



**North Carolina  
Department of Labor**

**Star Program**

**Policies and Procedures Manual**

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## **I. Purpose of the North Carolina Star Programs**

The federal Occupational Safety and Health Administration (“OSHA”) has long recognized that compliance with occupational safety and health standards and regulations alone cannot accomplish all the goals of the federal OSHA Act of 1970. Rules, no matter how carefully conceived and developed, will never cover all unsafe and unhealthful activities and conditions. Furthermore, limited resources will not permit regular or exhaustive inspections of all of the North Carolina’s workplaces. No amount of rule setting and enforcement can replace the understanding of work processes, materials, and hazards that comes with employers’ and employees’ day-to-day, on-the-job experience. This knowledge, combined with the ability to evaluate and address hazards rapidly and to reinforce positive actions, places employers in a unique position to improve workplace safety and health in ways simply not available to the North Carolina Department of Labor Occupational Safety and Health Division (“NCDOL OSH”).

The North Carolina General Assembly designated the NCDOL to administer and enforce the OSH state plan. In the Department of Labor, the chief administrator is the commissioner of labor. The Occupational Safety and Health Advisory Council provides the commissioner with advice regarding the administration of the state OSH Act. NCDOL OSH provides consultation, education, training and technical assistance to help ensure the effectiveness of the state plan. Like federal OSHA, NCDOL OSH pursues the overall aim of assuring workers safe and healthful working conditions “so far as possible.” The commissioner of labor determines both approval for initial participation and advancement in the Star Programs, as well as any termination from the programs.

NCDOL OSH manages the Carolina Star Programs (“Star Program”). The Star Program includes: Carolina Star, Rising Star, Building Star, and Public Sector Star. The Star Program recognizes excellence in site-specific occupational safety and health management systems. These management systems are composed of programs designed to prevent and control occupational hazards. Worksites employing these systems are working to comply with the OSHA standards, and are striving to excel by using flexible and creative strategies that go beyond the rules to provide the best feasible protection for their employees. In the process, these Star Program worksites have effective safety and health management systems that serve as models for a variety of businesses. Moreover, Star worksites have demonstrated employees’ compensation cost reductions, increased employee engagement in identifying and controlling workplace hazards, reduced employee turnover, quality improvements, and other benefits, which are helping to convince skeptics that productivity, quality, profitability, and safety are complementary outcomes.

Star Program participants enter into a relationship with NCDOL OSH involving an innovative public/private partnership, cooperation, and trust, which cultivates improvements in safety and health, not just at Star worksites, but also beyond the worksite boundaries. At the same time, the recognition and status gained by their participation in the Star Program, and their commitment to improving their industries and communities, enables companies to accomplish a broad range of safety and health objectives. Star Program participants mentor other worksites interested in improving their safety and health programs, conduct safety and health training and outreach seminars, and host safety and health conferences that focus on leading-edge safety and health issues.

Worksites in the Star Programs are removed from programmed inspection lists for a period of time that is based on their type of program participation, unless they choose to remain on the lists. This helps NCDOL OSH to focus its inspection resources on establishments that are less likely to meet the requirements of the NCDOL OSH rules. However, NCDOL OSH continues to investigate valid employee safety and health complaints, fatalities and catastrophes, and significant chemical spills or leaks at Star worksites according to established agency procedures.

Employers' and employees' participation in any of the Star Programs does not diminish their existing responsibilities and rights under the federal OSH Act. In particular, NCDOL OSH does not intend to increase the liability of any party at an approved Star worksite. Employees or any representatives of employees taking part in an NCDOL OSH-approved Star safety and health program do not assume the employer's statutory or common law responsibilities for providing safe and healthful workplaces; nor are employees and their representatives expected to guarantee a safe and healthful work environment.

Participation in the Star Programs is voluntary in the sense that no employer is required to participate, and any employer, at the discretion of the Recognition Program Manager, may choose to apply. Compliance with NCDOL OSH rules and applicable laws remains mandatory. Initial achievement and continuing maintenance of the Star Program requirements are conditions of participation.

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## II. Star Program Description

### A. Star Definitions.

The following definitions apply to use of these terms within NCDOL OSH's Carolina Star Programs (i.e., Carolina Star, Rising Star, Building Star, and Public Sector Star). These include the staff involved in the Star evaluation process.

1. **Action Plan.** Star evaluation-related deficiencies identified in response to safety and health program and documentation reviews, employee/employer interviews, and observations of hazards made during walkthroughs of the worksite. The hazards and systematic deficiencies (90-Day Items) identified must be corrected within a maximum of 90 days, with effective protection provided to employees in the interim. Components of the Action Plan, which are provided by the Star evaluation team include:
  - **Areas for Improvement** - Systematic deficiencies in aspects of the Star Program elements with regard to the worksite's safety and health management system such as safety and health documentation, training, documentation, employee engagement, or OSHA rate expectations.
  - **Carolina Star Goal(s)** (for *Rising Star* only) - A target for improving OSHA recordable rates, or one or more deficient safety and health management system elements. Carolina Star Goal(s) must be met in order for a participant to achieve Carolina Star status.
  - **Hazards** – Physical and other hazards observed during the walkthrough of the worksite. Examples include exposed electrical wiring, lack of lack of proper labeling (exit signage, GHS, etc.), or missing guards on equipment. Interim mitigating steps to protect employees must be implemented during the onsite evaluation.
  - **Recommendations** (*Optional*) – Suggested improvements noted by the onsite evaluation team or as a result of feedback from interviews, which are not requirements for Star Program participation, but would enhance the effectiveness of the applicant/participant's safety and health management system. (Compliance with OSHA standards is a requirement, not a recommendation.)
2. **Accepted Application.** An application that has been reviewed and approved by the NCDOL OSH Education, Training, and Technical Assistance Bureau's (ETTA) Recognition Program. Prior to acceptance and approval, the applicant must have had **prior discussion and at least one meeting** with a representative from the NCDOL OSH ETTA Recognition Program.
3. **Applicable Contractor.** An employer who has contracted with a general industry or public sector Star applicant/participant to provide specified services and whose employees:

- Worked at least 500 hours at the Star applicant/participant's worksite in any calendar quarter within the last 12 months.
- Are not directly supervised in day-to-day activities by applicant/participant's management.

*NOTE: The concept of applicable contractor does not include temporary employees or other contractor employees who are regularly intermingled with a site-based applicant/participant's employees and under direct supervision by management.*

4. **Building Star Program (refer to [Section V. Building Star Program](#)).** The program within the Carolina Star Program designed for construction industry participants whose safety and health management systems operate in a highly effective, self-sufficient manner and meet all Star Program requirements. Building Star is the only level of participation for general contractors and specialty trades.
5. **Carolina Star Program (refer to [Section III. Carolina Star Program](#)).** The program within the Carolina Star Program designed for participants whose safety and health management systems operate in a highly effective, self-sufficient manner and meet all Star Program requirements. Carolina Star is the highest level of participation for General Industry in the private sector.
6. **Carolina Star Safety Conference ("CSSC", refer to [Section IX. Star Applicant/Participant Assurances](#)).** An annual conference presented by members of the CSSC board of directors and the associated regional teams, which consists of at least one representative of all Star participants. The CSSC board of directors partners with NCDOL OSH to increasing the safety awareness of North Carolina workers by the sharing of best safety practices and to promote the principles that recognize management commitment to employee safety and employee ownership of their safety. More information may be found at the [CSSC website](#).
7. **Commissioner of Labor.** Elected state official charged with promoting the "health, safety and general well-being" of more than 4 million workers in the state of North Carolina. NCDOL serves the needs of the workplace through a variety of programs aimed at making the employees of North Carolina safe. The commissioner has broad regulatory and enforcement powers to carry out the department's duties and responsibilities.
8. **Comprehensive Safety and Health Program Self-Evaluation.** A participant's annual self-assessment to gauge the effectiveness of all required Star Program elements and any other elements of the participant's safety and health management system.
  - A **comprehensive self-evaluation** may include corporate or other third party audits/gap analyses, as well as assessments of the effectiveness of the various aspects of the company's safety and health management system including, but not limited to: *Development of a safety business plan; safety and health program reviews/updates, development of safety and health goals and action plans*

*w/milestones; completion of past year's goals/objectives; thorough analysis of worksite hazards and abatement of hazards found; review/updates of safety and health programs; employee involvement and participation in various aspects of safety and health management systems; analysis of injury/ illness trends, incidence data, near-misses, and root cause analyses; assessment of the overall impact of improvements on organizational performance).*

▪ **NOTE:** This is **not** the same as the Star Annual Report.

9. **Contract Employees.** Those individuals who are employed by an applicable contractor.
10. **Days Away, Restricted, or Transfer Case Incidence Rate ("DART Rate").** The rate of all injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer; A number that represents cases recorded on the OSHA Form 300 in Column H + Column I.
11. **Follow-up Visits.** Visits to Star worksites, which are conducted by Star Consultants to assess the status of items identified during a Star evaluation or to monitor aspects of the safety and health management system because of the nature of the worksite's operations. They may also be conducted when significant changes have occurred in management, process(es), or product(s) that may require evaluation to ensure the participant is maintaining a Star Program quality safety and health management system or if the Star Program has learned of significant problems, such as serious deficiencies described in the participant's annual evaluation of its safety and health management system, or deficiencies discovered through OSHA enforcement activity. The types of visits include:
  - **Building Star Annual Follow-up** – The goal of the visit is to assess components of the construction company's safety and health management system, including a focus on struck-by, fall, electrical, and caught-in hazards as well as oversight and engagement of any subcontractors present at that time.
  - **Process Safety Management (PSM) Annual Follow-up** – The goal of the visit is to review the status of PSM-covered operations, such as significant changes, any incidents or releases that may have occurred, and employee and contractor engagement.
  - **Star Evaluation Follow-up** – The goal of the visit is to review certain aspects of the Star evaluation, which require an onsite assessment of the status of the improvements by the Star Consultant.
12. **General Contractor.** A construction site owner or site manager who controls construction operations and has contractual responsibility for assuring safe and healthful working conditions at a worksite.
13. **Injury and Illness Rate Reduction Plan (IIRRP, refer to [Section XIV. Provisional Status and Injury and Illness Rate Reduction Plan](#)).** A strategy employed whenever a

Star worksite TRC and/or DART rate averages exceed those required for the applicable Star Program. Worksites that fall into this category will be required to develop an IIRRP.

14. **Interviews.** During the walkthrough (and at other times, as appropriate) the onsite evaluation team must question randomly selected employees (including contract employees) privately in their work areas about prescribed work procedures, hazards to which they may be exposed, and their knowledge of how to protect themselves from hazards, including how to use and maintain their personal protective equipment. The team must keep track of the number of employees interviewed,
  - **Informal Interviews.** Informal interviews are conducted in the areas where employees work, if feasible, during the walkthrough and at other times, as appropriate. Interviews may be conducted away from a work area, for example, when the environment is too noisy to allow good communication.
  - **Formal Interviews.** Private formal interviews are conducted in a private area to address serious concerns, which may include assessing the effectiveness of aspects of the safety and health management system or safety incentive programs. The interviews may also ascertain the extent of safety and health involvement and program awareness of managers, supervisors, employees, and contractors. If an employee works in an area that is not private, an appropriate location will be found to conduct the interview.
15. **Mentoring (refer to [Section IX. Star Applicant/Participant Assurances](#)).** The assistance that a Star Program participant provides to another employer to prepare that employer for the Star application and/or evaluation process, or to improve that employer's safety and health management system. Examples could include sharing best practices with Star and non-Star worksites, and discussing the Star Program at gatherings of professional organizations.
16. **Onsite Evaluation (refer to [Sections Section XI. Initial Onsite Evaluation and XII. Onsite Recertification Evaluations of Approved Worksites](#)).** A visit to an applicant/participant worksite by a Star Program onsite evaluation team to determine whether the applicant/participant qualifies for initial approval, continued participation, or advancement within the Star Program.
17. **Onsite Focused Evaluation (refer to [Section XII. Onsite Recertification Evaluations of Approved Worksites](#)).** A partial onsite evaluation of site-specific safety and health management system and/or programs focusing on areas in need of further assessment and/or improvement.
18. **Onsite Evaluation Team.** An interdisciplinary group of NCDOL OSH professionals and sometimes other Special Star Team Members (SSTMs) who conduct onsite Star Program evaluations. The team normally consists of a team leader and team members (i.e., safety and health specialists, and other specialists as appropriate).

19. **Preliminary Evaluation Report.** A document written by the NCDOL OSH Star Program onsite evaluation team and consisting of the Safety and Health Evaluation Worksheet (8.3). This document contains the team's assessment of an applicant/participant's safety and health management system and its implementation, a review of injury and illness rates, and the team's recommendation for initial certification or recertification of Star Program status.
20. **Provisional Status (refer to [Section XIV. Provisional Status and Injury and Illness Rate Reduction Plan](#)).** A Star worksite may be placed on Provisional Status for various reasons, which are identified in Section XIV, for a maximum period of one year, at the discretion of the Recognition Program Manager. Failure to satisfactorily address the areas of concern shall result in a recommendation for voluntary withdrawal and/or termination.
21. **Public Sector Star Program (refer to [Section VI. Public Sector Star Program](#)).** The program within the Carolina Star Program designed for state agencies, county and local government entities whose safety and health management systems operate in a highly effective, self-sufficient manner and meet all Star Program requirements. Public Sector Star is specifically designed for the public sector and is the only level of participation for government entities.
22. **Recognition Program Manager ("RPM").** The NCDOL OSH ETTA Manager/Supervisor who is responsible for managing, planning, and directing the daily operations of the Star Program throughout the entire State of North Carolina. The primary purpose of the RPM position is to continuously manage, monitor, and evaluate all of the goals and objectives set forth for the Star Program. The RPM shall be available to lead and support the Star Program staff in providing assistance to Star participants, as needed, to assure interaction with NCDOL OSH and to provide expertise. The position must coordinate with federal OSHA in the administration of their Voluntary Protection Programs, while coordinating activities in the State of North Carolina with the appropriate federal Area Director.
23. **Resident Contractor.** For the purpose of the Star Program, resident contractor refers to a company that:
  - Provides ongoing, long-term onsite services to a Star Participant.
  - Normally will occupy a recognizable, delineated work area or operation within the host employer's site.
24. **Rising Star Program (refer to [Section IV. Rising Star Program](#)).** The program within the Carolina Star Program designed for employers that have demonstrated the potential and commitment to achieve Carolina Star quality, but need to further improve their safety and health management system and/or injury and illness performance. NCDOL OSH's onsite evaluation team provides a Rising Star Program participant specified Carolina Star goals that it must meet in order to achieve Carolina Star status.

25. **Safety and Health Management System.** For the purposes of the Star Program, a method of preventing employee fatalities, injuries and illnesses through the ongoing planning, implementation, integration, and control of five interdependent elements: Management Commitment and Leadership; Employee Involvement and Participation; Hazard Identification and Evaluation; Hazard Prevention and Control; and Safety and Health Training.
26. **Separate Entity Contractor (SEC)** – 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. For example, a SEC would hire its own employees without the approval of the host site, pay the employees without reimbursement from the host, and maintain the responsibility of providing job- and employee safety-related training to all of its employees. The OSHA recordable rates and hours for the SEC are not to be included by the host employer on the NCDOL OSH Injury and Illness Rate Calculation Worksheet.
27. **Significant Incident Report (refer to [Section XXIII. Appendix IV](#)).** Significant incidents may refer to events such as fatalities, catastrophes, accidents, complaints, or referrals, which are investigated by NCDOL OSH compliance staff. This term may also refer to other events which have had significant impact on the work operation of a Star participant.
28. **Special Star Team Members (“SSTMs”).** A volunteer from a Star Program participant, corporation, or organization who is knowledgeable in safety and health management system assessment, formally trained by NCDOL OSH in the policies and procedures of the Star Programs, and determined by NCDOL OSH to be qualified to assist with Star Program onsite evaluations. An SSTM may participate as a team member during Star onsite evaluations. More information on the SSTM Program is located at the following link: [http://www.nclabor.com/osha/etta/safety\\_programs/sstm.htm](http://www.nclabor.com/osha/etta/safety_programs/sstm.htm).
29. **Specialty Trade Contractors.** These contractors undertake activities of a type that are specialized either to building and/or non-building projects, building construction, including work such as painting, electrical work, carpentry work, plumbing, heating, air-conditioning, roofing, and sheet metal work.
30. **Star Annual Report (“SAR,” refer to [Section IX. Star Applicant/Participant Assurances](#)).** A document written by a participant and submitted to NCDOL OSH Program by February 15<sup>th</sup> each year (or otherwise designated date), consisting of the information required by the SAR as defined in the following link: [www.nclabor.com/osha/star/docs/STAR\\_Annual\\_Report.pdf](http://www.nclabor.com/osha/star/docs/STAR_Annual_Report.pdf).
31. **State Plan.** A state-operated occupational safety and health program that has received approval and partial funding from federal OSHA. The states that operate approved State Plans are commonly referred to as State Plan states.

32. **Star Program Applicant (“Applicant”).** Refers to companies who are in the process of applying to participate in one of the four NCDOL OSH Star Programs described in this document, but who are not currently participants in a Star Program.
33. **Star Program Consultant (also “Team Leader”).** NCDOL OSH Star Program staff member who is responsible for providing quality occupational safety and health services to customers in an efficient, effective, and professional manner, and assisting the Recognition Program Manager. The Star Consultant is responsible for leading and coordinating an interdisciplinary group of NCDOL OSH professionals and/or SSTMs in an effort to conduct onsite Star Program evaluations. The Team Leader ensures that all evaluation-related activities are performed, and may serve as the team leader for an evaluation or assist as a team member.
34. **Star Program Contact.** The Star applicant/participant employee designated as the primary contact with NCDOL OSH for matters concerning Star Program participation.
35. **Star Program Participant (“Participant”).** Refers to **current** companies who have been approved for participation in one of the four NCDOL OSH Star Programs described in this document.
36. **Star Program Presentation.** A presentation provided by Star Consultants to prospective Star applicant management and employees to provide understanding of the requirements and benefits of the Star Program(s) as well as criteria for qualification and application. The visit may include a review of OSHA 300 logs and a walkthrough of the worksite.
37. **Technical Assistance Visit.** A visit conducted by a Star Consultant to assist a Star worksite with addressing a specific safety and health hazard or other concern related to the safety and health management system.
38. **Temporary Employees.** Employees hired on a non-permanent basis by the applicant/participant. Temporary employees are incorporated with regular hires for purposes of calculating employer injury and illness rates.
39. **Termination (refer to [Section XVIII. Termination or Voluntary Withdrawal](#)).** NCDOL OSH's formal removal of a Star Program participant from the program.
40. **Total Recordable Case Incidence Rate (“TRC Rate”).** A number that represents all cases recorded on the OSHA Form 300, includes cases in Column G + Column H + Column I + Column J.
41. **Withdrawal (refer to [Section XVIII. Termination or Voluntary Withdrawal](#)).** Decision by a Star applicant/participant to discontinue its Star Program application process or approved participation.

42. **Worksite.** For Star Program purposes, a worksite is a location where employees of an employer perform work.

## **B. General Star Program Description.**

The Star Programs emphasize the importance of comprehensive worksite safety and health management systems in meeting the goal of the federal OSHA Act, which is to assure safe and healthful working conditions for working men and women. This emphasis is demonstrated through assistance to employers in their efforts to reach the Star Program's level of excellence, cooperation among government, labor, and management to resolve safety and health problems, and through official recognition of excellent safety and health programs and management systems. Star worksites are not expected to be perfect, but they are expected to effectively protect their employees from the hazards of the workplace through their safety and health programs.

The worksites do this by meeting established rigorous safety and health program management criteria. The Star Programs consist of four programs: **Carolina Star, Rising Star, Building Star, and Public Sector Star**. The Star Program recognizes excellence in site-specific occupational safety and health management systems. These management systems are composed of programs designed to prevent and control occupational hazards. Worksites employing these systems are working to comply with the OSHA standards, and are striving to excel by using flexible and creative strategies that go beyond the rules to provide the best feasible protection for their employees. In the process, these Star Program worksites have effective safety and health management systems that serve as models for a variety of businesses. The [Carolina Star Program](#) *recognizes general industry worksites that are self-sufficient in their ability to control hazards at the worksite.* The [Rising Star Program](#) *recognizes general industry worksites that have good safety and health programs, but must take additional steps to reach Carolina Star Program quality.* The [Building Star Program](#) *recognizes construction companies and worksites that have Carolina Star Program quality safety and health programs, but require demonstration of approaches that differ from current Carolina Star Program requirements.* As with the previously mentioned programs, the [Public Sector Star Program](#) *recognizes state agencies and local governments that are of Carolina Star Program quality, and are self-sufficient in their ability to control hazards at their worksites.*

When NCDOL OSH approves a worksite for participation in the Star Programs, the agency recognizes that the participant is providing, at a minimum, the basic elements of ongoing, systematic protection of employees at the worksite in accordance with rigorous Star Program criteria. This commitment to employee safety minimizes the necessity for routine NCDOL OSH enforcement efforts at these worksites. Subsequently, the worksite is removed from NCDOL OSH's programmed inspection lists based on its term of participation.\* The Star Program symbols of recognition include certificates, flags, banners, or plaques of approval, identifying the program in which the worksite participates. The participants also may choose to use program logos on company items such items as letterhead, shirts, and mugs.

***\*Note: This exemption does not apply to Specialty Trade participants.***

Star Program participants work cooperatively with the NCDOL OSH staff, both in the resolution of safety and health problems and in the promotion of effective safety and health management systems. This cooperation takes such forms as presentations at labor, industry, and government group meetings; input in the development of NCDOL OSH rules; and participation in annual Carolina Star Safety Conference activities, mentoring, outreach, and training.

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### III. Carolina Star Program

The Carolina Star Program recognizes leaders in occupational safety and health that are successfully protecting employees from death, injury, and illness by implementing comprehensive and effective safety and health programs and management systems. Carolina Star participants willingly share their experience and expertise, and they encourage others to work toward comparable success. These worksites are self-sufficient in their ability to control hazards at their worksites.

***Note: The Carolina Star Program is not designed for the public sector or construction industry. However, onsite contractors, temporary agencies, etc., located at a Carolina Star worksite may apply if they receive written support from the worksite's owner and they have been working onsite for at least 12 months.***

#### A. Qualifications for the Carolina Star Program

##### 1. Injury and Illness Rates

General industry, private sector participants, at the time of approval, must meet the following criteria: The most recent three-year average for both the total recordable case (TRC) rates and cases with days away from work, job transfer, or restriction (DART) rates must be at or below 50 percent of the most recent published federal BLS rates for the appropriate North American Industrial Classification System (NAICS) industry, preferably using a 6-digit NAICS rate, or highest digit available. Participants with less than three years' experience shall be considered based on total injury and illness rate experience, provided that such experience shall not be less than 12 months. *Also include rates and hours worked for any temporary employees, as well as rates and hours worked for any contractors who have worked 500 or more hours in any calendar quarter at that worksite.* An **Injury and Illness Rate Calculation Worksheet** is included in [Section XX, Appendix I](#).

For existing, qualifying Carolina Star worksites, an alternative method for calculating hypothetical incidence rates may be used. To determine whether the employer qualifies for the Alternative Calculation Method, do the following:

- a. Using the most recent employment statistics (i.e., hours worked in the most recent calendar year) and the calculation criteria listed in [Section XX, Appendix I](#), calculate a hypothetical rate for the employer assuming that the employer had two cases during the year.
- b. Compare that hypothetical rate to the most recent published federal BLS rate for that NAICS industry. ***Note: If no 6-digit federal BLS NAICS industry rates are available, utilize the next highest digit NAICS industry rates published by BLS.***
- c. If the hypothetical rate (based on two cases) gives the worksite a rate higher than the federal BLS average for its industry, then the Alternative Calculation Method can be used. If the hypothetical rate is lower than the federal BLS rate, then the Alternative Calculation Method cannot be used.

- d. If the employer qualifies for the Alternative Calculation Method, the best three of the last four calendar years shall be used to calculate the three-year rate for the employer.
- e. If the employer does not qualify for the Alternative Calculation Method, refer to [Section XIV. Provisional Status and Injury and Illness Rate Reduction Plan](#).

## 2. Term of Participation

The term for participation in an approved Carolina Star Program is open-ended so long as the participating worksite continues to maintain its excellent safety and health management systems as evidenced by a favorable onsite evaluation by the Star Program evaluation team within 36 months of the initial Star Program evaluation, and every 60 months thereafter. In addition, the worksite is required to submit the required Star Annual Report ("SAR"), which includes annual TRC and DART rate data, safety and health management system evaluation; participate in Carolina Star Safety Conference planning meetings, and provide mentoring to other companies (see [Section IX. Star Applicant/Participant Assurances](#)).

Following the onsite evaluation, the participant must develop and submit an action plan to NCDOL OSH Recognition Program, which addresses the steps taken to correct the hazards and Areas for Improvement identified during the evaluation. The Action Plan items shall be corrected within 90 days upon receipt of this report. Any extension request to exceed the original 90-day timeframe is up to the discretion of the Recognition Program Manager. However, no extension granted will exceed a total of 12 months from receipt of the evaluation report. Failure to address and correct all Action Plan items within the allotted timeframe could result in forfeiture of current Star status.

***Note: The original allotted correction/abatement time (i.e., 90 days) may vary depending upon the circumstance. For example, rate issues, process safety, engineering controls, structural changes, etc. may take longer to correct. Each issue shall be reported in a timely manner and will be considered on an individual basis, and a reasonable original abatement timeframe will be determined by the Star Consultant and the Recognition Program Manager.***

## 3. Program Elements

All critical elements of a basic safety and health management system must be part of the written program. These critical elements are management commitment and leadership, employee involvement and participation, hazard identification and evaluation, hazard prevention and control, and safety and health training. All aspects of the safety and health programs must be appropriate to the size of the worksite and the type of industry. All safety and health management system elements needed for Carolina Star Program success must be in effect for a period of not less than 12 months before a worksite applies for participation.

#### 4. Safety and Health Management System Qualifications

**a. Management Commitment and Leadership.** Each participant must be able to demonstrate top-level management leadership in the worksite's safety and health management systems. Systems for comprehensive planning must address protection of employee safety and health.

- (1) Commitment to Safety and Health Protection. Authority and responsibility for employee safety and health must be integrated with the overall management system of the organization and must involve employees. This commitment includes:
  - (a) Policy. Clearly established policies for employee safety and health protection that have been communicated to and understood by employees.
  - (b) Goal and Objectives. Established and communicated goal(s) for the safety and health program and results-oriented objectives for meeting that goal, so that all members of the organization understand the results desired and the measures planned for achieving them, especially those factors that are applicable directly to them.
- (2) Commitment to Carolina Star Program Participation. Management must also clearly demonstrate commitment to meeting and maintaining the requirements of the Carolina Star Program.
- (3) Planning. Planning for safety and health, including a comprehensive review, must be a part of the overall management planning process. The participant must have a process in place for a comprehensive annual evaluation of their safety and health management system in order to judge their success in meeting the worksite's goals and objectives with regard to continuous improvement of the management system. The process will also identify those responsible for determining and implementing changes needed to improve employee safety and health protection.
  - (a) A comprehensive review may include corporate or other third party audits/gap analyses, as well as assessments of the effectiveness of the various aspects of the company's safety and health management system including, but not limited to: Development of a safety business plan; safety and health program reviews/updates, development of safety and health goals and action plans w/milestones; completion of past year's goals/objectives; thorough analysis of worksite hazards and abatement of hazards found; review/updates of safety and health programs; employee involvement and participation in various aspects of safety and health management systems; analysis of injury /illness trends, incidence data, near-misses, and root cause analyses; and assessment of the overall impact of improvements on organizational performance.

- (4) Management Leadership. Managers must provide visible leadership in implementing the program. This must include:
- (a) Establishing clear lines of communication with employees.
  - (b) Setting an example of safe and healthful behavior.
  - (c) Creating an environment that allows for reasonable employee access to top worksite management.
  - (d) Ensuring that all employees at the worksite, including contract employees, are provided equally high quality safety and health protection.
  - (e) Clearly defining responsibilities in writing, with no unassigned areas. Each employee, at any level, must be able to describe his or her responsibility for safety and health.
  - (f) Assigning commensurate authority to those who have responsibility.
  - (g) Affording adequate resources to those who have responsibility and authority. This includes such resources as time, training, personnel, equipment, budget, and access to expert information.
  - (h) Holding managers, supervisors, and employees accountable for meeting their responsibilities, so that essential tasks will be performed. In addition to clearly defining and implementing authority and responsibility for safety and health protection, management leadership entails evaluating managers and supervisors annually, and operating a documented system for reinforcing good and correcting deficient performance.

**b. Employee Involvement and Participation.** Each participant must be able to demonstrate meaningful employee engagement in the worksite's safety and health management systems. Employees may provide ideas and recommendations to management for safety and health improvements, training and/or providing feedback into training needs of co-workers. Employees may also participate in hazard detection, prevention, and control activities as well as safety and health planning, goal-setting, and evaluation of the facility's safety and health performance.

- (1) Employee Involvement. Employees must be meaningfully involved in the safety and health management systems. The worksite culture must enable and encourage employee involvement in the planning and operation of the safety and health program and in decisions that affect employees' safety and health. The requirement for employee participation may be met in a variety of ways such as participation in safety and health problem identification and resolution. This involvement must be in addition to the individual right to notify appropriate managers of hazardous conditions and practices, and to have issues addressed.

Examples of acceptable employee involvement include, but are not limited to, the following:

- (a) Safety and health problem-solving groups.
  - (b) Participating in audits and/or worksite inspections.
  - (c) Participating in accident and incident investigations.
  - (d) Employee improvement suggestion programs.
  - (e) Safety and health training of other employees.
  - (f) Analysis of job/process hazards.
  - (g) Safety observers.
  - (h) Committees/teams that plan and conduct safety and health awareness programs.
  - (i) Legally established safety and health committees. As per North Carolina Labor Laws General Statute (NCGS) [§95-251. Safety and health programs](#), a worksite may be legally required to establish a safety and health committee if the worksite has an experience rate modifier of 1.5 or greater.
- (2) The following information applies to all worksite safety and health committees, both union and non-union. The participant must demonstrate that the committee has the following characteristics or justified alternatives:
- (a) Has a minimum of one year's experience providing safety and health advice and making periodic worksite inspections.
  - (b) Has at least equal representation by employee representatives who work at the worksite and who are selected, elected, or approved by a duly authorized collective bargaining organization, if one exists.
  - (c) Meets regularly, keeps minutes of the meetings, and follows their established quorum requirements of the committee, including representatives of both employees and management.
  - (d) Conducts monthly inspections of the entire worksite, or more frequently as needed. [**Note:** *Must have at least equal employee representation when conducting the inspections.*]
  - (e) Observes or assists in the investigation and documentation of major accidents.

- (f) Has access to all relevant safety and health information.
  - (g) Has adequate training to recognize hazards and to perform other assigned safety and health duties.
- (3) Contract Employee Coverage. All contractor employees (i.e., onsite contractors, subcontractors, or temporary employees) are required to follow the Star participant's worksite safety and health rules and procedures applicable to their activities while at the worksite.
- (a) Essentially, Star participants are expected to require of their contractor(s) what NCDOL OSH requires of them - an effective safety and health management system in place.
  - (b) Star participants must demonstrate that they have considered the safety and health management systems and/or safety and health performance history of all contractors during the evaluation and selection of these contractors.
  - (c) Participants must document that all contractors operating routinely at the worksite maintain effective safety and health programs and management systems, and comply with applicable safety and health rules and regulations. The documentation must describe:
    - The authority for the oversight, coordination, and enforcement of those programs by the participant, and there must be documentary evidence of the exercise of this authority at the worksite.
    - The means for prompt elimination or control of hazards, however detected, by the participant in the event that contractors or individuals fail to correct or control such hazards.
    - The penalties, including contractor correction and/or dismissal from the worksite, for willful or repeated noncompliance by contractors or individuals.

**c. Hazard Identification and Evaluation.** Implementation of the safety and health management systems must begin with a thorough understanding of all hazardous situations to which employees may be exposed, as well as the ability to recognize and correct all existing hazards as they arise. This requires:

- (1) Comprehensive safety and health surveys at intervals appropriate for the nature of workplace operations, which include:
  - (a) A baseline health hazard exposure assessment with strategies for initial and subsequent industrial hygiene monitoring, accomplished through initial comprehensive industrial hygiene surveying.

- (b) A baseline survey of safety hazards accomplished through an initial comprehensive worksite survey and subsequent survey, as needed.
  - (c) The use of nationally recognized procedures for all sampling, testing, and analysis with written records of results.
- (2) Process to ensure analysis of all newly acquired or altered facilities, processes, materials, equipment, and/or phases before use begins, in order to identify hazards and the means for their prevention or control.
  - (3) Routine examination and analysis of safety and health hazards associated with individual jobs, processes, or phases and inclusion of the results in training and hazard control programs. This includes job hazard analysis and process hazard review.
  - (4) A system for conducting, as appropriate, routine self-inspections that follows written procedures or guidance, and that results in written reports of findings and tracking of hazard elimination or control to completion. In general industry, private sector these inspections must occur at least monthly and must cover the whole worksite at least quarterly.
  - (5) A reliable system for employees, without fear of reprisal, to notify appropriate management personnel in writing about conditions that appear hazardous and to receive timely and appropriate responses. The system must include tracking of responses and tracking of hazard elimination or control to completion.
  - (6) An accident/incident investigation system that includes written procedures or guidance, with written reports of findings and hazard elimination or control tracking to completion. Investigations are expected to seek out root causes of the accident or incident, and to include "near-miss" incidents.
  - (7) A system to analyze trends through a review of injury/illness experience and hazards identified through inspections, employee reports, accident investigations and/or other means, so that patterns with common causes can be identified and the causes eliminated or controlled.
- d. Hazard Prevention and Control.** Based on the results of the hazard assessment, identified hazards must be eliminated or controlled by the following methods:
- (1) Reasonable worksite access to certified industrial hygienists (CIH) and certified safety professionals (CSP), as needed, based on the risks at the worksite.
  - (2) Means for eliminating or controlling hazards, including:
    - (a) Engineering controls.
    - (b) Administrative controls such as job rotation to reduce the duration of exposure.

- (c) Personal protective equipment.
- (d) Safety and health rules, including safe work procedures for specific operations that are:
  - Understood and followed by all affected parties.
  - Appropriate to the hazards of the worksite.
  - Equitably enforced through a clearly communicated written disciplinary system that includes procedures for disciplinary action or reorientation of managers, supervisors, and employees who break or disregard safety rules, safe work practices, proper materials handling, or emergency procedures.
  - Written, implemented, and updated by management as needed and are used by employees.
  - Incorporated in training, positive reinforcement, and correction programs.

- (3) A written system, including ongoing documentation, of the monitoring and maintenance of workplace equipment and engineering, such as preventive and predictive maintenance, which is used to prevent equipment from becoming hazardous.
- (4) A system for initiating and tracking hazard elimination or control in a timely manner.
- (5) An occupational health care program that uses occupational health professionals to analyze hazards, as appropriate, for prevention of and early recognition and treatment of illness and injury; and that provides, at a minimum, certified first aid and cardiopulmonary resuscitation (CPR) providers onsite for all shifts, or access to a physician and emergency medical care within a reasonable time and distance, so that harm can be minimized.
- (6) Procedures for response to emergencies. These procedures must be written and communicated to all employees, must list requirements for personal protective equipment, first aid, medical care, and emergency egress, and must include provisions for emergency telephone numbers, exit routes, and training drills including annual evacuation drills.

**e. Safety and Health Training.** Training is necessary to reinforce and complement management's commitment to prevent exposure to hazards. All employees must understand the hazards to which they may be exposed and how to prevent harm to themselves and others from exposure to these hazards. Effective training enables

employees to accept and follow established safety and health procedures. Training for safety and health must ensure that:

- (1) Managers understand their safety and health responsibilities as described under "Management Commitment and Leadership," and effectively carry out those responsibilities.
- (2) Supervisors understand their safety and health responsibilities and carry them out effectively.
- (3) Employees are made aware of hazards, taught how to recognize hazardous conditions, and learn the safe work procedures to follow in order to protect themselves from hazards, through training provided at the same time they are taught to do a job and through reinforcement.
- (4) Supervisors, employees (including contractor employees), and visitors on the worksite understand what to do in emergency situations.
- (5) Where personal protective equipment is required, employees understand that it is required, why it is required, its limitations, and how to properly use and maintain it.

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**Proceed to [Section IV. Rising Star Program](#), then to [Section VII. Applicant Eligibility](#)**

#### IV. Rising Star Program

The Rising Star Program is designed for employers in the general industry, private sector who do not yet meet the qualifications for the Carolina Star Program, but who have implemented most aspects of a safety and health management system, and who want to work toward Carolina Star Program participation. Participation in Rising Star is an opportunity for employers and their employees to work with NCDOL OSH to improve the quality of their safety and health management programs and, if necessary, reduce their injury and illness rates in order to meet the requirements for the Carolina Star Program. If NCDOL OSH determines that an employer has demonstrated the commitment and possesses the resources to achieve the Carolina Star Program requirements within three years, then the Rising Star Program is used to set Star goals that, when achieved, will help the worksite qualify for Carolina Star Program participation.

**Note: The Rising Star Program is not designed for the public sector or construction industry.**

##### A. Qualifications for the Rising Star Program

###### 1. Injury and Illness Rates

The general industry, private sector participant, at the time of approval, must meet the following criteria: The most recent three-year average for both the total recordable case (TRC) rates and cases with days away from work, job transfer, or restriction (DART) rates must be below the most recent published federal BLS rate for the appropriate North American Industrial Classification System (NAICS) preferably using a 6-digit NAICS rate, or highest digit available. Participants with less than three years' experience shall be considered based on total injury and illness rate experience provided that such experience shall not be less than 12 months. *Also include rates and hours worked for any temporary employees, as well as rates and hours worked for any contractors who have worked 500 or more hours in any calendar quarter at that worksite.* An **Injury and Illness Rate Calculation Worksheet** is included in [Section XX. Appendix I](#).

For existing qualifying Rising Star worksites, an alternative method for calculating hypothetical incidence rates may be used. To determine whether the employer qualifies for the Alternative Calculation Method, do the following:

- a. Using the most recent employment statistics (i.e., hours worked in the most recent calendar year) and the calculation criteria listed in [Section XX. Appendix I](#), calculate a hypothetical rate for the employer assuming that the employer had two cases during the year.
- b. Compare that hypothetical rate to the most recent published federal BLS rate for that NAICS industry. **Note: If no 6-digit federal BLS NAICS industry rates are available, utilize the next highest digit NAICS industry rates published by BLS.**
- c. If the hypothetical rate (based on two cases) gives the worksite a rate higher than the federal BLS average for its industry, then the Alternative Calculation Method can be

used. If the hypothetical rate is lower than the federal BLS rate, then the Alternative Calculation Method cannot be used.

- d. If the employer qualifies for the Alternative Calculation Method, the best three of the last four calendar years shall be used to calculate the three-year rate for the employer.
- e. If the employer does not qualify for the Alternative Calculation Method, refer to [Section XIV. Provisional Status and Injury and Illness Rate Reduction Plan](#).

## 2. Term of Participation

Worksites may be approved for the Rising Star Program depending on their goals and annual safety and health management system evaluation. NCDOL OSH will set Carolina Star goals to bring Rising Star worksites up to Carolina Star level. The worksite's term of participation as a Rising Star will depend upon how long it is expected to take the participant to accomplish the Carolina Star goals. The participant is expected to maintain its safety and health management systems as evidenced by a favorable onsite evaluation by the Star Program evaluation team within 36 months of the initial Star Program evaluation, and every 60 months thereafter.

Rising Star worksites must continue to make improvements to their safety and health management systems as evidenced by the Star Program team, and submit the required Star Annual Report ("SAR"), which includes their annual TRC and DART rate data, safety and health management system evaluation, etc. (refer to [Section IX. Star Applicant/Participant Assurances](#)). **A worksite must discuss how it is working toward and/or has accomplished its Carolina Star goals in their SAR.** The worksite is encouraged to grow and rise toward becoming a Carolina Star worksite within three years; however, the worksite may remain Rising Star beyond three years if its rates and annual program evaluation supports improvement. This will be determined by the Recognition Program Manager on a case-by-case basis.

Following the onsite evaluation, the participant must develop and submit an action plan to NCDOL OSH Recognition Program, which addresses the steps taken to correct the hazards and Areas for Improvement identified during the evaluation. The Action Plan items shall be corrected within 90 days upon receipt of this report. Any extension request to exceed the original 90-day timeframe is up to the discretion of the Recognition Program Manager. However, no extension granted will exceed a total of 12 months from receipt of the evaluation report. Failure to address and correct all Action Plan items within the allotted timeframe could result in forfeiture of current Star status.

***Note: The original allotted correction/abatement time (i.e., 90 days) may vary depending upon the circumstance. For example, rate issues, process safety, engineering controls, structural changes, etc. may take longer to correct. Each issue shall be reported in a timely manner and will be considered on an individual basis, and a reasonable original abatement timeframe will be determined by the Star Consultant and the Recognition Program Manager.***

### 3. Program Elements

All critical elements of a basic safety and health management system must be part of the written program. These critical elements are management commitment and leadership, employee involvement and participation, hazard identification and evaluation, hazard prevention and control, and safety and health training. All aspects of the safety and health programs must be appropriate to the size of the worksite and the type of industry. All safety and health management system elements needed for Carolina Star Program success must be in effect for a period of not less than 12 months before a worksite applies for participation.

### 4. Safety and Health Management System Qualifications

**a. Management Commitment and Leadership.** Each participant must be able to demonstrate top-level management leadership in the worksite's safety and health management systems. Systems for comprehensive planning must address protection of employee safety and health.

- (1) Commitment to Safety and Health Protection. Authority and responsibility for employee safety and health must be integrated with the overall management system of the organization and must involve employees. This commitment includes:
  - (a) Policy. Clearly established policies for employee safety and health protection that have been communicated to and understood by employees.
  - (b) Goal and Objectives. Established and communicated goal(s) for the safety and health program and results-oriented objectives for meeting that goal, so that all members of the organization understand the results desired and the measures planned for achieving them, especially those factors that are applicable directly to them.
- (2) Commitment to Carolina Star Program Participation. Management must also clearly demonstrate commitment to meeting and maintaining the requirements of the Carolina Star Program.
- (3) Planning. Planning for safety and health, including a comprehensive review, must be a part of the overall management planning process. The participant must have a process in place for a comprehensive annual evaluation of their safety and health management system in order to judge their success in meeting the worksite's goals and objectives with regard to continuous improvement of the management system. The process will also identify those responsible for determining and implementing changes needed to improve employee safety and health protection.
  - (b) A comprehensive review may include corporate or other third party audits/gap analyses, as well as assessments of the effectiveness of the various

aspects of the company's safety and health management system including, but not limited to: Development of a safety business plan; safety and health program reviews/updates, development of safety and health goals and action plans w/milestones; completion of past year's goals/objectives; thorough analysis of worksite hazards and abatement of hazards found; review/updates of safety and health programs; employee involvement and participation in various aspects of safety and health management systems; analysis of injury /illness trends, incidence data, near-misses, and root cause analyses; and assessment of the overall impact of improvements on organizational performance.

- (4) Management Leadership. Managers must provide visible leadership in implementing the program. This must include:
- (a) Establishing clear lines of communication with employees.
  - (b) Setting an example of safe and healthful behavior.
  - (c) Creating an environment that allows for reasonable employee access to top worksite management.
  - (d) Ensuring that all employees at the worksite, including contract employees, are provided equally high quality safety and health protection.
  - (e) Clearly defining responsibilities in writing, with no unassigned areas. Each employee, at any level, must be able to describe his or her responsibility for safety and health.
  - (f) Assigning commensurate authority to those who have responsibility.
  - (g) Affording adequate resources to those who have responsibility and authority. This includes such resources as time, training, personnel, equipment, budget, and access to expert information.
  - (h) Holding managers, supervisors, and employees accountable for meeting their responsibilities, so that essential tasks will be performed. In addition to clearly defining and implementing authority and responsibility for safety and health protection, management leadership entails evaluating managers and supervisors annually, and operating a documented system for reinforcing good and correcting deficient performance.

**b. Employee Involvement and Participation.** Each participant must be able to demonstrate meaningful employee engagement in the worksite's safety and health management systems. Employees may provide ideas and recommendations to management for safety and health improvements, training and/or providing feedback into training needs of co-workers. Employees may also participate in hazard detection, prevention, and control activities as well as safety and health planning, goal-setting, and evaluation of the facility's safety and health performance.

(1) Employee Involvement. Employees must be meaningfully involved in the safety and health management systems. The worksite culture must enable and encourage employee involvement in the planning and operation of the safety and health program and in decisions that affect employees' safety and health. The requirement for employee participation may be met in a variety of ways such as participation in safety and health problem identification and resolution. This involvement must be in addition to the individual right to notify appropriate managers of hazardous conditions and practices, and to have issues addressed. Examples of acceptable employee involvement include, but are not limited to, the following:

- (a) Safety and health problem-solving groups.
- (b) Participating in audits and/or worksite inspections.
- (c) Participating in accident and incident investigations.
- (d) Employee improvement suggestion programs.
- (e) Safety and health training of other employees.
- (f) Analysis of job/process hazards.
- (g) Safety observers.
- (h) Committees/teams that plan and conduct safety and health awareness programs.
- (i) Legally established safety and health committees. As per North Carolina Labor Laws General Statute (NCGS) [§95-251. Safety and health programs](#), a worksite may be legally required to establish a safety and health committee if the worksite has an experience rate modifier of 1.5 or greater.

(2) The following information applies to all worksite safety and health committees, both union and non-union. The participant must demonstrate that the committee has the following characteristics or justified alternatives:

- (a) Has a minimum of one year's experience providing safety and health advice and making periodic worksite inspections.
  - (b) Has at least equal representation by employee representatives who work at the worksite and who are selected, elected, or approved by a duly authorized collective bargaining organization, if one exists.
  - (c) Meets regularly, keeps minutes of the meetings, and follows their established quorum requirements of the committee, including representatives of both employees and management.
  - (d) Conducts monthly inspections of the entire worksite, or more frequently as needed. [**Note:** *Must have at least equal employee representation when conducting the inspections.*]
  - (e) Observes or assists in the investigation and documentation of major accidents.
  - (f) Has access to all relevant safety and health information.
  - (g) Has adequate training to recognize hazards and to perform other assigned safety and health duties.
- (3) Contract Employee Coverage. All contractor employees (i.e., onsite contractors, subcontractors, or temporary employees) are required to follow the Star participant's worksite safety and health rules and procedures applicable to their activities while at the worksite.
- (a) Essentially, Star participants are expected to require of their contractor(s) what NCDOL OSH requires of them - an effective safety and health management system in place.
  - (b) Star participants must demonstrate that they have considered the safety and health management systems and/or safety and health performance history of all contractors during the evaluation and selection of these contractors.
  - (c) Participants must document that all contractors operating routinely at the worksite maintain effective safety and health programs and management systems, and comply with applicable safety and health rules and regulations. The documentation must describe:
    - The authority for the oversight, coordination, and enforcement of those programs by the participant, and there must be documentary evidence of the exercise of this authority at the worksite.

- The means for prompt elimination or control of hazards, however detected, by the participant in the event that contractors or individuals fail to correct or control such hazards.
- The penalties, including contractor correction and/or dismissal from the worksite, for willful or repeated noncompliance by contractors or individuals.

**c. Hazard Identification and Evaluation.** Implementation of the safety and health management systems must begin with a thorough understanding of all hazardous situations to which employees may be exposed, as well as the ability to recognize and correct all existing hazards as they arise. This requires:

- (1) Comprehensive safety and health surveys at intervals appropriate for the nature of workplace operations, which include:
  - (a) A baseline health hazard exposure assessment with strategies for initial and subsequent industrial hygiene monitoring, accomplished through initial comprehensive industrial hygiene surveying.
  - (b) A baseline survey of safety hazards accomplished through an initial comprehensive worksite survey and subsequent survey, as needed.
  - (c) The use of nationally recognized procedures for all sampling, testing, and analysis with written records of results.
- (2) Process to ensure analysis of all newly acquired or altered facilities, processes, materials, equipment, and/or phases before use begins, in order to identify hazards and the means for their prevention or control.
- (3) Routine examination and analysis of safety and health hazards associated with individual jobs, processes, or phases and inclusion of the results in training and hazard control programs. This includes job hazard analysis and process hazard review.
- (4) A system for conducting, as appropriate, routine self-inspections that follows written procedures or guidance, and that results in written reports of findings and tracking of hazard elimination or control to completion. In general industry, private sector these inspections must occur at least monthly and must cover the whole worksite at least quarterly.
- (5) A reliable system for employees, without fear of reprisal, to notify appropriate management personnel in writing about conditions that appear hazardous and to receive timely and appropriate responses. The system must include tracking of responses and tracking of hazard elimination or control to completion.

- (6) An accident/incident investigation system that includes written procedures or guidance, with written reports of findings and hazard elimination or control tracking to completion. Investigations are expected to seek out root causes of the accident or incident, and to include "near-miss" incidents.
- (7) A system to analyze trends through a review of injury/illness experience and hazards identified through inspections, employee reports, accident investigations and/or other means, so that patterns with common causes can be identified and the causes eliminated or controlled.

**d. Hazard Prevention and Control.** Based on the results of the hazard assessment, identified hazards must be eliminated or controlled by the following methods:

- (1) Reasonable worksite access to certified industrial hygienists (CIH) and certified safety professionals (CSP), as needed, based on the risks at the worksite.
- (2) Means for eliminating or controlling hazards, including:
  - (a) Engineering controls.
  - (b) Administrative controls such as job rotation to reduce the duration of exposure.
  - (c) Personal protective equipment.
  - (d) Safety and health rules, including safe work procedures for specific operations that are:
    - Understood and followed by all affected parties.
    - Appropriate to the hazards of the worksite.
    - Equitably enforced through a clearly communicated written disciplinary system that includes procedures for disciplinary action or reorientation of managers, supervisors, and employees who break or disregard safety rules, safe work practices, proper materials handling, or emergency procedures.
    - Written, implemented, and updated by management as needed and are used by employees.
    - Incorporated in training, positive reinforcement, and correction programs.
- (3) A written system, including ongoing documentation, of the monitoring and maintenance of workplace equipment and engineering, such as preventive and predictive maintenance, which is used to prevent equipment from becoming hazardous.

- (4) A system for initiating and tracking hazard elimination or control in a timely manner.
- (5) An occupational health care program that uses occupational health professionals to analyze hazards, as appropriate, for prevention of and early recognition and treatment of illness and injury; and that provides, at a minimum, certified first aid and cardiopulmonary resuscitation (CPR) providers onsite for all shifts, or access to a physician and emergency medical care within a reasonable time and distance, so that harm can be minimized.
- (6) Procedures for response to emergencies. These procedures must be written and communicated to all employees, must list requirements for personal protective equipment, first aid, medical care, and emergency egress, and must include provisions for emergency telephone numbers, exit routes, and training drills including annual evacuation drills.

**e. Safety and Health Training.** Training is necessary to reinforce and complement management's commitment to prevent exposure to hazards. All employees must understand the hazards to which they may be exposed and how to prevent harm to themselves and others from exposure to these hazards. Effective training enables employees to accept and follow established safety and health procedures. Training for safety and health must ensure that:

- (1) Managers understand their safety and health responsibilities as described under "Management Commitment and Leadership," and effectively carry out those responsibilities.
- (2) Supervisors understand their safety and health responsibilities and carry them out effectively.
- (3) Employees are made aware of hazards, taught how to recognize hazardous conditions, and learn the safe work procedures to follow in order to protect themselves from hazards, through training provided at the same time they are taught to do a job and through reinforcement.
- (4) Supervisors, employees (including contractor employees), and visitors on the worksite understand what to do in emergency situations.
- (5) Where personal protective equipment is required, employees understand that it is required, why it is required, its limitations, and how to properly use and maintain it.

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**Proceed to [Section VII. Applicant Eligibility](#)**

## V. Building Star Program

The Building Star Program is designed to recognize construction industry leaders in occupational safety and health that are successfully protecting employees from death, injury, and illness by implementing comprehensive and effective safety and health programs and management systems. This program provides an opportunity for the construction industry to promote and assist in creating more construction work places that are free of accidents and illnesses.

**Note: The Building Star Program is created solely for the construction industry.**

### A. Qualifications for the General Contractors and Specialty Trade Contractors

#### 1. Injury and Illness Rates

The contractor participant, at the time of approval, must meet the following criteria: *All injuries and illness rates for each worksite in North Carolina must be summarized on the OSHA 300 log each year, for the past three years.* The most recent three-year average for both the total recordable case (TRC) rates and cases with days away from work, job transfer, or restriction (DART) rates must be at or below 50 percent of the most recent published Federal BLS rate for the appropriate North American Industrial Classification System (NAICS) preferably using a 6-digit NAICS rate, or highest digit available. Participants with less than three years' experience shall be considered based on total experience provided that such experience shall not be less than 12 months in the state of North Carolina. An **Injury and Illness Rate Calculation Worksheet** is included in [Section XX. Appendix I](#).

**Note: Employee work hours for Building Star participants must include only activity that has occurred in the State of North Carolina. Building Star companies are not to include any work hours of their subcontractors as a part of their three-year rate calculations.**

For existing, qualifying Building Star worksites, an alternative method for calculating hypothetical incidence rates may be used. To determine whether the employer qualifies for the Alternative Calculation Method, do the following:

- a. Using the most recent employment statistics (i.e., hours worked in the most recent calendar year) and the calculation criteria listed in [Section XX. Appendix I](#), calculate a hypothetical rate for the employer assuming that the employer had two cases during the year.
- b. Compare that hypothetical rate to the most recent published federal BLS rate for that NAICS industry. **Note: If no 6-digit federal BLS NAICS industry rates are available, utilize the next highest digit NAICS industry rates published by BLS.**
- c. If the hypothetical rate (based on two cases) gives the worksite a rate higher than the federal BLS average for its industry, then the Alternative Calculation Method can be used. If the hypothetical rate is lower than the federal BLS rate, then the Alternative Calculation Method cannot be used.

- d. If the employer qualifies for the Alternative Calculation Method, the best three of the last four calendar years shall be used to calculate the three-year rate for the employer.
- e. If the employer does not qualify for the Alternative Calculation Method, refer to [Section XIV. Provisional Status and Injury and Illness Rate Reduction Plan](#).

## 2. Term of Participation

The term for participation in an approved Building Star Program is open-ended so long as the participating worksite continues to maintain its excellent safety and health management systems as evidenced by a favorable onsite evaluation by the Star Program evaluation team within 36 months of the initial Star Program evaluation, and every 60 months thereafter. In addition the worksite is required to submit the required Star Annual Report ("SAR"), which includes annual TRC and DART rate data, safety and health management system evaluation, etc. (refer to [Section IX. Star Applicant/Participant Assurances](#)). Building Star participants must also meet the following requirements:

- a. Does not have an interruption in work and, therefore, no worksites designated as Building Star for a period longer than one year in the state of North Carolina.
- b. Provides safe working conditions for their own employees working in areas of the worksite outside the participant's control.
- c. Provides safe working conditions for employees not under the control of the participant who may be assigned to work in the participant's areas of control or responsibility.
- d. During the main onsite evaluation, the onsite evaluation team will also audit one or more worksites, at their discretion. An onsite evaluation will also be conducted at the company's North Carolina office location. The onsite evaluation at the construction worksites will address the following:
- e. **General Contractors Only:** Must demonstrate total control over the safety and health at the worksite.
- f. **General Contractors Only:** The Building Star company must affirm that the company's worksite projects are indeed following and adhering to the company's safety and health management system and programs. *This is accomplished by an onsite evaluation team that may visit any or all of the sites that have been submitted at any time unannounced and make the determination if the worksites are indeed following and adhering to the company's policy.* If the onsite evaluation team is not satisfied that there is compliance with the participant's safety and health policies, they have the right to recommend voluntary withdrawal of the worksite and/or the company from Building Star status.

- g. **General Contractors Only:** Once a company is approved as a Building Star company, it can submit up to three worksite projects during the calendar year. *Only those worksites will be removed from the compliance programmed inspection list.* The participating Building Star company must inform the Recognition Program Manager or Star Consultant immediately when a Building Star worksite project is completed.

Following the onsite evaluation, the participant must develop and submit an action plan to NCDOL OSH Recognition Program, which addresses the steps taken to correct the hazards and Areas for Improvement identified during the evaluation. The Action Plan items shall be corrected within 90 days upon receipt of this report. Any extension request to exceed the original 90-day timeframe is up to the discretion of the Recognition Program Manager. However, no extension granted will exceed a total of 12 months from receipt of the evaluation report. Failure to address and correct all Action Plan items within the allotted timeframe could result in forfeiture of current Star status.

***Note: The original allotted correction/abatement time (i.e., 90 days) may vary depending upon the circumstance. For example, rate issues, process safety, engineering controls, structural changes, etc. may take longer to correct. Each issue shall be reported in a timely manner and will be considered on an individual basis, and a reasonable original abatement timeframe will be determined by the Star Consultant and the Recognition Program Manager.***

### 3. Program Elements

All critical elements of a basic safety and health management system must be part of the written program. These critical elements are management commitment and leadership, employee involvement and participation, hazard identification and evaluation, hazard prevention and control, and safety and health training. All aspects of the safety and health programs must be appropriate to the size of the worksite and the type of industry. All safety and health management system elements needed for Building Star Program qualification must be in effect for a period of not less than 12 months before a worksite applies for participation.

### 4. Safety and Health Management System Qualifications

- a. **Management Commitment and Leadership.** Each participant must be able to demonstrate top-level management leadership in the worksite's safety and health management systems. Systems for comprehensive planning must address protection of employee safety and health.

- (1) Commitment to Safety and Health Protection. Authority and responsibility for employee safety and health must be integrated with the overall management system of the organization and must involve employees. This commitment includes:

- (a) Policy. Clearly established policies for employee safety and health protection that have been communicated to and understood by employees.

- (b) Goal and Objectives. Established and communicated goal(s) for the safety and health program and results-oriented objectives for meeting that goal, so that all members of the organization understand the results desired and the measures planned for achieving them, especially those factors that are applicable directly to them.
- (2) Commitment to Building Star Program Participation. Management must also clearly demonstrate commitment to meeting and maintaining the requirements of the Carolina Star Program.
  - (3) Planning. Planning for safety and health must be a part of the overall management planning process. The participant must have a process in place for a comprehensive annual evaluation of their safety and health management system in order to judge their success in meeting the worksite's goals and objectives with regard to continuous improvement of the management system. The process will also identify those responsible for determining and implementing changes needed to improve employee safety and health protection.
    - (a) A comprehensive review may include corporate or other third party audits/gap analyses, as well as assessments of the effectiveness of the various aspects of the company's safety and health management system including, but not limited to: Development of a safety business plan; safety and health program reviews/updates, development of safety and health goals and action plans w/milestones; completion of past year's goals/objectives; thorough analysis of worksite hazards and abatement of hazards found; review/updates of safety and health programs; employee involvement and participation in various aspects of safety and health management systems; analysis of injury /illness trends, incidence data, near-misses, and root cause analyses; and assessment of the overall impact of improvements on organizational performance.
  - (4) Management Leadership. Managers must provide visible leadership in implementing the program. This must include:
    - (a) Establishing clear lines of communication with employees.
    - (b) Setting an example of safe and healthful behavior.
    - (c) Creating an environment that allows for reasonable employee access to top worksite management.
    - (d) Ensuring that all employees at the worksite, including contract employees, are provided equally high quality safety and health protection.

- (e) Clearly defining responsibilities in writing, with no unassigned areas. Each employee, at any level, must be able to describe his or her responsibility for safety and health.
- (f) Assigning commensurate authority to those who have responsibility.
- (g) Affording adequate resources to those who have responsibility and authority. This includes such resources as time, training, personnel, equipment, budget, and access to expert information.
- (h) Holding managers, supervisors, and employees accountable for meeting their responsibilities, so that essential tasks will be performed. In addition to clearly defining and implementing authority and responsibility for safety and health protection, management leadership entails evaluating managers and supervisors annually, and operating a documented system for reinforcing good and correcting deficient performance.

**b. Employee Involvement and Participation.** Each participant must be able to demonstrate meaningful employee engagement in the worksite's safety and health management systems. Employees may provide ideas and recommendations to management for safety and health improvements, training and/or providing feedback into training needs of co-workers. Employees may also participate in hazard detection, prevention, and control activities as well as safety and health planning, goal-setting, and evaluation of the facility's safety and health performance.

(1) Employee Involvement. Employees must be meaningfully involved in the safety and health management systems. The worksite culture must enable and encourage employee involvement in the planning and operation of the safety and health program and in decisions that affect employees' safety and health. The requirement for employee participation may be met in a variety of ways such as participation in safety and health problem identification and resolution. This involvement must be in addition to the individual right to notify appropriate managers of hazardous conditions and practices, and to have issues addressed. Examples of acceptable employee involvement include, but are not limited to, the following:

- (a) Safety and health problem-solving groups.
- (b) Participating in audits and/or worksite inspections.
- (c) Participating in accident and incident investigations.
- (d) Employee improvement suggestion programs.
- (e) Safety and health training of other employees.
- (f) Analysis of job/process hazards.

- (g) Safety observers.
  - (h) Committees/teams that plan and conduct safety and health awareness programs.
  - (i) Legally established safety and health committees. As per North Carolina Labor Laws General Statute (NCGS) [§95-251. Safety and health programs](#), a worksite may be legally required to establish a safety and health committee if the worksite has an experience rate modifier of 1.5 or greater.
- (2) The following information applies to all worksite safety and health committees, both union and non-union. The participant must demonstrate that the committee has the following characteristics or justified alternatives:
- (a) Has a minimum of one year's experience providing safety and health advice and making periodic worksite inspections.
  - (b) Has at least equal representation by employee representatives who work at the worksite and who are selected, elected, or approved by a duly authorized collective bargaining organization, if one exists.
  - (c) Meets regularly, keeps minutes of the meetings, and follows their established quorum requirements of the committee, including representatives of both employees and management.
  - (d) Conducts monthly inspections of the entire worksite, or more frequently as needed. [**Note:** *Must have at least equal employee representation when conducting the inspections.*]
  - (e) Observes or assists in the investigation and documentation of major accidents.
  - (f) Has access to all relevant safety and health information.
  - (g) Has adequate training to recognize hazards and to perform other assigned safety and health duties.
- (3) Contract Employee Coverage. All contractor employees (i.e., onsite contractors, subcontractors, or temporary employees) are required to follow the Star participant's worksite safety and health rules and procedures applicable to their activities while at the worksite.
- (a) Essentially, participants are expected to require of their contractor(s) what NCDOL OSH requires of them - an effective safety and health management system in place.

- (b) Participants must demonstrate that they have considered the safety and health management systems and/or safety and health performance history of all contractors during the evaluation and selection of these contractors.
- (c) Participants must document that all contractors operating routinely at the worksite maintain effective safety and health programs and management systems, and comply with applicable safety and health rules and regulations. The documentation must describe:
  - The authority for the oversight, coordination, and enforcement of those programs by the participant, and there must be documentary evidence of the exercise of this authority at the worksite.
  - The means for prompt elimination or control of hazards, however detected, by the participant in the event that contractors or individuals fail to correct or control such hazards.
  - The penalties, including contractor correction and/or dismissal from the worksite, for willful or repeated noncompliance by contractors or individuals

**c. Hazard Identification and Evaluation.** Implementation of the safety and health management systems must begin with a thorough understanding of all hazardous situations to which employees may be exposed, as well as the ability to recognize and correct all existing hazards as they arise. This requires:

- (1) Comprehensive safety and health surveys at intervals appropriate for the nature of workplace operations, which include:
  - (a) A baseline health hazard exposure assessment with strategies for initial and subsequent industrial hygiene monitoring, accomplished through initial comprehensive industrial hygiene surveying.
  - (b) A baseline survey of safety hazards accomplished through an initial comprehensive worksite survey and subsequent survey, as needed.
  - (c) The use of nationally recognized procedures for all sampling, testing, and analysis with written records of results.
- (2) Process to ensure analysis of all newly acquired or altered facilities, processes, materials, equipment, and/or phases before use begins, in order to identify hazards and the means for their prevention or control.
- (3) Routine examination and analysis of safety and health hazards associated with individual jobs, processes, or phases and inclusion of the results in training and hazard control programs. This includes job hazard analysis and process hazard review.

- (4) A system for conducting, as appropriate, frequent routine self-inspections that follows written procedures or guidance, and that results in written reports of findings and tracking of hazard elimination or control to completion.
- (5) A reliable system for employees, without fear of reprisal, to notify appropriate management personnel in writing about conditions that appear hazardous and to receive timely and appropriate responses. The system must include tracking of responses and tracking of hazard elimination or control to completion.
- (6) An accident/incident investigation system that includes written procedures or guidance, with written reports of findings and hazard elimination or control tracking to completion. Investigations are expected to seek out root causes of the accident or incident, and to include "near-miss" incidents.
- (7) A system to analyze trends through a review of injury/illness experience and hazards identified through inspections, employee reports, accident investigations and/or other means, so that patterns with common causes can be identified and the causes eliminated or controlled.

**d. Hazard Prevention and Control.** Based on the results of the hazard assessment, identified hazards must be eliminated or controlled by the following methods:

- (1) Reasonable worksite access to certified industrial hygienists (CIH) and certified safety professionals (CSP), as needed, based on the risks at the worksite.
- (2) Means for eliminating or controlling hazards, including:
  - (a) Engineering controls.
  - (b) Administrative controls such as job rotation to reduce the duration of exposure.
  - (c) Personal protective equipment.
  - (d) Safety and health rules, including safe work procedures for specific operations that are:
    - Understood and followed by all affected parties.
    - Appropriate to the hazards of the worksite.
    - Equitably enforced through a clearly communicated written disciplinary system that includes procedures for disciplinary action or reorientation of managers, supervisors, and employees who break or disregard safety rules, safe work practices, proper materials handling, or emergency procedures.

- Written, implemented, and updated by management as needed and are used by employees.
  - Incorporated in training, positive reinforcement, and correction programs.
- (3) A written system, including ongoing documentation, of the monitoring and maintenance of workplace equipment and engineering, such as preventive and predictive maintenance, which is used to prevent equipment from becoming hazardous.
- (4) A system for initiating and tracking hazard elimination or control in a timely manner.
- (5) An occupational health care program that uses occupational health professionals to analyze hazards, as appropriate, for prevention of and early recognition and treatment of illness and injury; and that provides, at a minimum, certified first aid and cardiopulmonary resuscitation (CPR) providers onsite for all shifts, or access to a physician and emergency medical care within a reasonable time and distance, so that harm can be minimized.
- (6) Procedures for response to emergencies. These procedures must be written and communicated to all employees, must list requirements for personal protective equipment, first aid, medical care, and emergency egress, and must include provisions for emergency telephone numbers, exit routes, and training drills including annual evacuation drills that address fire and weather-related emergencies.
- (7) Process Reviews. Employers must implement various reviews of daily operations including, but not limited to:
  - (a) Review of pre-task plans daily or more frequently, including the use of methods such as task hazard analyses (THAs), job safety analyses (JHAs), etc.
  - (b) Tool Box Talks to review overall plans for daily activity.
- e. Safety and Health Training.** Training is necessary to reinforce and complement management's commitment to prevent exposure to hazards. All employees must understand the hazards to which they may be exposed and how to prevent harm to themselves and others from exposure to these hazards. Effective training enables employees to accept and follow established safety and health procedures. Training for safety and health must ensure that:
  - (1) Managers understand their safety and health responsibilities as described under "Management Commitment and Leadership" and effectively carry out those responsibilities.

- (2) Supervisors understand their safety and health responsibilities and carry them out effectively.
- (3) Employees are made aware of hazards, taught how to recognize hazardous conditions, and learn the safe work procedures to follow in order to protect themselves from hazards, through training provided at the same time they are taught to do a job and through reinforcement.
- (4) Supervisors, employees (including contractor employees), and visitors on the worksite understand what to do in emergency situations.
- (5) Where personal protective equipment is required, employees understand that it is required, why it is required, its limitations, and how to properly use and maintain it.

## **5. Additional Training for General Contractor and Specialty Trade Star Participants**

- a. General. All employees must receive the appropriate job-specific training. All training must be documented, maintained, and accessible for review. Failure to provide and document the minimum training requirements listed below may disqualify a participant or result in the termination of a current Building Star participant's Star Program status. All affected employees must receive their minimum training requirements within 90 days of being assigned a task or responsibility which may expose them to potential construction-related safety and health hazards at the worksite.
- b. Minimum Initial Training:
  - (1) OSHA 30-Hour training is required for all superintendents, project managers, and other upper management personnel above foreman level.
  - (2) OSHA 10-Hour training is required for all foremen and crew leaders.
  - (3) All other employees must have training on the following safety and health topics including, but not limited to:
    - NCDOL OSHA Top 4 Hazards – Caught-in/Between, Electrical, Falls, Struck-by
    - Accident/Incident Investigation
    - CPR/First Aid
    - Drug Abuse
    - Fire Prevention
    - Hazard Communication
    - Ladder Safety

- Lockout/Tagout
- Personal Protective Equipment
- Scaffolding
- Vehicular (Industrial/non-industrial) Safety
- Any trade-specific training on topics such as permit-required confined spaces, silica and asbestos exposure
- Building Star Program participation expectations

c. Annual Refresher Training

- (1) Building Star participants are not required to provide the 10- and/or 30-Hour OSHA courses after employees have initially received that training as indicated above. However, all employees at a Building Star worksite must receive training on topics covered in the Initial Training (above) as well as training on trade-specific refresher safety and health topics annually or more often, as deemed necessary by the General Contractor/Specialty Trade Contractor Star participant. If an employer desires to do so, they may, as well as trade-specific safety and health topics at least annually.

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## VI. Public Sector Star Program

The Public Sector Star Program is designed to recognize and award state agencies and local governments for their leadership in occupational safety and health. The participants in this program are successful in protecting employees from death, injury, and illness by implementing comprehensive and effective safety and health management programs. Public Sector Star participants willingly share their experience and expertise, and they encourage other public sector entities to work toward comparable success. These worksites are self-sufficient in their ability to control hazards at their worksites.

***Note: The Public Sector Star Program is created solely for the participation of state agencies and local governments. Participation will vary depending upon total recordable case (TRC) rates, days away from work, restrictions and job transfer case (DART) rates, number of employees, and how each prospective participant is separated into establishments, departments, and/or divisions.***

### A. Qualifications for the Public Sector Star Program

1. **Requirements for state agencies and local governments are identical to those of the Carolina Star Program, generally, with the following additions:**
  - a. In addition to complying with 29 CFR 1910, state agencies and local governments must also be in full compliance with NCGS 95-148 (Safety & Health Programs of state agencies and local governments) and 29 CFR 1926, if applicable.
  - b. State and local governments employing less than 350 employees will be encouraged to apply as an entire agency.
  - c. State and local governments employing 350 or more employees may be considered by establishment/department/division. If the application covers a specific establishment/department/division, it must have ten or more employees. Public sector entities employing 350 or more employees, may submit up to four separate applications for participation in the Public Sector Star Program. *Only those establishments/departments/divisions will be removed from the compliance programmed inspection list.* Priority will be given to those participants considered to have high hazard processes.
  - d. State agencies and local governments must notify their managing officials of their intent to apply to the Public Sector Star Program, and they must submit a letter, from management, supporting the organizations participation in the program. This letter must be submitted with their application. The purpose of this letter is to demonstrate top-level management (i.e., Town Managers, Mayors, County Commissioners, State Department Commissioners, etc.) leadership and commitment to their agency's safety and health program.
  - e. Participants must initially score a minimum of sixty-five percent (65%) of the points available on the safety and health program evaluation worksheet, and show progress thereafter. This assessment will include an onsite evaluation of the following five

topic areas: management commitment and leadership, employee involvement and participation, hazard identification and evaluation, hazard prevention and control, and safety and health training. Refer to [Section XXI. Appendix II](#) for more information on the worksheet.

- f. For state and local governments, worksites must provide the onsite evaluation team copies of their OSHA 300 logs for the most recent three calendar years. The injury and illness data must be compiled among all establishments/departments/divisions, and submitted for review. This will become baseline data from which to show improvement.

## **2. Mobile Workforce**

Program criteria for mobile workforces apply to public sector entities with 350 or more employees. The guidelines for mobile workforces are designed for establishments/departments/divisions whose employees are regularly exposed to changing work environments including examples such as: Garbage collection, roadwork, recreation centers, police and fire departments. Public sector entities with mobile workforces may submit up to four applications per establishment/department/division. All elements of a participant's safety and health management system must meet the requirements of the Public Sector Star Program.

## **3. Injury and Illness Rates**

All participants will submit the most current complete three years' of OSHA 300 logs and total number of employee hours worked with their application. The Star Consultant will establish a baseline as it pertains to both total recordable case rates (TRC) and the Days Away from Work, Restriction, or Job Transferred (DART) rates that include illnesses. The baseline will be based upon most recent three-year average for both TRC and DART rates. During the evaluation process, all injury and illness data will be evaluated for accuracy. Once a baseline is established, all participants will be expected to maintain their TRC and DART rates below the established baseline, and demonstrate continuous improvement thereafter. After three years, each participant's injury and illness data will be re-evaluated, and compared to the baseline to determine improvement in the TRC and DART rates. Participants with less than three years' experience shall be considered based on total experience provided that such experience shall not be less than 12 months. *Also include rates and hours worked for any temporary employees, as well as rates and hours worked for any contractors who have worked 500 or more hours in any calendar quarter at that worksite.* An **Injury and Illness Rate Calculation Worksheet** is included in [Section XX. Appendix I](#).

For existing, qualifying Public Sector Star worksites, an alternative method for calculating hypothetical incidence rates may be used. To determine whether the employer qualifies for the Alternative Calculation Method, do the following:

- a. Using the most recent employment statistics (i.e., hours worked in the most recent calendar year) and the calculation criteria listed in [Section XX. Appendix I](#), calculate

a hypothetical rate for the employer assuming that the employer had two cases during the year.

- b. Compare that hypothetical rate to the baseline rates established for the Public Sector Star worksite.
- c. If the hypothetical rate (based on two cases) gives the worksite a rate higher than the baseline rate(s) for the worksite, then the Alternative Calculation Method can be used. If the hypothetical rate is lower than the baseline rate(s), then the Alternative Calculation Method cannot be used.
- d. If the employer qualifies for the Alternative Calculation Method, the best three of the last four calendar years shall be used to calculate the three-year rate for the employer.
- e. If the employer does not qualify for the Alternative Calculation Method, refer to [Section XIV. Provisional Status and Injury and Illness Rate Reduction Plan](#).

#### 4. Term of Participation

The term for participation in an approved Public Sector Star Program is open-ended so long as the participating worksite continues to maintain its excellent safety and health management systems as evidenced by a favorable onsite evaluation by the Star Program evaluation team within 36 months of the initial Star Program evaluation, and every 60 months thereafter. In addition the worksite is required to submit the required Star Annual Report ("SAR"), which includes annual TRC and DART rate data, safety and health management system evaluation, etc. (refer to [Section IX. Star Applicant/Participant Assurances](#)).

Following the onsite evaluation, the participant must develop and submit an action plan to NCDOL OSH Recognition Program, which addresses the steps taken to correct the hazards and Areas for Improvement identified during the evaluation. The Action Plan items shall be corrected within 90 days upon receipt of this report. Any extension request to exceed the original 90-day timeframe is up to the discretion of the Recognition Program Manager. However, no extension granted will exceed a total of 12 months from receipt of the evaluation report. Failure to address and correct all Action Plan items within the allotted timeframe could result in forfeiture of current Star status.

***Note: The original allotted correction/abatement time (i.e., 90 days) may vary depending upon the circumstance. For example, rate issues, process safety, engineering controls, structural changes, etc. may take longer to correct. Each issue shall be reported in a timely manner and will be considered on an individual basis, and a reasonable original abatement timeframe will be determined by the Star Consultant and the Recognition Program Manager.***

## 5. Program Elements

All critical elements of a basic safety and health management system must be part of the written program. These critical elements are management commitment and leadership, employee involvement and participation, hazard identification and evaluation, hazard prevention and control, and safety and health training. All aspects of the system must be appropriate to the size of the worksite and the type of process. All safety and health management system elements needed for Public Sector Star Program success must be in effect for a period of not less than 12 months before public sector entities apply for participation.

## 6. Safety and Health Management System Qualifications

**a. Management Commitment and Leadership.** Each participant must be able to demonstrate top-level management leadership in the worksite's safety and health management system. Management systems for comprehensive planning must address protection of employee safety and health.

- (1) Commitment to Safety and Health Protection. Authority and responsibility for employee safety and health must be integrated with the overall management system of the organization and must involve employees. This commitment includes:
  - (a) Policy. Clearly established policies for employee safety and health protection that have been communicated to and understood by employees.
  - (b) Goal and Objectives. Established and communicated goal(s) for the safety and health management system and results-oriented objectives for meeting that goal, so that all members of the organization understand the results desired and the measures planned for achieving them, especially those factors that are applicable directly to them.
- (2) Commitment to Public Sector Star participation. Management must also clearly demonstrate commitment to meeting and maintaining the requirements of the Public Sector Star Program.
- (3) Planning. Planning for safety and health must be a part of the overall management planning process. The participant must have a process in place for a comprehensive annual evaluation of their safety and health management system in order to judge their success in meeting the worksite's goals and objectives with regard to continuous improvement of the management system. The process will also identify those responsible for determining and implementing changes needed to improve employee safety and health protection.
  - (a) A comprehensive review may include corporate or other third party audits/gap analyses, as well as assessments of the effectiveness of the various

aspects of the company's safety and health management system including, but not limited to: Development of a safety business plan; safety and health program reviews/updates, development of safety and health goals and action plans w/milestones; completion of past year's goals/objectives; thorough analysis of worksite hazards and abatement of hazards found; review/updates of safety and health programs; employee involvement and participation in various aspects of safety and health management systems; analysis of injury /illness trends, incidence data, near-misses, and root cause analyses; and assessment of the overall impact of improvements on organizational performance.

- (4) Management Leadership. Managers must provide visible leadership in implementing the program. This must include:
- (a) Establishing clear lines of communication with employees.
  - (b) Setting an example of safe and healthful behavior.
  - (c) Creating an environment that allows for reasonable employee access to top worksite management.
  - (d) Ensuring that all employees at the worksite, including contract employees, are provided equally high quality safety and health protection.
  - (e) Clearly defining responsibility in writing, with no unassigned areas. Each employee, at any level, must be able to describe his or her responsibility for safety and health.
  - (f) Assigning commensurate authority to those who have responsibility.
  - (g) Affording adequate resources to those who have responsibility and authority. This includes such resources as time, training, personnel, equipment, budget, and access to expert information.
  - (h) Holding managers, supervisors, and employees accountable for meeting their responsibilities, so that essential tasks will be performed. In addition to clearly defining and implementing authority and responsibility for safety and health protection, management leadership entails evaluating managers and supervisors annually, and operating a documented system for reinforcing good and correcting deficient performance.

**b. Employee Involvement and Participation.** Each participant must be able to demonstrate meaningful employee engagement in the worksite's safety and health management systems. Employees may provide ideas and recommendations to management for safety and health improvements, training and/or providing feedback into training needs of co-workers. Employees may also participate in hazard detection, prevention, and control activities as well as safety and health planning, goal-setting, and evaluation of the facility's safety and health performance.

(1) Employee Involvement. Employees must be meaningfully involved in the safety and health management system. The worksite culture must enable and encourage employee involvement in the planning and operation of the safety and health management system and in decisions that affect employees' safety and health. The requirement for employee participation may be met in a variety of ways to participate in safety and health problem identification and resolution. This involvement must be in addition to the individual right to notify appropriate managers of hazardous conditions and practices and to have issues addressed. Examples of acceptable employee involvement include, but are not limited to, the following:

- (a) Safety and health problem-solving groups.
- (b) Participating in audits and/or worksite inspections.
- (c) Participating in accident and incident investigations.
- (d) Employee improvement suggestion programs.
- (e) Safety and health training of other employees.
- (f) Analysis of job/process hazards.
- (g) Safety observers.
- (h) Committees/teams that plan and conduct safety and health awareness programs.
- (i) Legally established safety and health committees. As per North Carolina Labor Laws General Statute (NCGS) [§95-251. Safety and health programs](#), a worksite may be legally required to establish a safety and health committee if the worksite has an experience rate modifier of 1.5 or greater.

(2) Joint Labor-Management Safety and Health Committees. If a joint labor-management safety and health committee is operating, the participant must demonstrate that the committee has the following characteristics or justified alternatives:

- (a) Has a minimum of one year's experience providing safety and health advice and making periodic worksite inspections.
  - (b) Has at least equal representation by employee representatives who work at the worksite and who are selected, elected, or approved by a duly authorized collective bargaining organization, if one exists.
  - (c) Mandatory, no exception - meets regularly, keeps minutes of the meetings, and follows quorum requirements of at least half of the members of the committee, including representatives of both employees and management.
  - (d) Conducts monthly inspections of the entire worksite, or more frequently as needed. [**Note:** *Must have at least equal employee representation when conducting the inspections.*]
  - (e) Observes or assists in the investigation and documentation of major accidents.
  - (f) Has access to all relevant safety and health information.
  - (g) Has adequate training to recognize hazards and to perform other assigned safety and health duties.
- (3) Contract Employee Coverage. All onsite contractors, subcontractor, temporary, or other specialized industry employees are required to follow worksite safety and health rules and procedures applicable to their activities while at the worksite.
- (a) Essentially, participants are expected to require of their contractor(s) what NCDOL OSH requires of them--an effective safety and health management system in place.
  - (b) Participants must demonstrate that they have considered the safety and health management programs and/or performance history of all contractors during the evaluation and selection of these contractors.
  - (c) Participants must document that all contractors and subcontractors operating routinely at the worksite maintain effective safety and health management programs and comply with applicable safety and health rules and regulations. This documentation must describe:
    - The authority for the oversight, coordination, and enforcement of those programs by the participant, and there must be documentary evidence of the exercise of this authority at the worksite.

- The means for prompt elimination or control of hazards, however detected, by the participant in the event that contractors or individuals fail to correct or control such hazards.
  - The penalties, including contractor correction and/or dismissal from the worksite, for willful or repeated noncompliance by contractors, subcontractors, or individuals.
- (4) Safety and Health Management System Evaluation. The participant must have a system for evaluating the operation of the safety and health management system annually to judge success in meeting the program's goal and objectives, so that those responsible can determine and implement changes needed to improve employee safety and health protection.
- (a) 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.
  - (b) The evaluation must assess the effectiveness of all elements described in "Safety and Health Management System Qualifications" (see Section III.A.4.) and any other elements of the worksite's management system, including outreach efforts such as mentoring other worksites, making Star-related presentations at meetings and conferences, input into NCDOL OSH's rules setting, and helping NCDOL OSH to carry out its mission.

**c. Hazard Identification and Evaluation.** Management of safety and health programs must begin with a thorough understanding of all hazardous situations to which employees may be exposed and the ability to recognize and correct all existing hazards as they arise. This requires:

- (1) Comprehensive safety and health surveys at intervals appropriate for the nature of workplace operations which include:
  - (a) A baseline health hazard exposure assessment with strategies for initial and subsequent industrial hygiene monitoring, accomplished through initial comprehensive industrial hygiene surveying.
  - (b) A baseline survey of safety hazards accomplished through an initial comprehensive worksite survey and subsequent survey as needed.
  - (c) The use of nationally recognized procedures for all sampling, testing, and analysis with written records of results.
- (2) Process to ensure analysis of all newly acquired or altered facilities, processes, materials, equipment, and/or phases before use begins, to identify hazards and the means for their prevention or control.

- (3) Routine examination and analysis of safety and health hazards associated with individual jobs, processes, or phases and inclusion of the results in training and hazard control programs. This includes job hazard analysis and process hazard review.
- (4) A system for conducting, as appropriate, routine self-inspections that follows written procedures or guidance and that results in written reports of findings and tracking of hazard elimination or control to completion.
  - In general industry, private and public sector, these inspections must occur no less frequently than monthly and must cover the whole worksite at least quarterly.
- (5) A reliable system for employees, without fear of reprisal, to notify appropriate management personnel in writing about conditions that appear hazardous and to receive timely and appropriate responses. The system must include tracking of responses and tracking of hazard elimination or control to completion.
- (6) An accident/incident investigation system that includes written procedures or guidance, with written reports of findings and hazard elimination or control tracking to completion. Investigations are expected to seek out root causes of the accident or incident, and to cover "near-miss" incidents.
- (7) A system to analyze trends through a review of injury/illness experience and hazards identified through inspections, employee reports, accident investigations and/or other means, so that patterns with common causes can be identified and the causes eliminated or controlled.

**d. Hazard Prevention and Control.** Based on the results of hazard assessment, identified hazards must be eliminated or controlled by the following methods:

- (1) Reasonable worksite access to certified industrial hygienists (CIH) and certified safety professionals (CSP) as needed based on the risks at the worksite.
- (2) Means for eliminating or controlling hazards, including:
  - (a) Engineering controls.
  - (b) Administrative controls such as job rotation to reduce the duration of exposure.
  - (c) Personal protective equipment.
  - (d) Safety and health rules, including safe and healthful work procedures for specific operations, that are:

- Understood and followed by all affected parties.
  - Appropriate to the hazards of the worksite.
  - Equitably enforced through a clearly communicated written disciplinary system that includes procedures for disciplinary action or reorientation of managers, supervisors, and employees who break or disregard safety rules, safe work practices, proper materials handling, or emergency procedures.
  - Written, implemented, and updated by management as needed and are used by employees.
  - Incorporated in training, positive reinforcement, and correction programs.
- (3) A written system and ongoing documentation of the monitoring and maintenance of workplace equipment and engineering, such as preventive and predictive maintenance, to prevent equipment from becoming hazardous.
- (4) A system for initiating and tracking hazard elimination or control in a timely manner.
- (5) An occupational health care program that uses occupational health professionals to analyze hazards, as appropriate, for prevention of and early recognition and treatment of illness and injury; and that provides, at a minimum, certified first aid and cardiopulmonary resuscitation (CPR) providers onsite for all shifts, or access to a physician and emergency medical care within a reasonable time and distance, so that harm can be minimized.
- (6) Procedures for response to emergencies. These procedures must be written and communicated to all employees, must list requirements for personal protective equipment, first aid, medical care, and emergency egress, and must include provisions for emergency telephone numbers, exit routes, and training drills including annual evacuation drills.

**e. Safety and Health Training.** Training is necessary to reinforce and complement management's commitment to prevent exposure to hazards. All employees must understand the hazards to which they may be exposed and how to prevent harm to themselves and others from exposure to these hazards. Effective training enables employees to accept and follow established safety and health procedures. Training for safety and health must ensure that:

- (1) Managers understand their safety and health responsibilities as described under "Management Commitment and Leadership," and effectively carry out those responsibilities.

- (2) Supervisors understand their safety and health responsibilities and carry them out effectively.
- (3) Employees are made aware of hazards, taught how to recognize hazardous conditions, and learn the safe work procedures to follow in order to protect themselves from hazards, through training provided at the same time they are taught to do a job and through reinforcement.
- (4) Supervisors, employees (including temporary and contractor employees), and visitors on the worksite understand what to do in emergency situations.
- (5) Where personal protective equipment is required, employees understand that it is required, why it is required, its limitations, and how to properly use and maintain it.

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**Proceed to [Section VII. Applicant Eligibility](#)**

## VII. Applicant Eligibility

- A. Star Programs.** The **Carolina Star** and the **Rising Star Programs** accept applications from *private sector employers in general industry, as well as onsite contractors and temporary agencies (if they are currently located at a Star worksite, receive support from the worksite's owner and they have been working onsite for at least 12 months)*. The **Building Star Program** accepts applications from *private sector employers in the construction industry to include both general contractors and specialty trade contractors*. The **Public Sector Star Program** accepts applications from *state agencies and local governments, if they receive a letter from management (i.e., Town Managers, Mayors, County Commissioners, State Department Commissioners, etc.) supporting the organizations participation in the program*. The applicants from all four Star Programs must have implemented a safety and health management system, and it must reflect the support of worksite employees and, where applicable, their union representatives.
- B. Unionized Sites.** At sites with employees organized into one or more collective bargaining units, the authorized representative for each collective bargaining unit must either sign the application or submit a signed statement indicating that the collective bargaining agent(s) support Star Programs participation. Without such concurrence from all such authorized agents, NCDOL OSH will not accept the application, unless the entire worksite is not unionized and the minority is under a collective bargaining agreement.
- C. NCDOL OSH History.** An applicant's history must include no open investigations and no pending or contested citations at the time of the application. In addition, there shall not be any affirmed willful violations, and/or work related fatalities to occur at an applicant's worksite location within the previous 36 months of submitting the application and worksite initial approval for participation in the Star Program. Any affirmed willful violations or fatalities to occur at worksites which are not covered by the application submitted, but are affiliated with the corporate organization within the state of North Carolina, will be placed on hold. As a result, further evaluation and participation will be up to the discretion of the Commissioner of Labor's office and/or the Deputy Commissioner/Director of NCDOL OSH.

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## **VIII. Application for Star Programs**

**A. Instructions.** NCDOL OSH will prepare, keep current, and make available to all interested parties application guidelines that explain the information to be submitted for NCDOL OSH review. The guidelines are found in the "[North Carolina Department of Labor Star Application](#)" document.

### **B. Content**

1. Eligible applicants are required to provide all information described in the most current version of the relevant application instructions.
2. Amendments to submitted applications shall be requested when the application information is insufficient to determine eligibility for onsite evaluation.
3. Materials needed to document various aspects of the safety and health management system that may involve invasion of privacy or a trade secret need not be included in the application. Instead, such materials must be described in the application and provided only for viewing at the worksite during an application assistance visit and/or during the Initial Onsite Evaluation.

### **C. Submission**

The application shall be submitted to NCDOL OSH, to the attention of the Recognition Program Manager.

### **D. Acceptance of Application**

The Recognition Program Manager assigns each application to a Star Consultant who conducts an initial review of each application to determine whether it meets the Star criteria that can be substantiated by the worksite's written safety and health management system and supporting documentation. The applicant shall be given the opportunity to improve its application by submitting amended or additional materials.

### **E. Withdrawal of Application**

1. Any Star applicant may withdraw a submitted application at any time. When the applicant notifies the Recognition Program Manager of its desire to withdraw, the original application(s) will be returned to the Star applicant.
2. The Recognition Program Manager may keep the assigned marked working copy of the application for a year before discarding it, in order to respond knowledgeably should the applicant raise questions concerning the handling of the application. Once an application has been withdrawn, a new submission of an application is required to be considered for Star Program approval.
3. After review of the application by the Star Consultant, if the application is deemed incomplete, and if after notification the applicant has not responded within 90 days to the

request for more information, then the application shall be considered unacceptable and will be returned to the worksite. The worksite may resubmit the application when it is complete.

**F. Public Access**

The following documents shall be maintained by NCDOL OSH for public access beginning on the day the worksite is approved:

1. Star Program application and amendments will be maintained for a period of three years or until the initial certification evaluation is complete.
2. Pre-approval report and subsequent Star evaluation reports.
3. Transmittal memoranda to the Commissioner of Labor and documentation of approval.

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## **IX. Star Applicant/Participant Assurances**

**A. Assurances.** This section applies to Star applicants and current Star participants in the Carolina Star, Rising Star, Building Star, and Public Sector Star Programs. Applications must be accompanied by certain assurances describing what the applicant agrees to do if the application is approved; these assurances must be maintained and renewed by current Star participants. The Star Program applicants and current Star Program participants must assure that:

1. The Star Program elements are in place, and the requirements of the elements will be met and maintained.
2. Employees, including newly hired employees and temporary/contract employees when they reach the worksite, will have the Star Programs explained to them, including employee rights under the programs and under the OSH Act.
3. Hazards discovered through employee notification, self-inspections, pre-worksites review, identification of items by an onsite Star Program evaluation team, accident investigations, process hazard reviews, annual evaluations, or any other means of report, investigation, or analysis will be corrected in a timely manner, with effective interim protection provided as necessary.
4. Employees given safety and health duties as part of the Star applicant/participant's safety and health management system will be protected from discriminatory actions resulting from their carrying out such duties. North Carolina Labor Law Chapter 95, Article 241 protects employees who exercise their rights.
5. Employees will have access to the results of self-inspections, accident investigations, and other safety and health management system data upon request.
6. The information listed below will be maintained and available for the Star Program onsite evaluation team in order to determine initial and continued approval in the Star Programs:
  - a. Written safety and health program.
  - b. All documentation enumerated under [Section XI. Initial Onsite Evaluation](#).
  - c. Any agreements between management and the collective bargaining agent(s) concerning the functions of any joint labor-management safety and health committee and its organization and any other employee involvement in the safety and health management system.
7. Star Annual Report ("SAR"). Each year, by February 15, each approved Star Program participant will send their SAR to the Recognition Program Manager, which includes, but is not limited to:

- a. The worksite's most recent OSHA Forms 300/300A, total recordable case (TRC) rates, days away from work, restrictions, or job transfer case (DART) rates, and hours worked (*include rates and hours worked for any temporary employees, as well as rates and hours worked for any contractors who have worked 500 or more hours in any calendar quarter at that worksite*).
  - b. Updated statement of commitment from the worksite's top management official and the authorized collective bargaining agent.
  - c. Significant changes to the management/staffing at the worksite and/or the company's operations.
  - d. A copy of the most recent annual evaluation of the worksite's safety and health management system.
  - e. A description of worksite outreach activities.
  - f. A copy of the current safety incentive (reward) program, if one is present (refer to [Section X. Safety Incentive \(Rewards\) Program](#)).
  - g. Any success stories, e.g., reductions in employees' compensation rates, improvements in employee involvement in the program, etc.
8. Carolina Star Safety Conference Participation
- a. Each Star Program participant is required to provide at least one employee to represent the company on regional Carolina Star Safety Conference, LLC conference team.
  - b. Employee(s) are expected to attend team meetings at scheduled times throughout the year in order to assist with planning annual Carolina Star Safety Conference.
9. Mentoring
- a. Star Program participants are expected to provide mentoring assistance when requested by Star Program applicants or when other opportunities arise. This could be in the form of a site visit by either party to meet the Star participant and share best practices, safety and health documents, and site tours.
10. Statement of Commitment Renewal.
- a. Organizational or Ownership Changes. Annually (in the SAR) and whenever significant organizational or ownership changes occur, the worksite shall provide the Recognition Program Manager a new statement of commitment signed by both top management and any authorized collective bargaining agents within 60 days of the change.

- b. Authorized Collective Bargaining Agent. Whenever a change occurs in the authorized collective bargaining agent, a new, signed statement shall be provided indicating that the new representative supports Star participation within 60 days.

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## **X. Safety Incentive (Rewards) Program**

The Star Program does not require that a company implement a safety incentive (reward) program. However, a positive safety incentive program encourages or rewards employees for reporting injuries, illnesses, near-misses, or hazards; it also may recognize, reward and thereby encourage employee involvement in the worksite's safety and health management system. Nevertheless, when an incentive program discourages employee reporting or, in particularly extreme cases, disciplines employees for reporting injuries or hazards, problems remain concealed, investigations do not take place, nothing is learned or corrected, and employees remain exposed to harm. A company whose incentive program has the potential to discourage employee reporting fails to meet the Star Program's safety and health management system requirements.

### **A. Safety Incentive Program Expectations**

A reward or recognition of any value would constitute participation in a safety incentive program. Examples include, but are not limited to, departmental recognition, provision of articles of clothing, monetary rewards (e.g., gift cards, pay increases), food/meals, trinkets, parking spaces, etc.

1. A Star participant or applicant's safety incentive program must be documented and clearly state the criteria by which incentives/rewards may be earned by employees.
2. The safety incentive program must not discourage employees from reporting injuries and/or illnesses and ensure that under-reporting does not occur for the sake of receiving a reward.
3. If incentives are offered at this worksite, they are provided to employees as a result of meaningful contributions to the safety and health management system. *(Evidence of such contributions could be in the form of reward for participation on safety and health teams/committees, offering safety suggestions or a best practice that has been implemented, performing safety and health-related tasks as part of performance management/evaluations, etc.)*
4. Incentives may be offered for reward based on criteria beyond determination that there have been no recordable injuries and/or illnesses, ensuring that under-reporting does not occur for the sake of receiving a reward.

### **B. New Applicants**

The Star Program will evaluate the incentive programs of new applicants through the application review and/or onsite evaluations, including interviews and records review. If it is determined that there are disincentives related to the company's safety incentive program, the applicant can choose to make immediate changes to its program that will bring the program in line with Star Program policy. If the applicant refuses to make the needed change, the Star Program will recommend that the applicant withdraw its application.

### **C. Current Participants**

The Star Program will evaluate the safety incentive programs of current Star participants through the review of SARs, in addition to onsite evaluations, including interviews and records review. If it is determined that there are disincentives related to the company's incentive program, the Star participant can choose to make immediate changes to its incentive program, which will be addressed in the form of an action plan that will bring the program in line with Star Program policy. If the Star participant refuses to make the needed change, the Star Consultant/team leader will recommend that the participant for placement on Provisional Status, and possibly voluntary withdrawal or termination from the Star Program (refer to [Section XIV. Provisional Status and Injury and Illness Rate Reduction Plan](#)).

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## **XI. Initial Onsite Evaluation**

- A. Purpose.** The initial onsite evaluation, which is conducted by a Star Program onsite evaluation team in non-enforcement capacity, is a review of the new Star applicant's worksite safety and health management systems and programs. A Star applicant's site-specific OSHA history must include no open investigations and no pending or contested citations at the time of evaluation, as it pertains to the worksite location.
1. For new Star applicants, an onsite pre-evaluation visit must be conducted within 6-8 months of receipt of a completed application. The evaluation will verify the information supplied in the application concerning qualification for the Star Program.
  2. Identify the strengths and weaknesses of the worksite's safety and health management system.
  3. Determine the adequacy of the worksite's safety and health management system to address the hazards of the worksite including compliance with all NCDOL OSH rules.
  4. Obtain information to assist the Commissioner of Labor in making the Star Program approval decision.
- B. Preparation.** The evaluation shall be arranged at the mutual convenience of NCDOL OSH and the applicant/Star participant. The composition of the evaluation team shall consist of a Star Consultant (team leader) and additional assistance as deemed necessary. The composition of the team shall be determined based on a variety of factors including, but not limited to, number of employees at the worksite, physical size of the worksite, type and/or scope of process(es), and types of potential hazards and/or safety and health programs implemented.
- C. Duration.** The time required for the onsite evaluation will depend upon the size of the worksite and the complexity of its operations. Initial evaluations usually average two to four days onsite, but may be shorter or longer based on the decision of the Recognition Program Manager.
- D. Scope.** All onsite evaluations follow a three-pronged strategy that assesses a worksite's safety and health management system by means of document review, worksite walkthrough, and employee interviews. The worksite's overall safety and health management system will be evaluated using the NCDOL OSH Safety and Health Evaluation Worksheet ("8.3") which may be found in [Section XXI. Appendix II](#) of this document. Building Star applicants are expected to address additional requirements which are specific to general contractors and specialty trade contractors; these are listed below in D.4.
1. The onsite evaluation shall include a review of injury and illness records, recalculation and verification of the injury/illness incidence rates submitted with the application, verification that the safety and health management system described in the application has been implemented effectively, a general assessment of safety and health conditions to determine if the safety and health management system adequately protects employees

from the hazards at the worksite, and verification of compliance with NCDOL OSH rules and Star Program requirements.

2. The evaluation shall include random formal and informal interviews with relevant individuals (such as members of any safety and health committees, management personnel, randomly selected non-supervisory employees and contract employees). See [Section II. A. Star Definitions](#).
3. Onsite document review shall entail examination of the following records (or samples) if they exist and are relevant to information presented in the application with regard to the safety and health management system:
  - a. Written safety and health programs.
  - b. Management statement of commitment to safety and health.
  - c. The OSHA 300 log for the worksite and for all worksite contractor employees who are required to report.
  - d. Safety rules, emergency procedures, and examples of safe work procedures.
  - e. The system for enforcing safety rules.
  - f. Reports from employees of safety and health problems and documentation of management's response.
  - g. Self-inspection procedures, reports, and correction tracking.
  - h. Accident investigation reports and analyses.
  - i. Safety and health committee minutes.
  - j. Employee orientation, safety training programs, and attendance records.
  - k. Baseline safety and industrial hygiene exposure assessments plus updates.
  - l. Industrial hygiene monitoring records, results, exposure calculations, analyses, and summary reports.
  - m. Annual safety and health management system evaluations and worksite and/or corporate audits (where worksite audits are not comprehensive) necessary to establish that Star Program requirements are being met (trade secret concerns will be accommodated to the extent possible), including the documented follow-up activities, for at least the last three years.
  - n. Preventive maintenance program and records.

- o. Accountability and responsibility documentation, e.g., performance standards.
  - p. Contractor safety and health management program(s).
  - q. Medical programs and records.
  - r. Available resources devoted to safety and health.
  - s. Hazard and process analyses.
  - t. Process Safety Management documentation, if applicable.
  - u. Employee involvement activities.
  - v. Other records that provide relevant documentation of Star Program qualifications.
4. Building Star onsite reviews will address documents and additional aspects of the site-specific construction projects in addition to the items listed above. These include the following:
- a. Project safety and health coordination - Ensure there are procedures in place by the general contractor or other such entity to ensure that all contractor employers are providing adequate protection for their employees.
  - b. Designated competent person(s) - Ensure this person is present and responsible for the implementation and monitoring of the project safety and health plan, and is capable of identifying existing and predictable hazards and has authority to take prompt corrective measures.
  - c. Worksite-specific safety and health program that complies with 1926 Subpart C and addresses, based upon the size and complexity of the project, the following:
    - Project Safety Analysis at initiation and at critical stages that describes the sequence, procedures, and responsible individuals for safe construction.
    - Identification of work/activities requiring planning, design, inspection or supervision by an engineer, competent person or other professional.
    - Evaluation/monitoring of subcontractors, as applicable, to determine conformance with the Project Plan.
    - The Project Plan may include, or be utilized by subcontractors.
    - Supervisor and employee training according to the Project Plan including recognition, reporting and avoidance of hazards, and applicable standards.

- Procedures for controlling hazardous operations, such as falls, struck by, caught in/between, electrical (the four leading hazards), cranes, scaffolding, trenches, confined spaces, hot work, explosives, hazardous materials, leading edges, etc.
- Documentation of training, permits, hazard reports, inspections, uncorrected hazards, incidents and near misses.
- Development of a safety committee consisting of general contractor and various trades onsite; members may change over the life of a project. Conduct safety meetings with subcontractors onsite and review meeting content, frequency, and who conducts them (e.g., superintendent, crew foremen, intermediate level supervisors, safety director, etc.), how issues are addressed and closed.
- Employee involvement in hazard identification, analysis, prevention, avoidance, correction and reporting. The controlling contractor must supply evidence showing how the worksite-specific safety and health program is communicated to their employees and subcontractors (e.g., oral instructions, booklets, memorandums, posters, safety meeting minutes, attendance rosters, etc.).
- Project emergency response plan.

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## **XII. Onsite Recertification Evaluations of Approved Worksites**

**Recertification Eligibility Requirements for all Star Programs.** A Star participant's site-specific OSHA history must include no open investigations and no pending or contested citations at the time of recertification, as it pertains to the worksite location.

### **A. Onsite Recertification Evaluations – Carolina Star, Building Star and Public Sector Star**

1. Purpose. Onsite recertification evaluations of approved Carolina Star, Building Star and Public Sector Star Program participants are intended to:
  - a. Determine continued qualification for the Carolina Star Program.
  - b. Document results of program participation in terms of the evaluation criteria and other noteworthy aspects of the worksite's safety and health management system.
  - c. Identify any problems that have the potential to adversely affect continued Carolina Star Program qualification and determine appropriate follow-up actions.
2. Frequency. The first post-approval recertification evaluation shall, ideally, be within 36 months of the initial Carolina Star Program evaluation. Subsequent onsite recertification evaluations shall be conducted on a five-year cycle. *[NOTE: The identification of potentially serious problems may create the need for an earlier evaluation.]*

For example:

- Company ABC's initial evaluation is conducted on February 15, 2017.
  - Around February 2020, Company ABC's first onsite recertification evaluation needs to be conducted (i.e., initial onsite recertification visit to be conducted within 3 years of initial visit).
  - Around February 2025, subsequent onsite recertification evaluations will be conducted at Company ABC every five years.
3. Scope. The Star Program's onsite team evaluation of Star participants shall consist mainly of an onsite evaluation similar in duration and scope to the evaluation described in [Section XI. Initial Onsite Evaluation](#). The onsite evaluation team shall review the documentation of program implementation since the initial evaluation or the previous evaluation. The evaluation shall include a review of the TRC and DART rates for the worksite and for its applicable temporary and contractor employees. The rates reported shall be for the three most recent complete calendar years.
  4. Measures of Effectiveness. The onsite evaluation team shall consider the following factors in the evaluation of the effectiveness of the safety and health management systems of Star participants:

- a. Continued compliance with the program requirements and continuous improvement in the safety and health management system.
  - b. Satisfaction and continued commitment of employees and management.
  - c. Nature and validity of any complaints received by NCDOL OSH.
  - d. Nature and resolution of problems that may have come to NCDOL OSH's attention since approval or the last evaluation.
  - e. The effectiveness of employee participation programs.
5. Evaluation Recommendations. At the conclusion of the onsite recertification evaluation visit, the onsite evaluation team will make one of the following recommendations related to the worksite's participation in the Star Program, which will be forwarded to the Recognition Program Manager:
- a. Continued participation in the relevant Star Program, contingent upon the completion of the post-evaluation 90-day action plan.
  - b. Implement of an Injury and Illness Rate Reduction Plan ([refer to Section XIV. Provisional Status and Injury and Illness Rate Reduction Plan](#)).

**B. Rising Star Program Recertification Evaluations Exceptions**

- 1. Purpose of Evaluation. Onsite Rising Star evaluations are intended to:
  - a. Determine continued qualification for the Rising Star Program, or determine whether the participant may be approved for promotion to the Carolina Star Program.
  - b. Determine whether adequate progress has been made toward the agreed-upon Carolina Star goals.
  - c. Identify any problems in the safety and health management system or its implementation that need resolution in order to continue qualification or meet agreed-upon goals.
  - d. Document program improvements and/or improved results.
  - e. Provide advice and suggestions for needed improvements.
- 2. Frequency. Rising Star Program participants shall be evaluated according to an agreed-upon schedule for the duration of the approval period, except where the participant requests an earlier evaluation for the purpose of determining whether the Carolina Star Program qualifications have been met.

The first post-approval recertification evaluation shall, ideally, be within 36 months of the initial Rising Star Program evaluation. Subsequent onsite recertification evaluations shall be conducted on a five-year cycle. *[NOTE: The identification of potentially serious problems may create the need for an earlier evaluation.]*

For example:

- Company ABC is initially approved on February 15, 2017.
  - Around February 2020, Company ABC is re-approved to participate as a Carolina Star worksite (initial recertification/onsite team evaluation conducted).
  - Around February 2025, the onsite recertification evaluation will be conducted at Company ABC and will be repeated every five years.
3. Scope. The Star Program's onsite team recertification evaluation of Rising Star Program participants shall consist mainly of an onsite visit similar in duration and scope to the evaluation described in the in [Section XI. Initial Onsite Evaluation](#). NCDOL OSH shall review the documentation of program implementation since the previous evaluation. The evaluation shall include a review of the TRC and DART rates for the worksite and for its applicable temporary and contractor employees. The rates reported shall be for the three most recent complete calendar years.
  4. Measures of Effectiveness. NCDOL OSH shall consider the following factors in the evaluation of the effectiveness of the safety and health management systems of Rising Star Program participants:
    - a. Continued adequacy of the safety and health management system to address the potential hazards of the workplace.
    - b. Comparison of employer rates to the industry average.
    - c. Improvement on the Safety and Health Program Assessment Worksheet.
    - d. Satisfaction and continued commitment of employees and management.
    - e. Nature and validity of any complaints received by NCDOL OSH.
    - f. Resolution of problems that have come to NCDOL OSH's attention.
    - g. Effectiveness of the employee participation program.
    - h. Progress made toward Carolina Star goals specified in the initial/previous evaluation report.
  5. Evaluation Recommendations. The Recognition Program Manager may make one of the following recommendations following a Rising Star Program onsite evaluation visit:

- a. Decision for continued Rising Star Program participation, contingent upon the completion of the post-evaluation 90-day action plan..
- b. Recommendation for promotion to the Carolina Star Program.
- c. Implement of an Injury and Illness Rate Reduction Plan (**refer to [Section XIV. Provisional Status and Injury and Illness Rate Reduction Plan](#)**).

**C. Onsite Focused Evaluations of Approved Worksites**

1. Purpose. Onsite recertification evaluations of the Carolina Star, Building Star, Public Sector Star, Rising Star Program participants are intended to:
  - a. Determine continued qualification for the Carolina Star Program.
  - b. Document results of program participation in terms of the evaluation criteria and other noteworthy aspects of the worksite's safety and health management system.
  - c. Identify any hazards or program-specific problems that have the potential to adversely affect continued Star Program qualification and determine appropriate follow-up actions.
2. Frequency. Focused evaluations will be conducted at approved Star worksites **as needed**, based on significant deficiencies found in the worksite's safety and health management system and/or programs.
3. Scope. The Star Program's onsite evaluation team of shall review deficiencies identified in safety and health management system and/or program-specific documentation. An example of deficiencies could include a worksite's Safety Incentive Program or any other specific safety and health program that were determined to be deficient. The evaluation could also include a review of the three most recent complete calendar years' TRC and DART rates for the worksite and for its applicable temporary and contractor employees.
4. Measures of Effectiveness. NCDOL OSH shall consider the following factors in the evaluation of the effectiveness of the safety and health management systems of Star participants:
  - a. Continued compliance with the program requirements and continuous improvement in the safety and health management system.
  - b. Satisfaction and continued commitment of employees and management.
  - c. Nature and validity of any complaints received by NCDOL OSH.
  - d. Nature and resolution of problems that may have come to NCDOL OSH's attention since approval or the last evaluation.

- e. The effectiveness of employee participation programs.
5. Evaluation Recommendations. The Recognition Program Manager may make one of the following recommendations following a Star Program onsite recertification evaluation visit:
- a. Continued participation in the relevant Star Program, contingent upon the completion of the post-evaluation 90-day action plan.
  - b. Implement of an Injury and Illness Rate Reduction Plan (**refer to [Section XIV. Provisional Status and Injury and Illness Rate Reduction Plan](#)**).

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### **XIII. Ceremonies for Approved Star Worksites**

**Star Ceremonies.** Star ceremonies are usually held at the Star participant's worksite or a location of their choice. Once the Commissioner of Labor signs the Star Program approval report, a ceremony may be planned through coordination with worksite's Star Program Consultant.

#### **A. Carolina Star and Public Sector Star Program Ceremonies.**

1. At the initial ceremony, the Carolina Star or Public Sector Star Program participant receives a Star flag and certificate as an earned symbol of excellence and well-deserved recognition. Additional flags may be purchased by the Star Program participant.
2. At the recertification ceremony, the Carolina Star or Public Sector Star Program participant receives an acrylic star as an earned symbol of excellence and well-deserved recognition. Additional flags may be purchased by the Star Program participant.

#### **B. Rising Star Program Ceremonies.**

1. The Rising Star Program worksite receives a plaque as an earned symbol for its commitment to creating and maintaining a safe and healthy workplace.
2. At the recertification ceremony, the Rising Star Program participant receives an acrylic star as an earned symbol of continued commitment to creating and maintaining a safe and healthy workplace.

#### **C. Building Star Program Ceremonies.**

1. At the initial ceremony, the Building Star worksite receives a Building Star banner (or flag) and certificate as an earned symbol of excellence and well-deserved recognition. Additional banners or flags may be purchased by the Star Program participant.
2. At the recertification ceremony, the Building Star Program participant receives an acrylic star as an earned symbol of excellence and well-deserved recognition. Additional banners or flags may be purchased by the Star Program participant.

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#### **XIV. Provisional Status and Injury and Illness Rate Reduction Plan**

Star Program participants may encounter situations where they do not meet the injury and illness rate expectations, which were originally a factor in their approval as a Star Program participant. During the year when an onsite Star evaluation is conducted at a Star Program participant's worksite, other situations may also arise which impact the completion of hazard and action plan items identified during the onsite evaluation. There are also situations when the Star Annual Report (SAR) is not submitted annually by the Star Participants as required. When deficiencies are found to exist in the evaluation-related action plan, injury and illness rates, and/or the SAR submissions, a company may be placed on Provisional Status and/or a Rate Reduction Plan, as indicated below. Failure to satisfactorily meet the expectations for improvement in any of these situations may result in a recommendation of voluntary withdrawal and/or termination of participation in the Star Program. [Decision Trees 1-4](#) outline details on scenarios and outcomes related to action plan, rate, or SAR deficiencies.

**A. Injury and Illness Rate Reduction Plans (IIRRP).** A strategy employed whenever a Carolina Star or Building Star Program worksite's three-year averages for both or either the TRC or DART are not at least 50% below the federal BLS rates. This also affects Public Sector Star Program participants whose averages rise above their established baseline averages as well as Rising Star Program participants whose averages rise above the federal BLS rates. Worksites that fall into this category will be required to develop an IIRRP. The IIRRP must identify and address any safety and health management system deficiencies related to the high OSHA recordable rates, correction methods, and timeframes, and must include quarterly progress reports from the Star participant. If the three-year averages for the worksite are not met for Carolina Star participants, that particular worksite may be subject to Provisional Status or demotion to Rising Star status. Building Star, Public Sector Star and Rising Star Program participants may be subject to a recommendation for Provisional Status, voluntary withdrawal, or termination from the Star Program.

#### **B. Provisional Status (1-Year).**

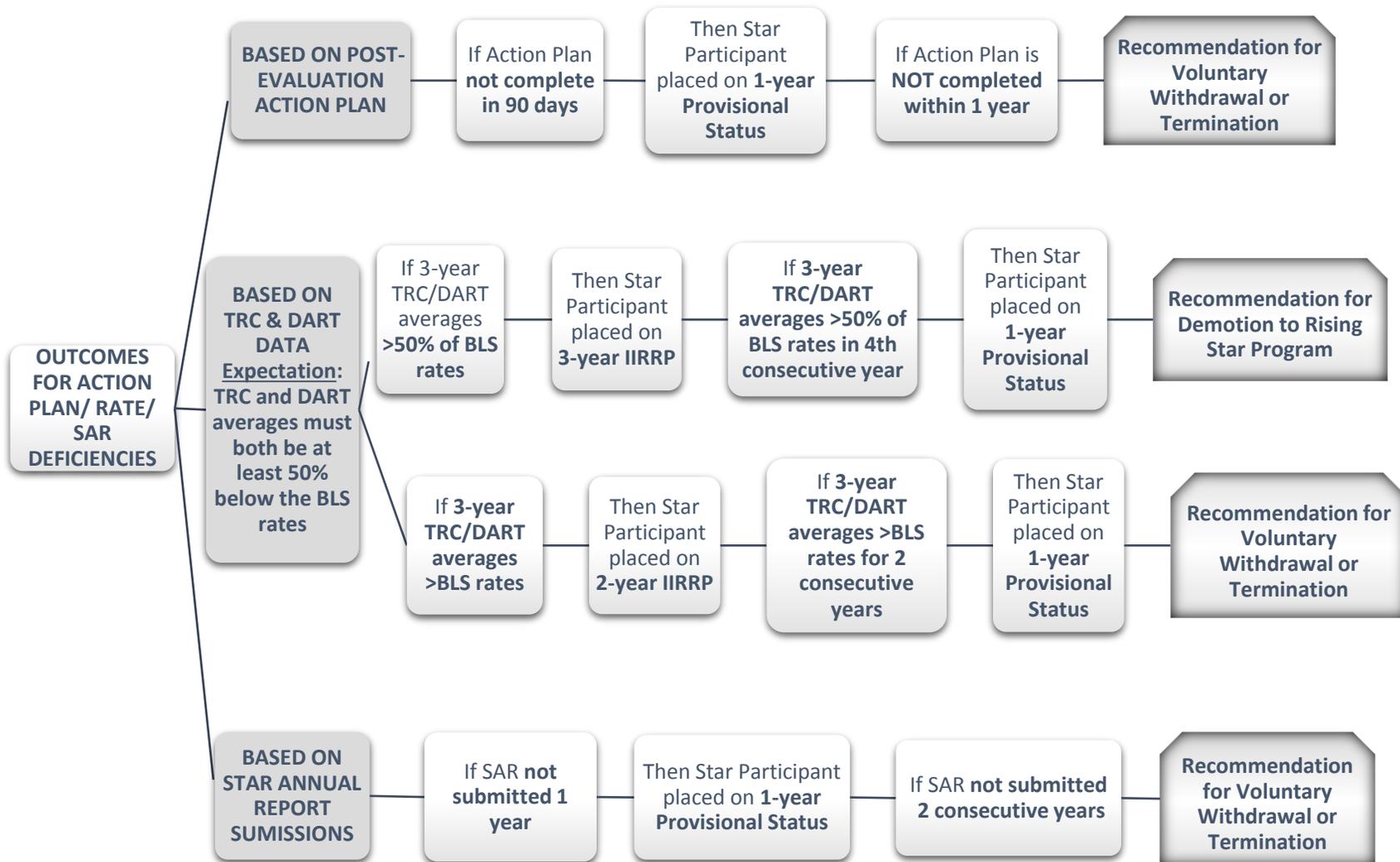
1. **Action Plans.** Star evaluation-related action plan issues including safety and health hazards, programs, and/or management systems are required to be corrected within a maximum of 90 days, with effective protection provided to employees in the interim. All action plan items identified by the NCDOL OSH onsite evaluation team during the onsite evaluation of a Star Participant are required to be corrected within 90 days.
  - a. If the action plan item(s) requires more than 90 days to complete, the company will be recommended for Provisional status. A maximum period of one year will be permitted, at the discretion of the Recognition Program Manager (RPM), for correcting deficiencies in the safety and health management system elements or sub-elements identified in the action plan. For example, significant engineering controls or safety culture deficiencies may result in a company being recommended for Provisional Status. Star Program participants who fail to meet this requirement shall be recommended for voluntary withdrawal, or termination from the Star Program.

2. **TRC and DART Rates.** As per the information in the IIRRP section above and in the following Decision Trees, if a Star Participant is not able to meet the TRC and DART rate expectations for their program, the Star Participant may be recommended for Provisional Status for a maximum period of one year, voluntary withdrawal, or termination.
3. **Star Annual Reports.** SARs must be submitted annually by Star Participants. As per the Decision Trees below, those Star Participants who do not submit their reports by the designated deadline on an annual basis are subject to being placed on Provisional Status for one year. Those who do not submit their SAR for two consecutive years may be recommended for voluntary withdrawal or termination.

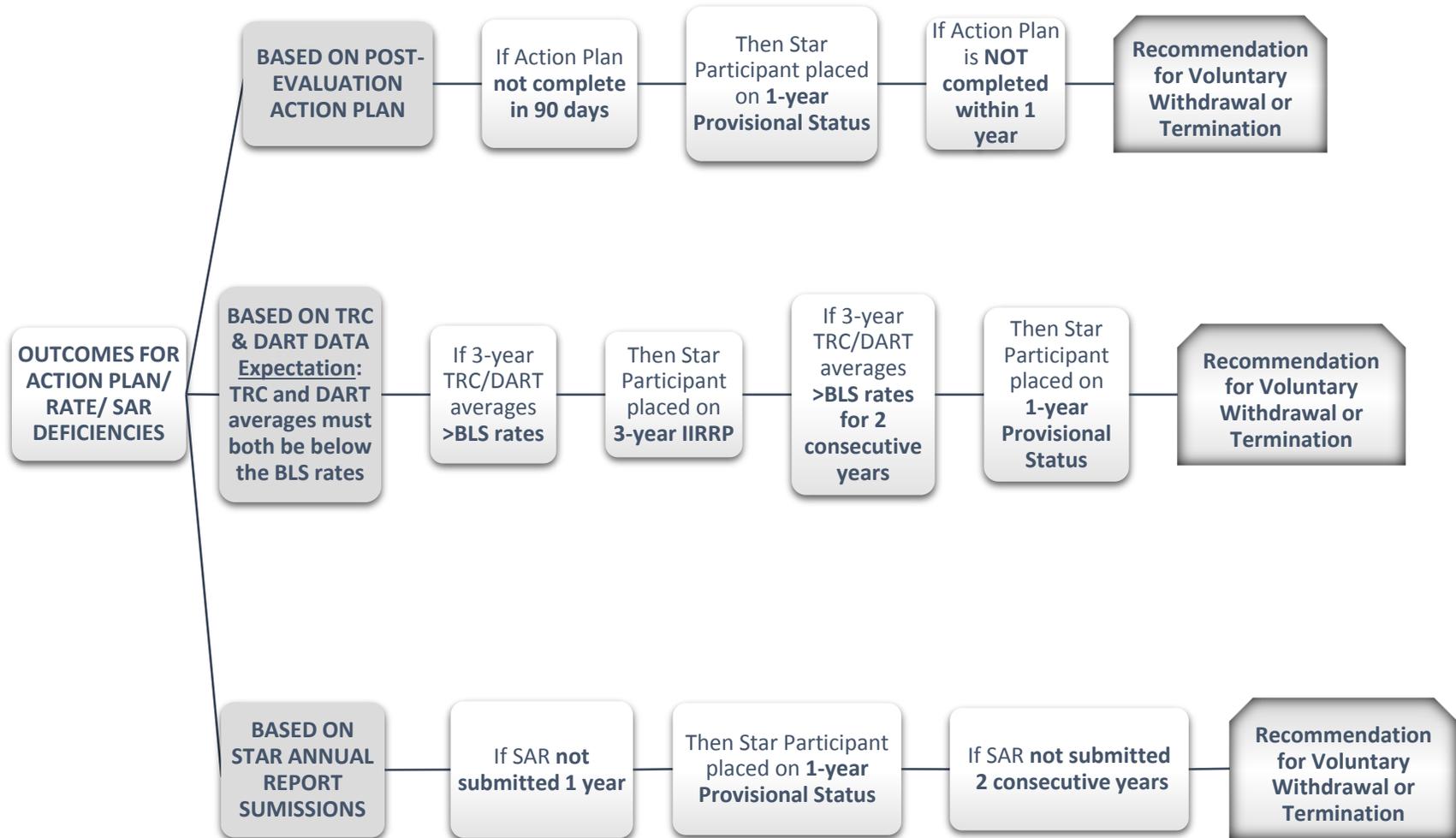
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## Star Program Provisional & IIRRP Status Decision Trees

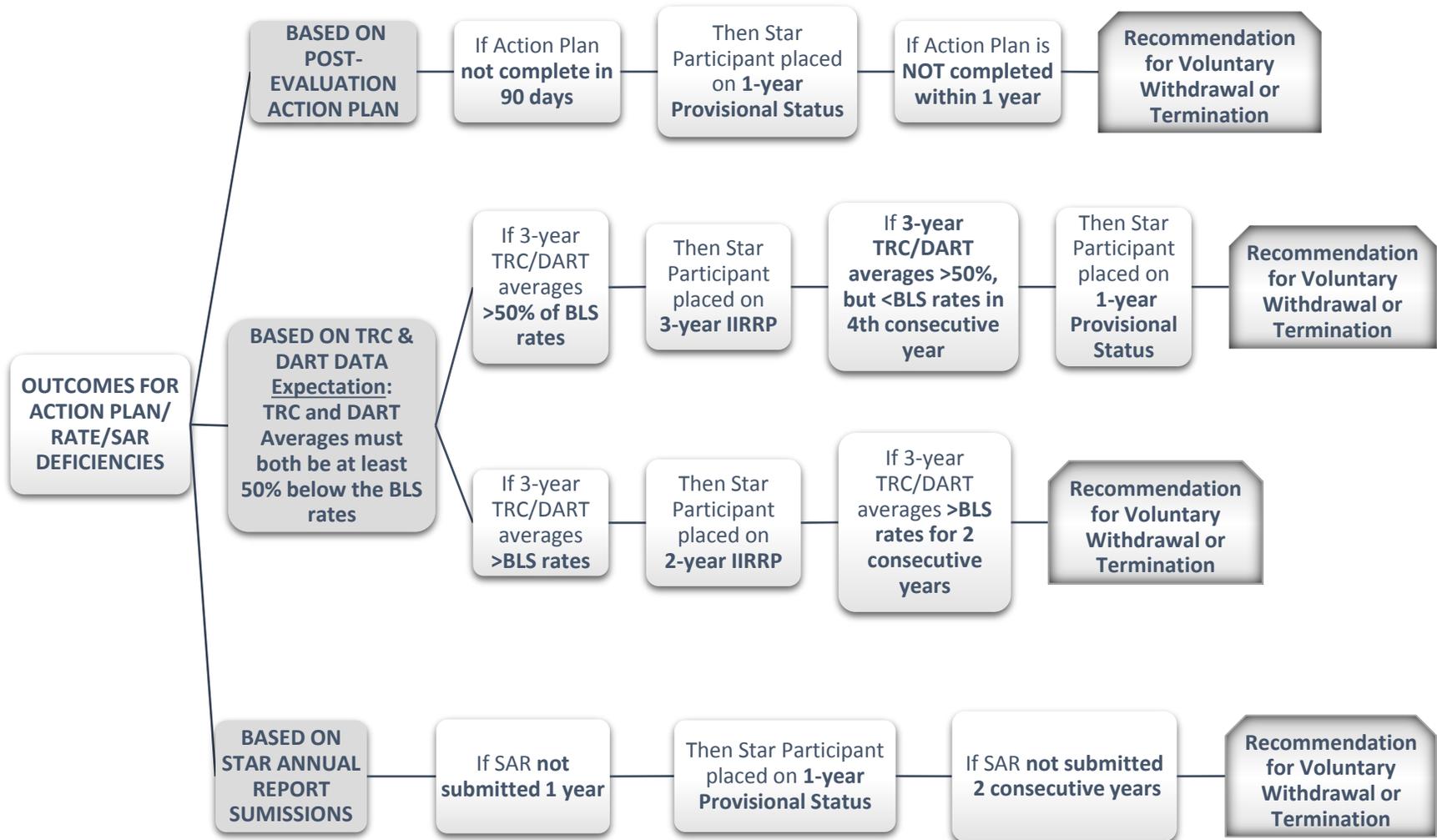
### Decision Tree 1: Carolina Star Participants - *Provisional & IIRRP Status*



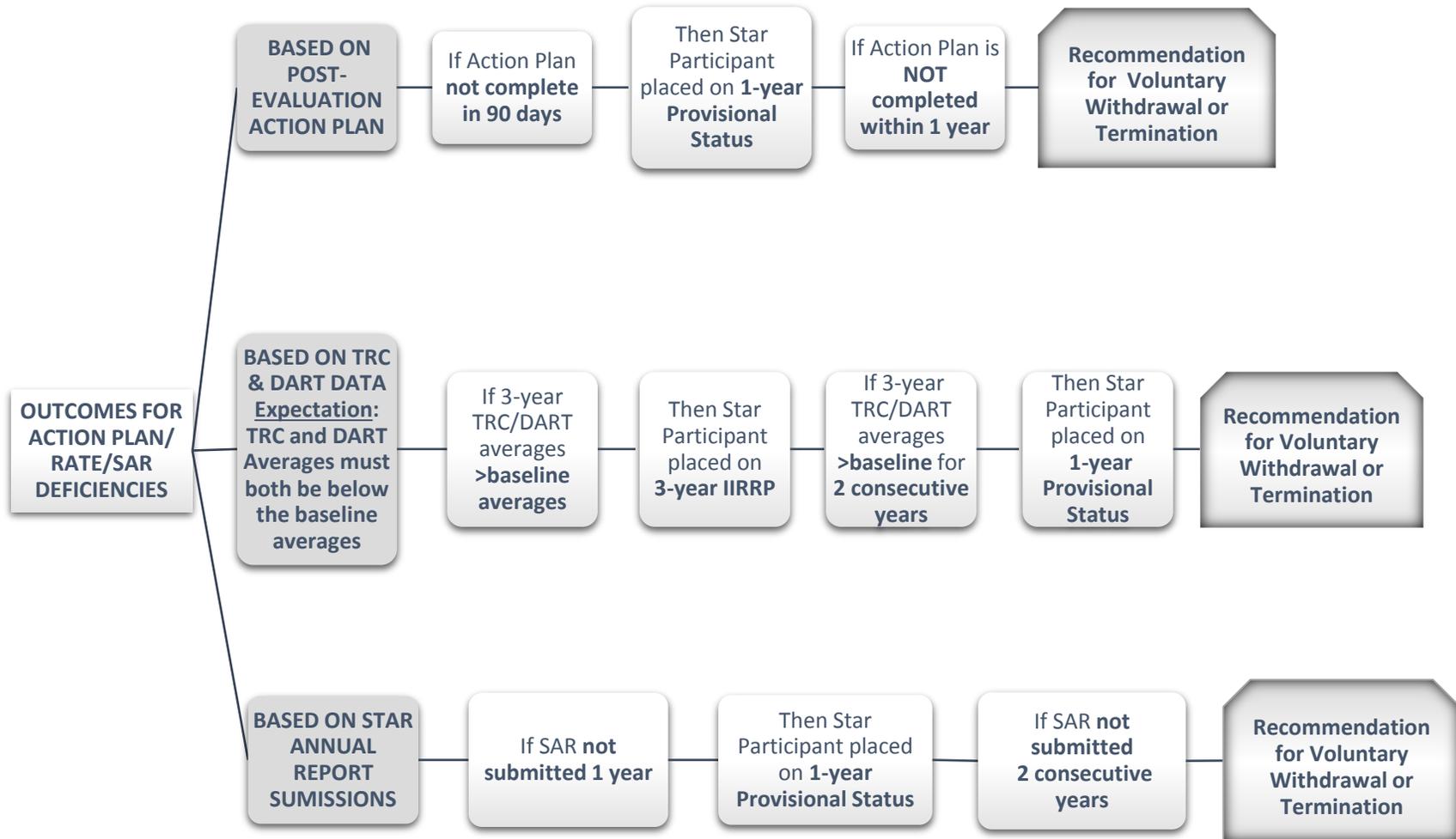
**Decision Tree 2: Rising Star Participants - *Provisional & IIRRP Status***



**Decision Tree 3: Building Star Participants - *Provisional & IIRRP Status***



**Decision Tree 4: Public Sector Star Participants - *Provisional & IIRRP Status***



## **XV. Recommendation for Program Approval**

### **A. Deferred Approval.**

If the onsite evaluation determines that the applicant/Star participant needs to take steps to meet one or more program requirements or to come into compliance with NCDOL OSH rules, the applicant/Star participant will, at the Recognition Program Manager's discretion, be given reasonable time to meet the program requirements before a recommendation for Star approval is made to the Commissioner of Labor. When necessary, an onsite visit shall be made to verify the actions taken after the onsite evaluation visit.

### **B. Approval.**

If, in the opinion of the NCDOL OSH onsite evaluation team, the Star applicant/participant has met the qualifications for participation in one of the Star Programs, the team's recommendation shall be made to the Commissioner of Labor to approve participation. Approval shall occur on the day that the Commissioner of Labor signs the onsite evaluation report informing the applicant of approval.

## **XVI. Recommendation for Program Denial**

- A.** If it is determined that the Star applicant does not meet the requirements for participation in one of the Star Programs, reasonable time (not to exceed 30 calendar days) shall be allowed for the applicant to withdraw its application before a denial recommendation is made by the Star Consultant to the Recognition Program Manager.
- B.** If it is determined that a current Star participant does not meet the requirements for continued participation in one of the Star Programs, reasonable time (not to exceed 30 calendar days) shall be allowed for the participant to notify NCDOL OSH of their wish to discontinue participation in the Star Program before a denial recommendation is made by the Recognition Program Manager to the Commissioner of Labor.
- C.** If the Commissioner of Labor accepts the recommendation to deny continued participation, the denial will occur as of the date the Commissioner of Labor signs a letter informing the participant of the decision.
- D.** A Star participant may appeal to the Commissioner of Labor the decision by the Star Program that the requirements have not been met. The Recognition Program Manager shall forward the appeal to the Commissioner of Labor, along with the recommendation of denial.
- E.** Should the recommendation of approval made by the Recognition Program Manager be rejected, further evaluation for participation will be up to the discretion of the Commissioner of Labor's office and/or the Deputy Commissioner/Director of NCDOL OSH.

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## **XVII. Compliance Activity at Star Worksites**

**A. Additional Star Evaluation.** This section describes the procedures followed by North Carolina Department of Labor (NCDOL) Occupational Safety and Health Division (OSH) in the event of compliance activity at a Star applicant or participant's worksite. Two types of compliance activity trigger additional Star evaluation activity:

1. **Unprogrammed OSH Inspections.** Unprogrammed inspections occur in response to all referrals, formal complaints, fatalities, and catastrophes.
2. **Other Accidents or Events.** Other accidents or events, whether or not injuries or illnesses have occurred and whether or not normal compliance procedures apply to the situation, may trigger re-evaluation. OSH may reassess the participant's safety and health management system if there is reason to believe that a serious deficiency exists that would have an impact on the Star participant's continued qualification for the Star Program.

**B. OSH Personnel.** As a general rule, any OSH personnel who served as a Star onsite evaluation team member may not participate in a compliance inspection at that Star worksite for the following two years or until the Star participant is no longer in the Star Program, whichever occurs first.

### **C. Suspension of Star Evaluation Activity.**

1. If the event that triggers compliance activity occurs during the time between application and onsite evaluation, the onsite evaluation must be postponed until the compliance case is closed. If there is an open compliance case already open at a worksite when the OSH Director and/or Assistant OSH Director is notified by the Recognition Program Manager of a pending onsite evaluation, the Star evaluation will be postponed until the compliance case is closed.
2. If the event that triggers compliance activity occurs during the time between the scheduling and the beginning of an onsite evaluation, the onsite Star evaluation must be postponed until the compliance case is closed.
3. If the event that triggers compliance activity occurs during the Star onsite evaluation, compliance activity will take precedence and all members of the onsite Star evaluation team must not interfere with compliance activity. They must contact the Recognition Program Manager, and the onsite Star evaluation must cease until the compliance case is closed.

### **D. Initiation of Compliance Activity.**

1. When the NCDOL OSH Complaint Desk receives a complaint, a referral other than from the onsite team, or is notified of a fatality, catastrophe, or other event requiring compliance at a Star worksite, OSH must initiate an inspection following normal OSH compliance procedures.

2. If the referral is from an onsite Star Program Team Leader, the Recognition Program Manager must be notified to approve of the referral. If the referral is approved, the Recognition Program Manager will then notify the Star Program participant and the OSH Director and/or Assistant OSH Director. Compliance action may be initiated only after the OSH Director and/or Assistant OSH Director approves such action.

**E. Notification.**

1. The assigned compliance district must immediately notify the Recognition Program Manager of any fatalities, catastrophes or other accidents, or incidents requiring compliance activity at a Star worksite, as well as when a referral or complaint is received from a Star worksite, including informal complaints that receive responses by letter.
2. If the Recognition Program Manager is the first person to be notified by the Star Program participant of an event requiring compliance activity, the Recognition Program Manager must instruct the participant to follow the appropriate procedures for reporting incidents.
3. If the event is catastrophic in nature, involves a fatality or multiple fatalities, and/or is highly visible with press coverage, then it is appropriate for the Recognition Program Manager to contact the OSH Director and/or Assistant OSH Director. Press inquiries will be referred to the Communications Division.
  - a. Upon being informed of the event, the Recognition Program Manager must immediately provide a description of the event, by e-mail and/or telephone, to all of the following:
    - (1) The NCDOL OSH Director and/or Assistant OSH Director.
    - (2) The NCDOL Communications Division.
    - (3) The North Carolina Commissioner of Labor.
  - b. The description of the fatality, catastrophe, or other significant event must include the following information:
    - (1) Star participant worksite name.
    - (2) Current Star status.
    - (3) Number of years in the Star Program.
    - (4) Last evaluation date.
    - (5) Last approval date.
    - (6) Date of event.

- (7) Involved parties (employee, contractor, or both).
- (8) Nature of event, if known.
- (9) IMIS inspection number.
- c. As soon as it is available, the Recognition Program Manager must provide a copy of the Fatalities/Catastrophe (FATCAT) report to the NCDOL OSH Division's Education, Training, and Technical Assistance (ETTA) Bureau Chief and the OSH Director and/or Assistant OSH Director.
- d. As pertinent information relating to the event and its cause(s) becomes available, the Recognition Program Manager must update the North Carolina Commissioner of Labor's office and OSH Director and/or Assistant OSH Director.

**F. Inspection Results.**

When compliance activity is complete:

1. The assigned compliance district must make the compliance inspection report and citations available to the Recognition Program Manager for review.
2. The Recognition Program Manager must review any reports of investigations triggered by referrals, formal or non-formal complaints, or letters written by Compliance concerning conditions at the Star worksite, fatalities, catastrophes, and other accidents or incidents requiring compliance or involving publicity.
3. The Recognition Program Manager and the OSH Director and/or Assistant OSH Director must assess whether deficiencies in the Star participant's safety and health management system led to the event and, if so, must use their professional judgment and discretion to determine one of the following courses of action:
  - a. In cases where there are no obvious systemic deficiencies in the Star participant's safety and health management system, the participant was cooperative with the investigation, OSH issued no willful violations, all cited hazards were abated, and Star elements continue to be in place, a phone call with the Star participant is sufficient to:
    - (1) Obtain assurances that management and unions (if applicable) remain committed to participation in the Star Program.
    - (2) Note any improvements in the Star participant's systems, policies, procedures, and/or hazard controls.
    - (3) Determine whether the Star participant remains qualified for Star participation.

- b. In cases where there were minor systemic deficiencies in the participant's safety and health management system, or incorrect/inappropriate hazard control(s) were selected, and where there may or may not have been fatalities, the Star participant was cooperative with the investigation, OSH issued no willful violations, and all cited hazards were abated, but where Star Program elements may not be in place, the Recognition Program Manager must visit the participant to:
  - (1) Review conditions pertaining to the event.
  - (2) Obtain assurances that management and unions (if applicable) remain committed to participation in the Star Program.
  - (3) Determine if the participant remains qualified for Star participation.
- c. In cases where the compliance inspection leads to concerns about major deficiencies in the Star participant's safety and health management system, or a fatality or multiple fatalities occurred indicating that Star Program elements are not in place, or the participant is due for re-approval, an onsite evaluation must be conducted to:
  - (1) Review all safety and health management system elements.
  - (2) Obtain assurances that management and unions (if applicable) remain committed to Star.
  - (3) Determine if the participant remains qualified for Star participation
- d. In cases where willful violations were issued and upheld, the Recognition Program Manager will review the case and discuss with the OSH Director and/or Assistant OSH Director. If it is obvious that the Star participant no longer meets the requirements for participation in the Star Program, then an onsite evaluation is not necessary, and procedures for withdrawal or termination apply.

**G. Documentation and Submission of Star Program Evaluation Report.**

The Recognition Program Manager must prepare a report of findings as follows:

- 1. If a telephone interview or onsite visit was conducted in the case of XVII.F.3.a. or b., respectively, above, the Recognition Program Manager must prepare and submit a simplified report to the North Carolina Commissioner of Labor detailing the findings and recommendation for participation, withdrawal, or termination.
- 2. If an onsite evaluation was conducted in the case of XVII.F.3.c. above:
  - a. The Recognition Program Manager must prepare and submit a full onsite evaluation report to the OSH Director and/or Assistant OSH Director, and the North Carolina Commissioner of Labor, detailing the findings and recommendation for participation, withdrawal, or termination.

- b. The Recognition Program Manager must also submit a Significant Event Report (refer to [Section XXIII. Appendix IV](#)) for review within 30 calendar days from the completion of the visit or a 90-day abatement period. (If a FATCAT report has been submitted, attach it and complete non-duplicative entries on Significant Event Report.)

**H. Decision to Continue Star Participation or Recommend Withdrawal or Termination.**

1. In the case of XVII.F.3.a. or b. above, the North Carolina Commissioner of Labor may approve the Star participant's continued participation or decide whether or not termination is required. The North Carolina Commissioner of Labor must forward a memorandum to the OSH Director and/or Assistant OSH Director describing his/her decision. No further action is necessary.
2. In the case of XVII.F.3.c. above, the Recognition Program Manager must make a recommendation regarding the Star participant's continued participation. The Recognition Program Manager must forward a memorandum describing his/her recommendation to the ETTA Bureau Chief and OSH Director and/or Assistant OSH Director. The OSH Director and/or Assistant OSH Director will forward the memorandum to the North Carolina Commissioner of Labor.
  - a. If the North Carolina Commissioner of Labor decides that termination is required, the appropriate procedures for termination must be followed.
  - b. If the North Carolina Commissioner of Labor decides that the Star participant may continue its participation, the Recognition Program Manager will be notified. After being notified of the Commission of Labor's decision, the Recognition Program Manager must:
    - (1) Notify the participant of the North Carolina Commission of Labor's decision, and no further action is necessary, or
    - (2) Recommend recertification, if the purpose of the onsite evaluation was also to determine whether the worksite meets the requirements for continued participation.

**I. Confidentiality.**

Information gathered during a Star evaluation cannot be used by the OSH Compliance Bureau for any compliance activity at the worksite unless the worksite has refused to correct hazards found by the Star evaluation team, the team has recommended compliance action, and the North Carolina Commissioner of Labor has initiated such action.

**J. VPP Memorandum #7.**

For further guidance with respect to compliance activity at Star worksites, relevant guidelines from [VPP Policy Memorandum #7: Further Improvement to Voluntary Protection Programs \(VPP\)](#) may apply.

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## **XVIII. Termination or Voluntary Withdrawal**

**A. Reasons for Termination.** A Star participant will be terminated from the Star Program when:

1. The sale of a Star participant to another company or a management change has significantly weakened the safety and health management system.
2. Participating Star worksite management, or the duly authorized collective bargaining agent, where applicable, withdraws from the Star Program.
3. A Star worksite fails to maintain its safety and health management system in accordance with the program requirements.
4. The essential trust and cooperation among labor, management, and NCDOL OSH no longer exists, and Star Program participation is no longer appropriate.

**B. Notification.** Under most circumstances, NCDOL OSH shall provide the Star participant and authorized collective bargaining unit representatives 30 days' notice of intent to terminate a worksite's participation in the Star Program. The Star participant will have the opportunity to appeal NCDOL OSH's decision during that 30-day period to the Commissioner of Labor.

**C. Reapplication Following Termination.** Reapplication by terminated Star worksites shall not be considered for a period of three years from the date of termination.

**D. Voluntary Withdrawal of a Participating Worksite.** Upon receipt of an NCDOL OSH notice of intent to terminate, or for any reason, a Star participant may voluntarily withdraw from the Star Program by submitting written notification to the Recognition Program Manager.

## **XIX. Reinstatement**

Reinstatement into the Star Program requires submission of a new application.

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**XX. Appendix I**  
**NCDOL OSH Star Injury and Illness  
Rate Calculation Worksheet**

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## 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:	Total Recordable Cases (N = Columns G+H+I+J)	DART Cases (N = Columns H+I)	Employee-Hours Worked (EH)
Star worksite			
Contractors*			
Temporary*			
<b>TOTAL</b>			
Year:	Total Recordable Cases (N = Columns G+H+I+J)	DART Cases (N = Columns H+I)	Employee-Hours Worked (EH)
Star worksite			
Contractors*			
Temporary*			
<b>TOTAL</b>			
Year:	Total Recordable Cases (N = Columns G+H+I+J)	DART Cases (N = Columns H+I)	Employee-Hours Worked (EH)
Star worksite			
Contractors*			
Temporary*			
<b>TOTAL</b>			

**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** - This 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; 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:	÷ x 200,000		= _____
Year:	÷ x 200,000		
Year:	÷ x 200,000		
<b>3-year Rate Average = Sum ÷ 3 =</b>		<b>Current Federal BLS Rate or Baseline (Public Sector) =</b>	<b>% below BLS Rate =</b>
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:	÷ x 200,000		= _____
Year:	÷ x 200,000		
Year:	÷ x 200,000		
<b>3-year Rate Average = Sum ÷ 3 =</b>		<b>Current Federal BLS Rate or Baseline (Public Sector) =</b>	<b>% below BLS Rate =</b>

## **XXI. Appendix II**

### **NCDOL OSH Star Program Safety and Health Evaluation Worksheet (8.3)**

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## NCDOL OSH Star Program Safety and Health Evaluation Worksheet (Rev. 2/2017)

<b>Company Name:</b>			
<b>Company Address:</b>			
<b>Type of Program Evaluation:</b> (check applicable box)	<input type="checkbox"/> INITIAL <input type="checkbox"/> RECERTIFICATION # ___ <input type="checkbox"/> PROMOTION <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> FOCUSED EVALUATION		
<b>For Building Star, list worksite address(es) visited:</b>			
<b>Date(s) of Team Evaluation:</b>			
<b>Consultant/Team Member:</b>			
<b>No. of Employees Interviewed:</b>		<b>Hours for Onsite Evaluation:</b>	
<p><b><u>Legend for evaluating each component of the Safety and Health Management System</u></b></p> <ul style="list-style-type: none"> <li>• <b>0 = No Evidence</b> of this component <i>(must provide comment)</i></li> <li>• <b>1 = Major Improvement</b> needed for this component <i>(must provide comment)</i></li> <li>• <b>2 = Minor Improvement</b> needed for this component</li> <li>• <b>3 = No Improvement</b> recommended for this component</li> <li>• <b>NA = Not Applicable</b></li> <li>• <b>NE = Not Evaluated</b></li> </ul>			

<b>A. Written Safety &amp; Health Program (<i>Section A: For Initial Evaluation Only, unless Areas are Identified for Improvement in Subsequent Evaluations.</i>)</b>	
<ul style="list-style-type: none"> <li>• Are all of the elements (such as Management Commitment &amp; Leadership, Employee Involvement, Hazard Identification and Evaluation, Hazard Prevention and Control, and Safety and Health Training) part of a written program? If not, explain. <i>(Team Leader Responsible)</i></li> <li>• <b>If No, explain:</b></li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Have all 18 critical Star requirements been in place at least 1 year? If not, identify those critical requirements that have not been in place for at least 1 year. <i>(Team Leader Responsible)</i></li> <li>• <b>If No, explain:</b></li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Is the safety and health program appropriate for the size and hazards of that type of industry? If not, explain. <i>(Team Input)</i></li> <li>• <b>If No, explain:</b></li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**B. Star Program Participation Requirements (Team Leader Responsible for Section B.)**  
**(For RECERTIFICATIONS only; if Initial Evaluation, SKIP to Section C.)**

The company's employees have attended the Carolina Star Safety Conference since the last evaluation. Yes  No

Comments:

The company has mentored other companies toward their application for one of the Carolina Star Programs. If so, list company name(s), address(es), and contact information. Yes  No

Comments/company information:

	0	1	2	3	NA	NE
--	---	---	---	---	----	----

1. The company has participated in regional team activity in preparation for the Carolina Star Safety Conference. *(Score based upon team leader/conference board feedback, attendance at most of the team's meetings, completion of any assigned team tasks, hosted meetings, etc.)*

--	--	--	--	--	--	--

Comments:

2. The company has submitted the annual safety and health evaluation report by the February 15<sup>th</sup> deadline each year. *(Scoring guidance: "3" if turned in by deadline; score "2" if late, but notification received/request made for extension; "1" if late w/o notification from employer prior to deadline; "0" if report not submitted.)*

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Comments:

3. The company's annual safety and health evaluation report has been completed and has met the minimum requirements. *(i.e., addresses all required areas, specifies injury/illness data and any necessary plans for improvement, etc.)*

--	--	--	--	--	--	--

Comments:

**C. Safety Incentive/Reward Program and Activities**

	0	1	2	3	NA	NE
--	---	---	---	---	----	----

4. Safety incentive program is documented and clearly states criteria by which incentives/rewards may be earned by employees.

- STAR CONSULTANT** - INDICATE IN THE COMMENTS SECTION BELOW THE **DETAILS OF THE SAFETY INCENTIVE PROGRAM. DOCUMENT ANY DEFICIENCIES UNDER AREAS FOR IMPROVEMENT SECTION.**

--	--	--	--	--	--	--

Comments:

<b>C. Safety Incentive/Reward Program and Activities</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
5. The safety incentive program does not discourage employees from reporting injuries and/or illnesses. <i>(Ensure that under-reporting does not occur for the sake of receiving a reward.)</i> <ul style="list-style-type: none"> <li><b>STAR CONSULTANT</b> - INDICATE IN COMMENTS SECTION BELOW WHETHER OR NOT THE SAFETY INCENTIVE PROGRAM IS DISCOURAGING EMPLOYEES FROM REPORTING INJURIES AND/OR ILLNESSES, BASED ON EMPLOYER/EMPLOYEE INTERVIEWS. <b><u>DOCUMENT ANY DEFICIENCIES UNDER AREAS FOR IMPROVEMENT SECTION.</u></b></li> </ul>						
Comments:						
6. If incentives are offered at this worksite, they are provided to employees as a result of meaningful contributions to the safety and health management system. <i>(Evidence of such contributions could be in the form of reward for participation on safety and health teams/ committees, offering safety suggestions or a best practice that has been implemented, performing safety and health-related tasks as part of performance management/evaluations, etc.)</i> <ul style="list-style-type: none"> <li><b>STAR CONSULTANT</b> - <b><u>DOCUMENT ANY DEFICIENCIES UNDER RECOMMENDATIONS SECTION.</u></b></li> </ul>						
Comments:						
7. Incentives are offered for reward based on criteria beyond determination that there have been no recordable injuries and/or illnesses. <i>(Ensure that under-reporting does not occur for the sake of receiving a reward.)</i> <ul style="list-style-type: none"> <li><b>STAR CONSULTANT</b> - <b><u>DOCUMENT ANY DEFICIENCIES UNDER RECOMMENDATIONS SECTION.</u></b></li> </ul>						
Comments:						

<b>D. Management Commitment and Leadership</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
8. Management has a written policy that establishes clear priority for safety and health.						
Comments:						
9. Management assigns safety and health responsibility to both hourly employees and line supervisors.						
Comments:						
10. Management provides competent safety and health staff support to line supervisors.						
Comments:						

<b>D. Management Commitment and Leadership</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
11. Managers personally follow safety and health rules.						
Comments:						
12. Managers delegate the authority necessary for personnel to carry out their assigned safety and health responsibilities effectively ( <i>e.g., shows reflection of training that has been given and that duties have been outlined to employees and line supervisors</i> ).						
Comments:						
13. Managers allocate the resources needed to properly support the organization's safety and health system.						
Comments:						
14. Managers assure that appropriate safety and health training is provided.						
Comments:						
15. Managers support fair and effective policies that promote safety and health performance.						
Comments:						
16. Management is involved in the planning, tracking and evaluation of safety and health performance.						
Comments:						
17. Management encourages employee involvement and participation in safety and health issues.						
Comments:						

<b>E. Planning and Evaluation</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
18. Findings from OSHA logs, incident (accident/near-miss/first-aid) investigations, employee hazard reporting, and/or internal/external audits are reviewed and analyzed for trends.						
Comments:						
19. Safety and health goals and objectives are identified, measured, and effectively tracked.						
Comments:						
20. An action plan, designed to accomplish the organization's safety and health objectives, is in place.						

**E. Planning and Evaluation**

	0	1	2	3	NA	NE
--	---	---	---	---	----	----

Comments:

<p>21. A safety and health program self-evaluation of the entire safety and health management system has been conducted annually. <i>The best audits are data driven &amp; supported by top management. The highest performing safety and health management systems involves all levels of management in efforts to ensure that a comprehensive review of the system has been planned and conducted.</i></p> <ul style="list-style-type: none"> <li>• A <b>comprehensive review</b> may include corporate or other third party audits/gap analyses, as well as assessments of the effectiveness of the various aspects of the company's safety and health management system including, but not limited to: <i>Development of a safety business plan; safety and health program reviews/updates, development of safety and health goals and action plans w/milestones; completion of past year's goals/objectives; thorough analysis of worksite hazards and abatement of hazards found; review/updates of safety and health programs; employee involvement and participation in various aspects of safety and health management systems; analysis of injury /illness trends, incidence data, near-misses, and root cause analyses; assessment of the overall impact of improvements on organizational performance).</i></li> <li>• <b>NOTE:</b> This is <b>not</b> the same as the Star Annual Safety and Health Evaluation Report referenced in Section B above; the Annual Report may include aspects of this comprehensive review.</li> </ul>						
--	--	--	--	--	--	--

Comments:

22. Effective safety and health communications exist at the site.						
---	--	--	--	--	--	--

Comments:

23. Safety and health is effectively integrated into management's planning process as part of the organization's goals ( <i>i.e., part of company's business plan, e.g., assessing future/past goals, objectives to reach goals, evaluation of budgeted S&amp;H items, etc.</i> ).						
--	--	--	--	--	--	--

Comments:

**F. Administration and Supervision**

	0	1	2	3	NA	NE
--	---	---	---	---	----	----

24. Safety and health program tasks are each specifically assigned to employees, including hourly employees/positions, for performance or coordination.						
---	--	--	--	--	--	--

Comments:

<b>F. Administration and Supervision</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
25. Each assignment of safety and health responsibility is clearly communicated to all managers, line supervisors, and hourly employees.						
Comments:						
26. An accountability mechanism is included with each assignment of safety and health responsibility.						
Comments:						
27. Individuals with assigned safety and health responsibilities have the necessary knowledge, skills, and information to perform their duties.						
Comments:						
28. Individuals with assigned safety and health responsibilities have the authority to perform their duties.						
Comments:						
29. Individuals with assigned safety and health responsibilities have the resources to perform their duties.						
Comments:						
30. Effective disciplinary policies and performance evaluations are used for the correction of non-performance of safety and health responsibilities and to promote participation in safety and health activities.						
Comments:						

<b>G. Safety and Health Training</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
31. Effective initial and periodic safety and health training, including follow-up, is provided to employees to understand hazards and protect themselves from hazards ( <i>includes new hires, transferred employees, etc.</i> ).						
Comments:						
32. Effective initial and periodic safety and health training is provided to line supervisors and managers.						
Comments:						
33. Employees performing internal safety and health inspections have sufficient experience and/or training to recognize hazards and recommend measures to correct hazards.						
Comments:						

<b>G. Safety and Health Training</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
34. Effective emergency training and proper preparation for emergency situations is provided to employees (e.g., fire drills, internal/external evacuation plans, etc.). <b>(If Building Star, answer this in Section K.)</b>						
Comments:						

<b>H. Hazard Identification and Evaluation/Hazard Prevention and Control</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
35. Management and employees have an understanding of the safety and health hazards of the workplace.						
Comments:						
36. An effective Occupational Health (medical) program is provided? <i>(May include onsite nurse, relationship with local medical providers, medical examinations, injury/illness treatment, immunizations, audiograms, system to medically evaluate respiratory use, etc.)</i>						
Comments:						
37. Effective safety and health self-inspections are documented and performed regularly.						
Comments:						
38. Effective periodic reviews of written safety and health programs are conducted and documented <i>(i.e. company S&amp;H rules, site-specific S&amp;H policies/procedures, and OSHA-mandated programs such as HAZCOM, Hearing Conservation, Lock-out/Tag-out, PRCs, etc.)</i> .						
Comments:						
39. Change analysis is performed whenever a change in facilities, chemicals, equipment, materials, or processes occurs.						
Comments:						
40. Safety Data Sheets are used to reveal potential hazards associated with chemical products in the workplace.						
Comments:						
41. Incidents (personal injury/illness accidents, property damage, first-aids, and near-misses) are investigated for root causes/contributing factors and measures are established to prevent future re-occurrences.						
Comments:						
42. Effective job hazard analysis is performed for safety and health hazards.						

<b>H. Hazard Identification and Evaluation/Hazard Prevention and Control</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
Comments:						
43. Baseline and periodic Industrial Hygiene surveys are conducted and sampling results are compared to minimum permissible exposure limits (OSHA PELs) or to more restrictive exposure limits (ACGIH TLVs).						
Comments:						
44. Feasible administrative and/or engineering controls are in place ( <i>e.g.</i> , ADMINISTRATIVE – <i>modified work practices/procedures, employee rotation, shift changes</i> , ENGINEERING – <i>ventilation systems, noise abatement, wet-cutting/dust reduction, etc.</i> ).						
Comments:						
45. Effective safety and health rules and work practices are in place.						
Comments:						
46. Personal protective equipment is properly selected and effectively used.						
Comments:						
47. Housekeeping is properly maintained. <b>(If Building Star, answer this in Section K.)</b>						
Comments:						
48. The company has an effective plan for providing competent emergency medical care to employees and others present at the site ( <i>i.e., onsite first aid/CPR/AED providers, local urgent care providers/hospital, etc.</i> ). <b>(If Building Star, answer this in Section K.)</b>						
Comments:						
49. The company has an effective preventative maintenance program ( <i>i.e., maintenance planning, scheduling and tracking is performed</i> ).						
Comments:						
50. An effective procedure for tracking correction of safety and health hazards is in place.						
Comments:						

<b>I. Employee Involvement and Participation</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
51. There is an effective process to involve employees in safety and health issues.						
Comments:						

<b>I. Employee Involvement and Participation</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
52. Employees are involved in developing and reviewing safety and health policies.						
Comments:						
53. Employees provide ideas and recommendations to management for safety and health improvements (e.g., issues/ideas brought to management for evaluation/resolution, team evaluation of problems/resolutions, etc.).						
Comments:						
54. Employees are involved in providing training and/or providing feedback into training needs of co-workers (e.g., lead toolbox/pre-shift mtgs., on-the-job safety/health training, formal/informal safety training, training on inspections of work/work areas, etc.).						
Comments:						
55. Employees participate in hazard detection, prevention, and control activities (e.g., incident investigations, audits/inspections, hazard reporting, etc.).						
Comments:						
56. Employees participate in safety and health planning, goal-setting, and evaluation of the facility's safety and health performance (e.g., feedback to management/S&H personnel for improvements, annual reviews of S&H programs, site-specific/departmental goals, committee participation, etc.).						
Comments:						

<b>J. Contract Workers and/or Temporary Employees (If Building Star, SKIP to Section K.)</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
<ul style="list-style-type: none"> <li>Does the company utilize contractors and/or temporary employees? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> <li><b>If Yes</b>, identify the contractors and/or temporary employees on site at the time of the evaluation and their function(s).</li> <li><b>If No</b>, skip this section.</li> </ul>						
Comments/List Contractors and/or Temporary employees:						
57. When selecting contractors and/or temporary employees, the company has an effective written procedure which includes selection criteria to evaluate the contractors' and/or temporary employees' safety and health program.						
Comments:						

<b>J. Contract Workers and/or Temporary Employees (If Building Star, SKIP to Section K.)</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
58. The company has an effective safety and health training program for the contractors and/or temporary employees, or has contractually established means to ensure that the contractors and/or temporary employees have an effective safety and health orientation and/or training program, including follow-up on effectiveness.						
Comments:						
59. The company has an effective procedure for the control/oversight of contractors and/or temporary employees, including correction of hazards created by contractors on-site.						
Comments:						
60. Procedures are in place to control exposures to safety and health hazards created by the contractors and/or temporary employees.						
Comments:						
61. Management and other employees have received appropriate awareness training to recognize hazards created by the contractors and/or temporary employees.						
Comments:						

<b>K. Building Star Evaluations (includes General Contractors &amp; Specialty Trade Contractors)</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
Does the company utilize contractors (in-house contractors and subcontractors) and/or temporary employees? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>						
<ul style="list-style-type: none"> <li>• If <b>Yes</b>, identify the contractors and/or temporary employers on site at the time of the evaluation and their function(s).</li> <li>• If <b>No</b>, skip this section.</li> </ul>						
List Contractors and/or Temporary employers; attach separate list with worksheet, if necessary:						
62. When selecting contractors and/or temporary employees, the company has a written procedure which includes selection criteria to evaluate the contractors' and/or temporary employees' safety and health program.						
Comments:						
63. The company has an effective safety and health training program for the contractors and/or temporary employees, or has contractually established means to ensure that the contractors and/or temporary employees have an effective safety and health orientation and/or training program.						
Comments:						

<b>K. Building Star Evaluations (includes General Contractors &amp; Specialty Trade Contractors)</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
64. The company has an effective procedure for the control/oversight of contractors and/or temporary employees, including correction of hazards created by contractors.						
Comments:						
65. Procedures are in place to control exposures to safety and health hazards created by the contractors and/or temporary employees.						
Comments:						
66. Management and other employees have received appropriate awareness training to recognize hazards created by the contractors and/or temporary employees.						
Comments:						
67. The company has a site-specific safety plan located at the construction site.						
Comments:						
68. The company has a safety committee present at the construction site, and safety committee meets on a frequent basis and conducts audits/inspections of the construction site.						
Comments:						
69. Effective safety audits of the construction site are conducted and documented.						
Comments:						
70. The company is properly prepared for emergency situations.						
Comments:						
71. The company has an effective plan for providing competent emergency medical care to employees and others present at the site ( <i>i.e., first aid/CPR providers, local urgent care providers, etc.</i> ).						
Comments:						
72. Housekeeping is effectively maintained.						
Comments:						
73. Effective procedures are in place to control fall hazards.						
Comments:						
74. Effective procedures are in place to control electrical hazards.						

<b>K. Building Star Evaluations (includes General Contractors &amp; Specialty Trade Contractors)</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>	<b>NE</b>
Comments:						
75. Effective procedures are in place to control caught-in hazards.						
Comments:						
76. Effective procedures are in place to control struck-by hazards.						
Comments:						
77. Effective procedures are in place to control health hazards.						
Comments/list health hazards present at construction site(s):						
78. Effective procedures are in place to control special hazards on the construction site. If so, list the special hazards ( <i>To be determined by Star team – e.g., trenches, respiratory hazards, etc.</i> ).						
Comments/list of special hazards:						

<b>L. Process Safety Management</b>
<ul style="list-style-type: none"> <li>Is the facility covered by the Process Management Standard (29 CFR 1910.119)? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>If Yes, complete <b>Process Safety Management Evaluation Worksheet</b> and attach.</li> </ul>

### OSHA Rate Data Comparison

*Table 1 – Details of OSHA 300 Log TRC and DART Case Data*

	<b>Total # Recordable Cases (N = Columns G+H+I+J)</b>	<b>Total # Days Away, Restricted, Transfer Cases (N = Columns H+I)</b>	<b>Employee Hours Worked (EH)</b>	<b>TRC Rate</b>	<b>DART Rate</b>
<b>2014</b>				<b>TRC</b>	<b>DART</b>
Company					
Contractors					
Temporary					
<b>TOTAL</b>					
<b>2015</b>					
Company					
Contractors					
Temporary					
<b>TOTAL</b>					

	<b>Total # Recordable Cases (N = Columns G+H+I+J)</b>	<b>Total # Days Away, Restricted, Transfer Cases (N = Columns H+I)</b>	<b>Employee Hours Worked (EH)</b>	<b>TRC Rate</b>	<b>DART Rate</b>
<b>2016</b>					
Company					
Contractors					
Temporary					
<b>TOTAL</b>					

Table 2 – Average TRC and DART Rate Calculation Data

<b>TRC Rate Calculations</b> (calculate rate for each year using the information recorded above) <b>(N ÷ EH x 200,000)</b>		<b>Total TRC Incidence Rates</b>	<b>Average of All Years' TRC Rates</b>
Year: 2014	÷ x 200,000		=
Year: 2015	÷ x 200,000		
Year: 2016	÷ x 200,000		
<b>DART Case Rate Calculations</b> (calculate rate for each year using the information recorded above) <b>(N ÷ EH x 200,000)</b>		<b>Total DART Incidence Rates</b>	<b>Average of All Years' DART Rates</b>
Year: 2014	÷ x 200,000		=
Year: 2015	÷ x 200,000		
Year: 2016	÷ x 200,000		

	<b>TRC Rate</b>	<b>DART Rate</b>	<b>% Below</b>	<b>% Below</b>
<b>Company Three-Year Average</b>				
<b>Most Recent (2015) BLS Data (for Carolina Star, Rising Star or Building) or Baseline (for Public Sector)</b>			%	%

EVALUATION WORKSHEET SCORES		
SCORE OF SECTIONS B. – J.:		
SCORE OF SECTION K. (BUILDING STAR):		N/A <input type="checkbox"/>
SCORE OF SECTION L. (PSM EVALUATION WORKSHEET):		N/A <input type="checkbox"/>
TOTAL POSSIBLE SCORE FOR THE WORKSITE: .....	ACTUAL SCORE:	PERCENTAGE: %
STAR PROGRAM EVALUATION RECOMMENDATION ( <i>check only one box</i> ):	<input type="checkbox"/> CAROLINA STAR <input type="checkbox"/> RISING STAR <input type="checkbox"/> BUILDING STAR <input type="checkbox"/> PUBLIC SECTOR STAR  <b>TEAM LEADER ONLY:</b> <input type="checkbox"/> INJURY AND ILLNESS RATE REDUCTION PLAN <input type="checkbox"/> PROVISIONAL STATUS (SPECIFY REASON):	

## NCDOL STAR EVALUATION TEAM FINDINGS

AREAS OF EXCELLENCE	
1	
2	
3	
4	
5	

---

### ACTION PLAN ITEMS

**All Areas for Improvement and Hazard items must be completed prior to approval for Star Program certification.**

**Employer Instructions:** The following is provided as the information that your company **must** submit to indicate the status of completion of activity related to your **Action Plan Areas for Improvement** and **Hazard Findings** that were identified during the NCDOL Star Program evaluation of your worksite.

***Action Plan must be submitted to Star Program Team Leader within 30 days and completed within 90 days.***

AREAS FOR IMPROVEMENT	
ITEM	IMPROVEMENT ITEMS
1	
2	
3	
4	
5	

**CAROLINA STAR GOALS (FOR RISING STAR ONLY)**

Item	IMPROVEMENT ITEMS
1	
2	
3	
4	
5	

**HAZARDS\***

**Star Consultant Instructions:**

**\*Document the actions taken to immediately abate HAZARDS as well as any interim mitigating steps taken while onsite.**

**\* Items must be documented with immediately/intended abatement action by employer prior to conclusion of the onsite Star Program evaluation.**

ITEM	IMPROVEMENT ITEMS	*CURRENT MITIGATION ACTION TAKEN BY EMPLOYER AT END OF ONSITE EVALUATION (E.G., REPLACE GUARDS, TAKE EQUIPMENT OUT OF SERVICE)	INTERIM ABATEMENT COMPLETION DATES
1			
2			
3			
4			
5			

**RECOMMENDATIONS FOR IMPROVEMENT (COMPLETION OF THESE ITEMS OPTIONAL)**

<b>ITEM</b>	<b>IMPROVEMENT ITEMS</b>
1	
2	
3	
4	
5	

DRAFT

### **Safety and Health Documents Referenced/Programs Reviewed**

*Provide the following documents/programs (as applicable) for review by the Star evaluation team.*

<b>TEAM</b>	<b>DOCUMENTS REFERENCED/PROGRAMS REVIEWED</b>	<b>YES <input checked="" type="checkbox"/></b>	<b>NE <input checked="" type="checkbox"/></b>	<b>NA <input checked="" type="checkbox"/></b>
	OSHA 300/300A Forms for the three most recent complete calendar years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Aid Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Incident Investigation Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Annual Safety and Health Program Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Industrial Hygiene Program ( <i>Potential Hazards, Exposure Assessment, Sampling Strategy, Control Plan, and Survey Reports, etc.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Roster (by shift, if possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sample performance evaluations, related to safety and health activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safety Incentive/Reward Program/Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	List of Safety Committee Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safety Committee Meeting Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safety and Health Training Records, including new/transferred employee orientation training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self-audits/Inspections and Tracking Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Job Hazard Analyses ( <i>e.g., JSAs/JHAs/THAs/SOPs, etc.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Complaint/Suggestion Program and Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medical Records (surveillance required by OSHA standards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inspection Reports for Cranes and Hoists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mechanical Power Press Inspection and Maintenance Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>TEAM</b>	<b>WRITTEN PROGRAMS (WORKSITE-SPECIFIC)</b>	<b>YES <input checked="" type="checkbox"/></b>	<b>NE <input checked="" type="checkbox"/></b>	<b>NA <input checked="" type="checkbox"/></b>		
	PPE Programs/Hazard Assessments:					
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Respiratory protection  <input type="checkbox"/> Head protection  <input type="checkbox"/> Hand protection  <input type="checkbox"/> Eye/face protection                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hearing protection  <input type="checkbox"/> Foot protection  <input type="checkbox"/> Fall protection  <input type="checkbox"/> Other (list):                 </td> </tr> </table>	<input type="checkbox"/> Respiratory protection <input type="checkbox"/> Head protection <input type="checkbox"/> Hand protection <input type="checkbox"/> Eye/face protection	<input type="checkbox"/> Hearing protection <input type="checkbox"/> Foot protection <input type="checkbox"/> Fall protection <input type="checkbox"/> Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respiratory protection <input type="checkbox"/> Head protection <input type="checkbox"/> Hand protection <input type="checkbox"/> Eye/face protection	<input type="checkbox"/> Hearing protection <input type="checkbox"/> Foot protection <input type="checkbox"/> Fall protection <input type="checkbox"/> Other (list):					
	Bloodborne Pathogens Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Chainsaw Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Confined Space Program and Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Contractor Selection and Safety Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Conveyor Safety Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

TEAM	WRITTEN PROGRAMS (WORKSITE-SPECIFIC)	YES	NE	NA
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Electrical Safety Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency Action Plan (including documentation of drills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ergonomics/Back Injury Prevention Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Excavation Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Expanded Health Standards (such as Lead, Asbestos, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fall Protection Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fire Brigade Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fire Protection Program (including inspection of hoses, fire extinguishers, alarms, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hand/Power Tool Safety Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hazard Communication Program and SDSs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HAZWOPER/Emergency Response Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hearing Conservation Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hot Work Program and Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ionizing Radiation Protection Program (e.g., x-rays, gamma rays, radioisotopes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Laboratory Safety Program/Chemical Hygiene Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ladder Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lockout/Tagout Program (including documentation of audits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Logging Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Machine Guarding Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Material Handling/Powered Industrial Trucks Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-Ionizing Radiation (e.g., Laser Safety Program, and/or programs for other types of radiation – RF, UV, Visible, MW, ELF, IR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pre-approval/Management of Change for chemicals, equipment, processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pre-job/Pre-task Planning with Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Preventative Maintenance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Process Safety Management (PSM) Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Respiratory Protection Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Security/Workplace Violence Prevention Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spill Control/Response (non-HAZWOPER)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trenching Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vehicular/Driving Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XXII. Appendix III**  
**Requirements for the NCDOL OSH Star Programs**

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# Requirements for the NCDOL OSH Star Programs

## 1. *Management Commitment and Leadership*

- Clearly established, written site-specific safety and health 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*

- Most recent 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.
- Availability of time for employees to participate in safety and health program.

## 6. *Self-Inspections*

- General Industry:
  - Effective periodic inspections of entire worksite.
  - Tracking of hazards to correction.
- Construction:
  - Effective management inspections of entire worksite weekly.
  - Effective site-specific safety and health committee inspections of entire worksite monthly.
  - Tracking of hazards to correction.
- Public Sector:
  - Effective periodic inspections of entire worksite.
  - 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.

# Requirements for the NCDOL OSH Star Programs

## 9. *JSA/Process Reviews*

- Analysis of hazards associated with individual jobs and processes.
- Safety and health training.

## 10. *Safety and Health Training*

- Manager and Supervisor Training:
  - Management Training: Knowledge of applicable worksite safety and health programs, understanding of their safety and health responsibilities, and ability to effectively carry out those responsibilities;
  - Supervisor Training: Understanding of applicable worksite safety & health programs, hazards in work areas, and responsibilities; able to effectively carry out those responsibilities.
- Potential effects on their employees:
  - Ensure employees follow safety rules and proper work practices.
- Employee Training:
  - Awareness of hazards, protection from hazards, safe work procedures, emergency situations, and PPE use.

## 11. *Preventive Maintenance*

- Written preventive maintenance program.
- Ongoing monitoring, maintenance and repair of workplace equipment.

## 12. *Emergency Programs/Drills*

- Written emergency action/response programs.
- Performance/documentation of periodic drills for ALL employees.

## 13. *Industrial Hygiene Program*

- Baseline and periodic Industrial Hygiene surveys.
- Air sampling and certified laboratory analysis and noise surveys with written records of results.

## 14. *Personal Protective Equipment*

- Certified PPE Hazard Assessment.
- Appropriate PPE, including training on care, use, and replacement.

## 15. *Safety and Health Staff Involved with Changes*

- Safety and health staff must be staff involved with pre-use/change analysis of all new operations, processes, materials, or equipment.

## 16. *Contractor Safety*

- Documented selection criteria and training.
- Oversight of contractor activity, including enforcement of safety and health rules.

## 17. *Medical Program*

- Availability of emergency/non-emergency medical services.
- Availability of physician services.
- Personnel trained in First Aid/CPR/AED, if applicable.

## Requirements for the NCDOL OSH Star Programs

### 18. *Resources*

- Adequate safety and health staffing.
- Safety and health program budget and funding.
- Access to safety and industrial hygiene professionals.

#### *For current Star participants:*

### 19. *Carolina Star Safety Conference Participation*

- Employers are required to provide at least one employee to represent the company on regional conference team.
- Employee(s) attend team meetings, and assist with planning annual Carolina Star Safety Conference.

### 20. *Annual S&H Management System Evaluation Report Submission*

- Employer required to submit the company's Star Annual Report by February 15<sup>th</sup>.
- Report needs to address all required areas, include specific injury/illness data and any necessary plans for improvement.

### 21. *Mentoring*

- D. Employers are required to provide mentoring assistance when requested by new applicants to Star Program or when other opportunities arise.

**XXIII. Appendix IV**  
**Significant Incident Report**

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**NCDOL OSH Star Program Significant Incident Report**

**Star Worksite Name:**  
**Star Worksite Address:**  
**Date Submitted:**

**NOTE:** If a **FATCAT** report has been submitted, attach it and complete non-duplicative entries on this **Significant Incident Report**.

<b>Last Approval Date:</b>		<b>NAICS:</b>	
<b>Years in Star Program:</b>		<b>Union:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Star Program Designation at Time of Incident:</b>		<b># Employees:</b>	
<b>Date of Incident:</b>		<b># of Injuries:</b>	
<b>Compliance Investigation Date:</b>		<b># of Fatalities:</b>	
<b>IMIS Reference #:</b>		<b># Applicable Contractors:</b>	
<b>Lead CSHO:</b>		<b>Star Evaluation Report Submitted:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Press Coverage:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Persons Affected:</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Temporary
<b>Date of:</b> <input type="checkbox"/> Onsite Evaluation/ <input type="checkbox"/> Phone Call:		<b>Investigation Type:</b> <input type="checkbox"/> Accident <input type="checkbox"/> Referral <input type="checkbox"/> Complaint <input type="checkbox"/> Other	<b>Classification:</b> <input type="checkbox"/> Fatality <input type="checkbox"/> Catastrophe <input type="checkbox"/> Incident
<b>Incident Description:</b>			
<b>Citations Issued:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Y, indicate below</i>			
<b>Citations:</b> (i.e., Serious, Willful, Non-Serious, e.g., 2 Serious and 1 Non-Serious)			
<b>Star Program Recommendation:</b> <input type="checkbox"/> No Change in Star Participation <input type="checkbox"/> Provisional Status <input type="checkbox"/> Voluntary Withdrawal <input type="checkbox"/> Termination			
<b>Star Program Participation Recommendations/Comments:</b> (describe the rationale for your recommendation for participation)			

***-End of Document-***