



CHERIE BERRY  
COMMISSIONER OF LABOR

KEVIN O'BARR  
CONSULTATIVE SERVICES BUREAU CHIEF  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

January 16, 2020

Dear North Carolina SHARP site:

We are delighted that you continue to participate in this prestigious program. This program is designed for worksites with comprehensive and effective safety and health programs, making them leaders in employee protection.

**A SHARP worksite must complete and submit the “Annual Safety & Health Management System Review” worksheet by March 1st, of each calendar year.** This worksheet should be a useful tool for your company and OSHNC to track the effectiveness of your safety and health program. This assessment is based upon the current best practices document from OSHA entitled Recommended Practices for Safety and Health Programs. The document is available for download at <https://www.osha.gov/shpguidelines/>

As a SHARP employer, it is important that you understand OSHA’s stance on workplace safety and health incentive programs. OSHA recognizes that positive incentive programs that promote safety awareness, injury-illness reporting, and employee involvement, can be beneficial and a valued component of a SHARP employer’s injury illness prevention program. OSHA’s current policy stance on employer incentive programs and drug testing can be found in an October 11, 2018 memo on their website. [www.osha.gov/laws-regs/standardinterpretations/2018-10-11](http://www.osha.gov/laws-regs/standardinterpretations/2018-10-11)

As part of your annual self-evaluation for SHARP, and to enable your company to continue participation in the SHARP program we encourage you to review any incentive programs you may have and based on the information given above make necessary revision or modifications to assure compliance of OSHA’s policy.

Instructions on returning this assessment are on the following page. Please remember to include copies of your OSHA 300 log and form 300A for the **past three (3) years.**

If you have any questions, please contact me at (919) 707-7846.

Sincerely,

Kevin O’Barr Bureau Chief



As a North Carolina SHARP worksite we are committed to provide all of our employees with a safe and healthy work environment. As part of this proactive partnership between NCDOL and this SHARP worksite we are committed to work towards continuous improvements in safety, quality, and productivity.

**I understand that as a SHARP worksite we are obligated to complete and submit the “Annual Safety & Health Management System Review” each year.**

**I hereby certify that I have reviewed this annual SHARP assessment which represents our effort to maintain SHARP status and to the best of my knowledge this is a true, accurate, and complete report.**

**Company Name:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Top Management Official**

\_\_\_\_\_  
**Date**

**Printed Name** \_\_\_\_\_

**For your convenience you may return this assessment whichever way is preferable and easiest for you:**

**Sign and scan the document and submit by email to:** [kevin.obarr@labor.nc.gov](mailto:kevin.obarr@labor.nc.gov)

**Sign and Fax to 919-807-2902**

**Sign and mail to:**

Consultative Services  
N.C. Department of Labor  
1101 Mail Service Center  
Raleigh, NC 27699-1101

## Section 1

### Annual Safety and Health Management System Review:

In order to maintain an effective Safety and Health System research has shown that there are certain attributes that are commonly found in companies with low accident and injury rates and what is considered by the industry as an effective Safety and Health System. At the beginning of each of the following subparts those attributes have been summarized. Please take a moment to answer the questions in each subpart and provide any other updates or improvements.

### Hazard Anticipation and Detection

In the area of Hazard Anticipation and Detection the attributes that we evaluate each SHARP company are: A baseline comprehensive survey within the past five years, self-inspections, daily surveillance to hazard controls, effective hazard reporting system, change analysis, accident investigation for root cause, use of SDS's, job hazard analyses, and incident investigations.

**Are effective safety and health self-inspections performed: Quarterly Monthly Weekly** (circle one)

**Are incidents investigated by: Plant Manager/CEO Supervisor/Foreman Safety committee** (circle all that apply)

**How often are job hazards analyses being reviewed? Annually Never Job Change** (circle all that apply)

**Briefly describe any updates or improvements:**

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### Hazard Prevention and Control

In the area of Hazard Prevention and Control are you: Ensuring that engineering controls are in place, safety and health rules and work practices are in place, all OSHA mandated programs are in place, personal protective equipment is being used, housekeeping is properly maintained, the organization is properly prepared for emergencies, competent medical care is provided to employees and others working at your site, preventive maintenance is being performed and hazard correction is being tracked to ensure hazards are eliminated.

**When were your safety and health rules last updated? 2019 2018 2017 2016 2015** (circle one)

**When were your employees last trained on safety and health rules? 2019 2018 2017 2016 2015** (circle one)

**How long does it usually take to correct a hazard? Immediately Within one Week One Month** (circle one)

**If hazards are not corrected immediately are your employees protected? Yes No** (circle one)

**How would you rate your housekeeping? Excellent Fair Poor** (circle one)

**Briefly describe any updates or improvements:**

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### Planning and Evaluation

In the area of Planning and Evaluation are you: Analyzing workplace injury and illness incidence data, developing safety and health goals and objectives for your safety program, developing an action plan to meet those goals and objectives, reviewing OSHA mandated programs on an annual basis and reviewing your overall safety and health management system annually?

**Does injury/illness data analysis reveal incident trends: Yes No (circle one)**

**PLEASE list any trends:**

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**Do you have Safety and Health goals focusing on Zero incidents or Reduction in incidents: Yes No (circle one)**

**What are your goals:**

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**Did your last annual review of your safety and health management system result in any changes? Yes No (circle one)**

**Briefly describe any updates or improvements:**

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### **Administration and Supervision**

In the area of Administration and Supervision are you: Assigning safety and health program tasks to a specific person or position for coordination or performance, ensuring that each assignment of safety and health responsibility clearly communicated, making sure that the individual with the assigned safety and health responsibility has the necessary knowledge, skills and information to perform their duties and at the same time giving them the authority to perform their duties, developing policies that promote the performance of safety and health responsibilities and ensuring that organizational policies result in the correction of non-performance of safety and health responsibilities?

**We would like everyone to be responsible for following safety rules and reporting hazards. But who is/are the designated individual (s) responsible for the various safety and health tasks within the worksite:**

**Name(s) and job title:**

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**Are these individuals given support and resources to perform their duties: Yes No (circle one)**

**How are these individual(s) held accountable?**

**PLEASE briefly explain:**

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**Briefly describe any updates or improvements:**

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**Safety and Health Training**

In the area of Safety and Health Training: employees receive appropriate safety and health training, does new employee orientation include applicable safety and health information, do supervisors receive appropriate safety and health training, does the training provided to supervisors cover the supervisory aspects of their safety and health responsibilities, is training provided to top management, and are relevant safety and health aspects integrated into management training?

**Supervisors and managers receive appropriate safety and health training: Yes No (circle one)**

**All employees receive appropriate safety and health training: Yes No (circle one)**

**New employee’s orientation includes safety and health information relevant to their jobs: Yes No (circle one)**

**Briefly describe any updates or improvements:**

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**Management Leadership**

Management Leadership is key to the success of any Safety and Health Management System: Does top management policy establish clear priority for safety and health, does top management consider safety to be a line function or staff function, does top management provide competent safety and health staff support to line managers and supervisors, do managers personally follow safety and health rules established for others, do managers delegate the authority necessary for personnel to carry out their duties, do managers provide and allocate the necessary resources need to support the organizations safety and health system, do they ensure that appropriate safety and health training is provided and that policies promote safety and health performance, are top managers involved in the planning and evaluation of safety and health performance and lastly does top management value employee involvement and participation in safety and health issues?

**Top management is involved in planning and evaluation of safety and health performance at the worksite:**

**Yes No (circle one)**

**PLEASE give at least one example of Top Management involvement:**

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**Is safety a separate line item on your company’s budget? Yes No (Circle one)**

**If employees were interviewed would they say that management always follows safety and health rules:**

**Yes No (circle one)**

**Briefly describe any updates or improvements:**

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**Employee Participation**

Employee Participation is vitally necessary for any successful safety and health management system: Is there an effective process to involve employees in safety and health issues, are employees involved in organization decisions in regard to safety and health policy and allocation of resources, do employees participate in hazard detection, prevention and control activities, are employees involved in training co-workers, do employees participate in safety and health planning activities and lastly do they participate in evaluating your company's safety and health performance?

**Is it important for your safety and health program to have employee involvement? Yes No (circle one)**

**How are employees at your worksite involved with safety and health issues:**

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**Briefly describe any updates or improvements:**

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**Employee Safety and Health Incentive Program**

**SHARP Recommendation(s) & Status:**

Positive safety and health incentive programs must comply with OSHA policies to include positive incentive programs that encourage accident, injury/illness reporting, hazard prevention, and participation in safety and health programs and training.

**Do you have a Safety and Health Incentive Program in place at your company? Yes No (circle one)**

**Does your Safety and Health Incentive Program meet the guidelines? Yes No (circle one)**

## Section 2

### Rate Calculations:

Annual rates are calculated by the formula  $(N/EH) \times 200,000$  where:

N = Sum of the number of recordable injuries and illnesses in the year.

EH = Number of hours worked by all employees in the year.

200,000 = Equivalent of 100 full time workers working 40 hours per week, 50 weeks in per year.

### TRC (Total Recordable Case): OSHA 300 Log

N= Column H (Days away from work) + Column I (Job transfer or restriction) + Column J (Other recordable cases)

### DART (Days Away Restriction Transfer): OSHA 300 Log

N= Column H (Days away from work) + Column I (Job transfer or restriction)

### OSHA 300 Log:

TRC: N (Number of Recordable Cases not Days) = Sum of Column H, I, J

Year: 2017 N \_\_\_\_\_ x 200,000 ÷ EH \_\_\_\_\_ = \_\_\_\_\_

Year: 2018 N \_\_\_\_\_ x 200,000 ÷ EH \_\_\_\_\_ = \_\_\_\_\_

Year: 2019 N \_\_\_\_\_ x 200,000 ÷ EH \_\_\_\_\_ = \_\_\_\_\_

DART: N (Number of Recordable Cases not Days) = Sum of Column H, I

Year: 2017 N \_\_\_\_\_ x 200,000 ÷ EH \_\_\_\_\_ = \_\_\_\_\_

Year: 2018 N \_\_\_\_\_ x 200,000 ÷ EH \_\_\_\_\_ = \_\_\_\_\_

Year: 2019 N \_\_\_\_\_ x 200,000 ÷ EH \_\_\_\_\_ = \_\_\_\_\_

### NOTE:

Please send a copy of the OSHA 300 Log and the OSHA 300A summary for the last three (3) calendar years.

If you would like to compare your annual rates the data can be found on the U.S. Department of Labor- Bureau of Labor Statistics.

<http://www.bls.gov/iif/oshsum.htm>

Scroll through: Industry Injury and Illness Data

Industry Injury and Illness Data most recent year

-Summary News Releases

-Supplemental New Release Tables

-Summary Tables

-Table 1 Incidence Rates

### Section 3

**Success Story** If you have had an improvement in your place of employment connected to participation in the SHARP program, we would love to hear about it. Each year OSHA publishes these stories on their website. If you would be willing to share your information, please complete this page. We would like to share your success story with a wider audience.

Please describe the nature of the business and the type of customers that the company serves.
How did the company learn of the OSHA On-site Consultation Program?
What prompted the company to contact the On-site Consultation Program?
What hazards did the consultant identify during the walkthrough of the work site?
What hazard correction methods did the company implement during the hazard correction process?
Give a brief description of how business practices changed after the first consultation visit. (E.g. the implementation of new programs, training, employee involvement, accident investigation, and/or abatement procedures).
Please highlight successes resulting from participating in the On-site Consultation Program. (E.g. a reduction in Days Away, Restricted, and Transferred (DART) rate; cost savings; improved workplace safety and health culture; an increase in employee involvement and management commitment)
What challenges did the company identify while improving/implementing its safety and health management system?
If applicable, please highlight successes resulting from participating in the SHARP program.
What impact has working with the On-site Consultation Program had on the company?