special Safety and Health Program Information

This section is applicable only if you are covered by **29 CFR 1910.119**. If applicable, include a summarized description and status of the main (14) elements of your facility **Process Safety Management (PSM) Program as listed below**.

14 Elements of PSM:

1. Employee participation
2. Process Safety Information (PSI)
3. Process Hazard Analyses (PHA)
4. Operating Procedures
5. Training
6. Contractors
7. Pre-Startup Safety Review
8. Mechanical Integrity
9. Hot Work Permits
10. Management of Change
11. Incident Investigations
12. Emergency Planning and Response
13. Compliance Audits
14. Trade Secrets

H. Safety Incentive Programs

The Carolina Star Program does not require that an employer implement a safety incentive program or provide rewards. However, an incentive program should be a positive program which encourages or rewards employees for reporting injuries, illnesses, near-miss, and/or safety and health hazards; it also may recognize, reward and thereby encourage employee involvement in the worksite's safety and health management system (program).

If your worksite has a safety incentive program or provide rewards, **provide a copy of the written program to include:**

- ★ An explanation of the safety incentive program/reward system.

- ★ Identification of the goals and objectives of the program/reward system.
- ★ Identification of who may participate in the program/eligible to receive reward.
- ★ An explanation of what the employee(s) have to do to receive an award or gift.
- ★ Identification of what types of safety contributions employees may perform to receive an award/gift.

I. Success Stories and Best Practices

Describe, in detail, any safety and health related success stories. This provides an opportunity to showcase your successes internally, as well as, externally to include awards and certifications.

NOTE: Please indicate if we have your permission to publicly share your Success Stories and Best Practices on NCDOL Website.

J. Mentoring Efforts

Please describe any efforts made over the past year to mentor other companies who have expressed interest in becoming an NCDOL OSH Star worksite, or efforts to assist other NCDOL OSH Star worksites with their continuous improvement activities. List the names and locations of the companies/worksites you have mentored. If your company did not have mentoring activities last year, please document that as well.

K. Carolina Star Safety Conference and Regional Team Participation

Describe your worksite's attendance and participation at last year's Carolina Star Safety Conference and Regional Team meetings.

L. Injury and Illness Rate Reduction Plan (IIRRP) (applicable to Rising Star only)

A strategy employed whenever a Star worksite TRC and/or DART rate does not meet the requirements of Carolina Star designation. If applicable, provide an update of your worksites progress pertains to the IIRRP.

M. Workers' Compensation Information (if applicable)

Please provide information with respect to cost savings and/or reduction in premiums as a result of the implementation and maintenance of an effective safety and health management system as required for participation in the Carolina Star Program.

N. Statement of Commitment

Provide a Statement of Commitment (see **Appendix III**). *Type and print on your stationery and sign, or attach a signed letter that provides the same assurances in your words.*

If applicable, the union should submit and sign a statement of support (see **Appendix III**). *The statement of support should follow the same requirements as above.*

IV. Format for SUBSEQUENT Star Annual Reports

After your worksite has submitted its initial Star Annual Report for the first time, the evaluation reports submitted from that time forward are referred to as “**subsequent** annual evaluation reports.” The goal of this evaluation is to determine the effectiveness of each overall safety and health management system, including the status of worksite goals, injury and illness reduction, NCDOL OSH Star Program requirements, actions taken toward continuous improvements, success stories, mentoring and changes at the worksite. The intention for using this format is to minimize the repetitive reporting of information, resulting in an update on the status of the safety and health management system components. The **SUBSEQUENT reports must address subsections A – N below.**

A. Cover Letter

Please include cover letter signed by the Facility/Worksite Manager and the Star point-of-contact at the facility. The cover letter should briefly identify what is provided in the 2018 Star Annual Report.

B. Updated Company Information

Please provide current site information, as indicated below. Information is requested with or without changes from previous year.

- Company Name
- Worksite Address
- Telephone Number
- Fax Number
- Managing Official (e.g., City Manager, Facility Manager, Superintendent, etc.)
- Managing Official’s Email Address
- Worksite Star Contact
- Worksite Star Contact’s Email Address
- Number of Employees
- Normal operation hours with identified shifts
- Names of Temporary Agencies/Contractors on Site (*)
- Number of Temporary/Contractor Employees

* *Identify if the contractors are Resident Contractor(s) (those who receive supervision directly from Host Company) or Separate Entity Contractor(s) (those who perform, oversee, and directly supervises all of their own work independent of the host owners).*

C. Updated Union Representative Information

Please provide updated information for all recognized collective bargaining units and agents onsite, or state that there were no changes.

- Union Name
- Local #
- Worksite Representative
- Mailing Address
- Telephone Number
- Fax Number
- Email Address

D. Safety and Health Goals, Objectives, and Performance

1. Provide a summary of the worksite’s previous and current year goals and performance by providing a narrative description or table of the following:

- a) Previous year’s goals achieved and identification of activities conducted to achieve goals; also address goals in-progress or not achieved, and identification of activities planned to achieve goals.
- b) Current year’s goals and objectives to include the identification of activities planned to achieve these goals and objectives.
- c) Summary of overall safety performance for the previous year and impact.

2. In addition to the above summary of the previous year’s performance, **include any Significant Events and Changes that have occurred over the past year** using the following:

- a) **Significant Events:** Discuss any major events such as OSHA inspections involving fatalities, accidents, catastrophes, complaints, imminent danger situations, etc. to include a summary of all associated investigations and corrective measures, or significant findings from corporate or third-party safety and health audits, etc.

Example:

Type of Event(s) -

- Explain Event(s)
- List Findings/Recommendations
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- b) **Significant Changes:** Discuss any significant changes that have occurred over the past year and the steps that you have taken to ensure that your safety and health management system is operating effectively as it pertains to employment (ownership, management, supervision, and employees) or changes that include newly implemented safety and health programs, safety and health committees, facilities, operations/processes, equipment, etc.

Example:

Type of Change(s) -

- Explain Change(s) and Reason for Change
- Impact of Change on Safety and Health
- Modifications of Operating Procedures
- Time Period (Permanent or Temporary)
- Employee Involvement (Pre-planning, JSAs, Training, etc.)

E. Evaluation of the Safety and Health Management System Performance

For each of the five NCDOL OSH Star Program Elements of your safety and health management system listed below, provide a narrative summary of the performance of the previous year's related activities.

- Management Commitment and Leadership
- Employee Involvement and Participation
- Hazard Identification and Evaluation
- Hazard Prevention and Control
- Safety and Health Training

F. Injury and Illness Incident Rate Data

Using the data from your Star worksite's OSHA Form 300A for the past 3 years:

1. Provide detailed worksite injury and illness incidence rates using the form provided in **Appendix II NCDOL OSH Star Program Injury and Illness Rate Calculation Worksheet** (or similar form) to identify the TRC rate and DART rate. Compare your worksite's three-year average TRC and DART rates to the most recently published Federal BLS rate for your NAICS code. Public Sector will compare to their identified baseline. **NOTE:** This includes all temporary employees, any contractors and miscellaneous employees that have worked on the site 500 or more hours during any quarter and receive direct supervision from Host Company. Do not include separate entity contractors in calculation.
2.
 - (a) Explain the reason(s) for any decreases or increases in your rates.
 - (b) Explain the reason(s) for any increase or decreases in your near-misses and first aid reports.
 - (c) Include a summary of trend analysis, and actions planned to reverse any negative trends for rates, near-misses and first aid reports.
3. Submit copies of your most recent complete 3 years OSHA Form 300 and 300A with your Star Annual Report.

G. Special Safety and Health Program Information

This section is applicable only if you are covered by **29 CFR 1910.119**. If applicable, include a summarized description and status of the main (14) elements of your facility **Process Safety Management (PSM) Program as listed below**.

14 Elements of PSM:

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H. Safety Incentive Programs

The Carolina Star Program does not require that an employer implement a safety incentive program or provide rewards. However, an incentive program should be a positive program which encourages or rewards employees for reporting injuries, illnesses, near-miss, and/or safety and health hazards; it also may recognize, reward and thereby encourage employee involvement in the worksite's safety and health management system (program).

If your worksite has a safety incentive program or provide rewards, **please provide a copy of the written program to include:**

- ★ An explanation of the safety incentive program/reward system.
- ★ Identification of the goals and objectives of the program/reward system.
- ★ Identification of who may participate in the program/eligible to receive reward.
- ★ An explanation of what the employee(s) have to do to receive an award or gift.
- ★ Identification of what types of safety contributions employees may perform to receive an award/gift.

I. Success Stories and Best Practices

Please describe, in detail, any safety and health related success stories. This provides an opportunity to showcase your successes internally, as well as, externally to include awards and certifications.

NOTE: Please indicate if we have your permission to publicly share your Success Stories and Best Practices on NCDOL Website.

J. Mentoring Efforts

Please describe any efforts made over the past year to mentor other companies who have expressed interest in becoming an NCDOL OSH Star worksite, or efforts to assist other NCDOL OSH Star worksites with their continuous improvement activities. List the names and locations of the companies/worksites you have mentored. If your company did not have mentoring activities last year, please document that as well.

K. Carolina Star Safety Conference and Regional Team Participation

Please describe your worksite's attendance and participation at last year's Carolina Star Safety Conference and Regional Team meetings.

L. Injury and Illness Rate Reduction Plan (IIRRP) and/or Additional Findings (AF)

IIRRP - A strategy employed whenever a Star worksite TRC and/or DART rate does not meet the requirements of Carolina Star designation. If applicable, summarize the information from your 2018 IIRRP progress.

AF - Effective October 2017, Star Evaluations that were conducted may have identified Additional Findings that were not completed during the 90-Day Action Plan. If your site did receive Additional Findings that did not include the abatement in the 90-Day Action Plan, provide the information in this section.

M. Workers' Compensation Information (if applicable)

Provide information with respect to cost savings and/or reduction in premiums as a result of the implementation and maintenance of an effective safety and health management system as required for participation in the Carolina Star Program.

N. Statement of Commitment

Provide a Statement of Commitment (see **Appendix III**). *Type and print on your stationery and sign or attach a signed letter that provides the same assurances in your words.*

If applicable, the union should submit and sign a statement of support (see **Appendix III**). *The statement of support should follow the same requirements as above.*

Appendix I

Requirements for the NCDOL OSH Star Programs

1. *Management Commitment and Leadership*

Clearly established policies and procedures.
Goal-oriented objectives and accountability.
Resources (safety and health).

2. *Accountability*

Documented systems for holding all line managers and supervisors accountable for safety and health.

3. *Disciplinary Program*

Written program that is communicated to all employees.
Covers both supervisors and their employees.

4. *Injury and Illness Rates*

Three-year average rate for both total recordable cases (TRC), and days away, restricted and transferred (DART) cases.

5. *Employee Participation*

Meaningful ways for employees to participate in the safety and health program.

6. *Self-Inspections*

General Industry:

Inspections of entire worksite monthly (or more often, as needed) and tracking of hazards to correction.

Construction:

Management inspections of entire worksite weekly.
Safety and health committee inspections of entire worksite monthly.
Tracking of hazards to correction.

Public Sector:

Inspections of entire worksite monthly (or more often, as needed) and tracking of hazards to correction.

7. *Employee Hazard Reporting System*

Formal written reporting system.
Timely and appropriate responses.
Tracking of hazards to correction.

8. *Accident/Incident Investigation*

Written procedures.
Written reports of findings.
Tracking of hazards to correction.

9. *JSA/Process Reviews*

Analysis of hazards associated with individual jobs and processes.
Safety and health training.
Tracking of hazards to correction.

10. Safety and Health Training

Supervisor Training:

Must understand hazards in their work areas.

Potential effects on their employees:

Ensure employees follow rules.

Employee Training:

Aware of hazards, safe work procedures, emergency situations, and PPE use.

11. Preventive Maintenance

Written preventive maintenance program.

Ongoing monitoring and maintenance of workplace equipment.

12. Emergency Programs/Drills

Written emergency program.

Drills for ALL employees.

13. Health Program

Baseline surveys.

Sampling, testing, and analysis with written records of results.

Tracking of hazards to correction.

14. Personal Protective Equipment

Appropriate PPE.

PPE training on care and use.

Replacement of PPE.

15. Safety and Health Staff Involved with Changes

Safety and health staff must be involved with analysis of all new processes, materials, or equipment.

16. Contractor Safety

Documented selection criteria.

Training.

Enforcement.

17. Medical Program

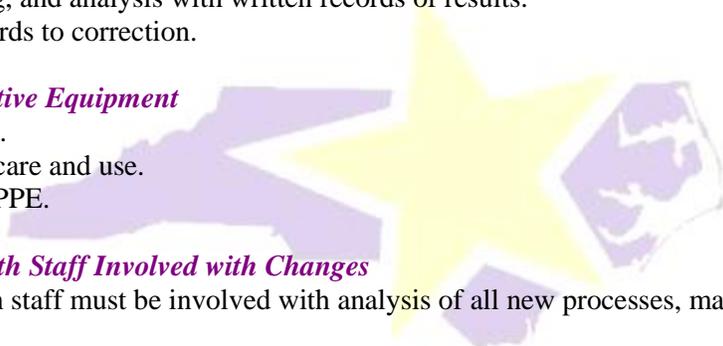
Availability of physician services.

Personnel trained in first aid/CPR.

18. Resources

Commitment of adequate safety and health staff.

Access to certified safety professionals (CSP) and certified industrial hygienists (CIH).



Appendix II

NCDOL OSH Star Program Injury and Illness Rate Calculation Worksheet

Reminder on Rate Requirements for NCDOL OSH Star Worksite Participants:

- ★ **Carolina Star Program:** The three-year average rates for both the total recordable cases (TRC) and cases with days away from work, job transfer, or restriction (DART) for the most recent three calendar years must be at or below 50% of the most recent published Federal BLS rate.
- ★ **Rising Star Program:** The three-year average rates for both the total recordable cases (TRC) and cases with days away from work, job transfer, or restriction (DART) for the most recent three calendar years must be below the most recent published Federal BLS rate.
- ★ **Building Star Program:** The three-year average rates for both the total recordable cases (TRC) and cases with days away from work, job transfer, or restriction (DART) for the most recent three calendar years must be at or below 50% of the most recent published Federal BLS rate.
- ★ **Public Sector Star Program:** Calculate the three-year average rates for both the total recordable cases (TRC) and cases with days away from work, job transfer, or restriction (DART) for the most recent three calendar years. The NCDOL OSH Star Program will compare this data with the previously established baseline and evaluate the need for further improvements.

NCDOL OSH Star Injury and Illness Rate Calculation Worksheet

Worksite Name: _____

Industry NAICS Code: _____ Worksite NAICS (if different than Industry): _____

Note: Use most specific NAICS code up to 6 digits for BLS rate comparisons.

Year: 2016	Total Recordable Cases (N = Columns G+H+I+J)	DART Cases (N = Columns H+I)	Employee-Hours Worked (EH)
Star worksite			
Contractors*			
Temporary*			
TOTAL			
Year: 2017	Total Recordable Cases (N = Columns G+H+I+J)	DART Cases (N = Columns H+I)	Employee-Hours Worked (EH)
Star worksite			
Contractors*			
Temporary*			
TOTAL			
Year: 2018	Total Recordable Cases (N = Columns G+H+I+J)	DART Cases (N = Columns H+I)	Employee-Hours Worked (EH)
Star worksite			
Contractors*			
Temporary*			
TOTAL			

N = Number of recordable injuries in one year. **NOTE:** This includes 1) all temporary employees, and 2) any contractors and miscellaneous employees that have worked on the site 500 or more hours during any quarter.

EH = Total number of hours worked by all employees in one year at the worksite.

NOTE 1: Carolina, Rising and Public Sector - Includes 1) all hours for temporary employees, and 2) any contractors and miscellaneous employees that have worked on the site 500 or more hours during any quarter.

***Host employers - DO NOT INCLUDE Separate Entity Contractor data** (i.e., any contractor and/or temporary agency that performs, oversees, and directly supervises all of their own work independent of the host employer, and separately documents all business transactions of the business and its owners.)

NOTE 2: Building Star –include only North Carolina activity and temporary employees; do not include any work hours of the subcontractors.

200,000 = Factor equivalent to 100 full-time employees working 40-hour weeks, 50 weeks per year.

Total Recordable Case (TRC) Rates (calculate rate for each year using the information recorded above) (N ÷ EH x 200,000)			TRC Incidence Rates	Sum of All Years TRC Rates
Year: 2016	÷	x 200,000		= _____
Year: 2017	÷	x 200,000		
Year: 2018	÷	x 200,000		
3-year Rate Average = Sum ÷ 3 =			Current Federal BLS Rate or Baseline (Public Sector) =	% below BLS Rate =
Days Away, Restricted, Transfer (DART) Case Rates (calculate rate for each year using the information recorded above) (N ÷ EH x 200,000)			DART Incidence Rates	Sum of All Years DART Rates
Year: 2016	÷	x 200,000		= _____
Year: 2017	÷	x 200,000		
Year: 2018	÷	x 200,000		
3-year Rate Average = Sum ÷ 3 =			Current Federal BLS Rate or Baseline (Public Sector) =	% below BLS Rate =

Appendix III

Statement of Commitment

1. **Union statement:** If your worksite is unionized, the authorized collective bargaining agent(s) must provide a signed statement to the effect that they either continue to support the Star Program or that they have no objection to the worksite's continued participation in the Star Program.

2. **Assurances statement:** Please read the following statement carefully. The following statement or similar wording of this type on company letterhead regarding management's commitment to safety and health is required for the Star Annual Report. The purpose of this statement is to demonstrate continued top-level management leadership and commitment to their Star worksite's safety and health program.

"We are committed to doing our best to provide outstanding safety and health protection to our employees through management systems and employee involvement. We are also committed to the achievement and maintenance of the Star Program requirements and to the goals and objectives of this ongoing process.

We agree to provide the information listed below for the NCDOL OSH review onsite. We agree to retain these records for the period of Star Program participation.

Written safety and health program

Management statement of commitment to safety and health

The OSHA 300/300A logs for the worksite and for all applicable contractor and/or temporary employees on the worksite, with appropriate supporting documentation

Safety and health manual(s)

Safety rules, emergency procedures, and examples of safe work procedures

System enforcing safety rules

Reports from employees of safety and health problems and documentation of the response

Self-inspection procedures, reports, and correction tracking

Accident/incident investigation reports

Safety and health committee minutes

Employee orientation and safety and health training programs and attendance records

Industrial hygiene air/noise sampling, laboratory analysis and monitoring records

Annual safety and health program evaluations and worksite and/or corporate audits, including the documented follow-up activities, for at least the last three years

Preventive maintenance program

Line supervision accountability documentation

Contractor safety and health program(s)

Other records that provide relevant documentation

In agreeing to make this information available to NCDOL OSH, we understand that materials needed to document the safety and health program that may involve invasion of privacy or a trade secret will not be included. Instead, such materials will be provided for viewing only at the worksite during a Star assistance and/or onsite review visit.

We also agree to correct all hazards identified through self-inspection, employee reports, or accident investigations in a timely manner. We will provide the results of self-inspections and accident

investigations to our employees upon request. Employees with safety-related duties will be protected from discriminatory actions (including unofficial harassment) resulting from these duties.

We will provide NCDOL OSH, each year by February 15, the following: (1) our OSHA 300 and 300A logs (including annual Total Recordable Case (TRC) rate and Days Away, Restricted or Transferred (DART) rate, hours worked, and estimated average employment) for the past calendar year; and (2) the worksite's Star Annual Report (including three-year TRC and DART rate comparisons).

It is important that we continue to be a leader within our community and to assist other companies at our discretion with knowledge and resources pertaining to both safety and health.

We understand that we may withdraw our participation at any time or for any reason should we so desire.

*Facility/Worksite Manager
(Signature and Date)*

