



American Subcontractors Association-  
New Mexico

**Safety Health Initiative Partnership**

**PROGRAM APPLICATION**

**2020-2021**

AMERICAN SUBCONTRACTORS ASSOCIATION  
NEW MEXICO



**NM OSHA AND ASA-NM**  
**Safety & Health Initiative Partnership**



**Request to Participate as a Reciprocal Member in the SHIP program between ASA-NM and NM OSHA**

\_\_\_\_\_ (Company name) is currently in a NM OSHA partnership through our membership with \_\_\_\_\_ (Association name). Our company participates at the \_\_\_\_\_ level.

Our company wishes to be a participant at the \_\_\_\_\_ level under the Safety & Health Initiative Partnership (SHIP) that has been agreed to by the New Mexico Occupational Health and Safety Bureau (NM-OSHA) of the New Mexico Environment Department and the American Subcontractors Association of New Mexico (ASA-NM).

As a participant under the SHIP program, company has read and embraces the goals and objectives of the program and commits to the following:

1. To comply with the terms and conditions of the SHIP program,
2. To cooperate in the development and continuous improvement of health and safety programs for it employees, and
3. To ensure that it safety and health policies are effective and consistent.

Company understands and agrees that as a participant under the SHIP program:

1. The SHIP Committee will be notified of any complaints or violations of health and safety standards by the company.
2. It will keep its employees informed of the obligations the company has accepted as a SHIP program member and the extent of benefits afforded under the program and

Company understands that if it wishes to participate at the Platinum Level it must make available to ASA-NM SHIP Committee and NM OSHA it's job site reports.

Company further understands that it's involvement under the SHIP program may be terminated at any time if it fails to meet the terms and conditions of the Program and that it may withdraw as a participant at any time by submitting written notice to ASA-NM.

Agreed to \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Representative, Member Company

\_\_\_\_\_  
Representative ASA-NM



**NM OSHA AND ASA-NM**  
**Safety & Health Initiative Partnership**



**Approval to Participate as a Reciprocal Member in the Safety & Health Initiative Partnership (SHIP) Program**

\_\_\_\_\_ (Company name) is currently in a NM OSHA partnership through our membership with \_\_\_\_\_ (Association name). Our company participates at the \_\_\_\_\_ level.

Our company wishes to be a participant at the \_\_\_\_\_ level under the Safety & Health Initiative Partnership (SHIP) that has been agreed to by the New Mexico Occupational Health and Safety Bureau (NM-OSHA) of the New Mexico Environment Department and the American Subcontractors Association of New Mexico (ASA-NM).

ASA-NM has contacted and received confirmation from \_\_\_\_\_ (Association Representative) at \_\_\_\_\_ (Association Name) that the company is a partner in their OSHA Partnership at the \_\_\_\_\_ level and therefore accepts the company as a partner in the ASA-NM SHIP program at the \_\_\_\_\_ level.

Agreed to \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Chair, SHIP Program Committee

\_\_\_\_\_  
ASA-NM Representative

\_\_\_\_\_  
Confirming Association Representative

## ASA-NM SHIP Application Submission Format

Please return to ASA-NM:

- 2, three ring binders with info below and one (1) copy of Company Safety Manual or you may submit files electronically via PDF

Please set up binders or PDF files as follows:

Table of Contents

Tab 1: Signed Commitment Agreement

Tab 2: Completed Self Evaluation Form

Additional Information

- Please flag this information so it will reference back to the item letter in the self-evaluation form, if you are submitting via PDF please use the Bookmark feature.
- *Example:* Item H (Planning for Job-Site Safety) asks you to provide documentation relating to job safety and/or hazard analysis, pre-task plans, etc. Include **completed** samples of your JHA or PTP and flag or bookmark them with Item H. This will make it easier for the verification committee to evaluate each company.

Tab 3: OSHA 300 Logs and OSHA 300A Summaries for the last three (3) years  
(Please black out employee names for privacy)

Tab 4: EMR Letter from Work Comp carrier or Insurance Agency for the last three (3) years EMR's.

Tab 5: Resume of Safety Director/Manager or person in charge of safety

Please don't forget your company Safety Manual; this can be a separate binder/bound document or submit an electronic version. You may also flag or bookmark areas of your Safety Manual as documentation that is being requested in the Self Evaluation form.

Please turn completed applications into Gia Espinoza, ASA-NM Executive Director



## OSHA-NM and ASA-NM SHIP Partnership

### COMMITMENT AGREEMENT

We \_\_\_\_\_ as a company are Committed to:

- To provide leadership in creating a culture of full respect for the lives and sound health of New Mexico's construction workforce,
- To continually seek better methods and technologies for reducing injuries, occupational illness, disease and fatalities in New Mexico's workplaces,
- To foster and encourage the implementation and maintenance of best practices for safety, training and education programs,
- To foster and encourage the implementation and maintenance of effective safety program incentives and enforcement policies,
- To focus primarily on the common job site hazards related to falls, electrocution, and accidental impact injuries,
- To mitigate the negative economic impacts of workplace injuries, illnesses and occupational disease, including especially the cost of worker's compensation insurance, in so far as is possible.

\_\_\_\_\_  
Owner/Officer Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

## NM OSHA and ASA-NM SHIP Partnership Self-evaluation Report

Company \_\_\_\_\_

Corporate Office Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Ten key components of company safety programs are listed below (see tabs A through J). Each component contains columns that describe three levels of the partnership program.

Complete only the column that **BEST** describes your company's performance.

<i>Superior</i> <b>Platinum</b>	<i>Intermediate</i> <b>Gold</b>	<i>Entry</i> <b>Silver</b>
<b>Tab A Management Commitment</b>		
<b>Review documents such as policy statements, company surveys or survey results on safety, employee suggestion letters, and financial records showing safety expenditures (e.g., cancelled checks or invoices).</b>		
<b>Management</b> ___ participates in safety program ___ sets objectives for safety ___ requires feedback on program ___ provides necessary funds ___ includes safety as part of company-wide performance appraisals	<b>Management</b> ___ participates in safety program ___ requires feedback on safety program ___ provides funds for safety	<b>Management</b> ___ supports safety ___ provides funds for safety activities
___ Needs analysis is used to set safety program goals/objectives ___ An action plan is developed to accomplish goals/objectives ___ Feedback is required from those assigned tasks ___ Audits are made to assess action plan effectiveness ___ Long- and short-term goals are set	___ Safety program goals and objectives are set annually ___ Employees are aware of the goals and objectives ___ Feedback is required from those assigned tasks	___ Informal goals are set for accomplishment through the safety program ___ Results are discussed at least annually

Comments:

### Tab B Written Safety and Health Program

**Review documents, such as policy statements, safety manuals, and letters from management regarding safety.**

<p>Safety policy</p> <p><input type="checkbox"/> is in writing</p> <p><input type="checkbox"/> is known to all employees</p> <p><input type="checkbox"/> is part of safety manual</p> <p><input type="checkbox"/> defines purpose and scope of safety program</p> <p><input type="checkbox"/> emphasizes employer approach</p> <p><input type="checkbox"/> is signed and supported by top person(s) in company</p>	<p>Safety policy</p> <p><input type="checkbox"/> is in writing</p> <p><input type="checkbox"/> has not been explained to employees, but is posted</p> <p><input type="checkbox"/> authorizes loss prevention activities</p>	<p><input type="checkbox"/> Safety policy exists</p>
<p>Responsibility for safety</p> <p><input type="checkbox"/> defined for everyone in company</p> <p><input type="checkbox"/> in writing and part of safety manual</p> <p><input type="checkbox"/> Supervisors/foremen have key responsibilities</p>	<p>Responsibility for safety</p> <p><input type="checkbox"/> defined for everyone in company</p> <p><input type="checkbox"/> is not in writing</p> <p><input type="checkbox"/> Supervisors/foremen have key responsibilities</p>	<p><input type="checkbox"/> Responsibility for safety rests solely with designated safety coordinator</p>
<p><input type="checkbox"/> Safety rules are in writing and are communicated to all employees</p> <p><input type="checkbox"/> Safety rules are concise and easy to understand</p> <p><input type="checkbox"/> Safety rules are enforced equally among all employees</p> <p><input type="checkbox"/> Safety rules are updated on a regular basis</p> <p><input type="checkbox"/> Subcontractors must follow safety rules.</p>	<p><input type="checkbox"/> Safety rules are in writing and are communicated to all employees</p> <p><input type="checkbox"/> Copies of safety rules are posted or available to all employees</p> <p><input type="checkbox"/> Supervisors enforce most of the safety rules</p> <p><input type="checkbox"/> Subcontractors must follow safety rules.</p>	<p><input type="checkbox"/> There are some general safety rules</p> <p><input type="checkbox"/> Safety rules are enforced most of the time</p> <p><input type="checkbox"/> Safety rules have not been updated within past two years</p>
<p><input type="checkbox"/> Assessments made to determine PPE needs</p> <p><input type="checkbox"/> Employees trained in use and maintenance of PPE</p> <p><input type="checkbox"/> Approved PPE used</p> <p><input type="checkbox"/> PPE provided for employees</p> <p><input type="checkbox"/> Employees aware of disciplinary consequences of not using PPE</p> <p><input type="checkbox"/> PPE needs assessed annually</p>	<p><input type="checkbox"/> PPE is provided and use is required</p> <p><input type="checkbox"/> Employees trained in use and maintenance of PPE</p> <p><input type="checkbox"/> Employees informed of PPE requirements for each job</p>	<p><input type="checkbox"/> PPE is provided and its use encouraged</p> <p><input type="checkbox"/> Some training is given in use and maintenance of PPE</p>
<p>Substance Abuse</p> <p><input type="checkbox"/> Company has a written substance abuse policy</p> <p><input type="checkbox"/> Company policy contains strict rules regarding drug and alcohol use</p> <p><input type="checkbox"/> Company does drug testing for pre-hire, post accident and for cause</p> <p><input type="checkbox"/> Company keeps counseling and testing records</p> <p><input type="checkbox"/> Company has an Employee Assistance Program</p>	<p>Substance Abuse</p> <p><input type="checkbox"/> Company has substance abuse verbiage in company policy</p> <p><input type="checkbox"/> Supervisors are trained in hazards of drugs and alcohol on the job</p>	<p>Substance Abuse</p> <p><input type="checkbox"/> Company has policy</p>



Comments:
-----------

### Tab C Total Incident Rates (TIR)

**Incident Rate. Review documentation that supports the company's Total Incident Rate. Company must have a recordable occupational injury and illness rate (total case per Bureau of Labor Statistics formula) that is at or below the national average for the contractor's SIC code as determined by the BLS; (The 3-year TIR rates must be below at least 1 of the 3 most recent years of specific industry national averages for non fatal injuries and illness at the level published by the BLS.) Review OSHA 300 and 300A reports.**

<input type="checkbox"/> TIR is at or below the national average for at least one of the three most recent years as published by the BLS. <input type="checkbox"/> Employer reviews the costs of accidents and how the TIR affects the company	<input type="checkbox"/> TIR is at or below the national average for at least one of the three most recent years as published by the BLS. <input type="checkbox"/> The cost of accidents is reported to the project manager	<input type="checkbox"/> TIR is at or below the national average for at least one of the three most recent years as published by the BLS.
<input type="checkbox"/> maintains OSHA Log-Forms 300 and 300A according to OSHA requirements	<input type="checkbox"/> maintains OSHA Log-Forms 300 and 300A according to OSHA requirements	<input type="checkbox"/> maintains OSHA Log-Forms 300 and 300A according to OSHA requirements

Comments:
-----------

### Tab D Safety Meetings

**Review documents such as meeting agendas, notes, minutes where safety items are noted, copies of toolbox talks. Include topics and sign-in sheets.**

<input type="checkbox"/> Employer conducts weekly supervisor meetings where safety is on the agenda <input type="checkbox"/> Employer gives an overview of safety activity <input type="checkbox"/> Serious accidents are reviewed	<input type="checkbox"/> At least monthly supervisor meetings are held with supervisors where safety is on the agenda <input type="checkbox"/> Supervisors give a status report on job site safety activities <input type="checkbox"/> Serious accidents are reviewed	<input type="checkbox"/> Occasional meetings are held with supervisors at which safety is on the agenda <input type="checkbox"/> Supervisors are given safety information <input type="checkbox"/> Serious accidents may be reviewed
Toolbox safety meetings <input type="checkbox"/> Meetings held weekly <input type="checkbox"/> Conducted by supervisors <input type="checkbox"/> Attendance and topic documentation kept <input type="checkbox"/> Employees participate <input type="checkbox"/> Employer attends occasionally	Toolbox safety meetings <input type="checkbox"/> Supervisors hold meetings at least monthly <input type="checkbox"/> Attendance and topic documentation kept	Toolbox safety meetings <input type="checkbox"/> Employer conducts meetings with all employees less than once a month

Comments:
-----------

### Tab E Pre-planning for Job Safety

**Review documents relating to job safety and/or job hazard analysis sheets, Project checklists.**

<input type="checkbox"/> Pre-job safety planning is required at the bid stage	<input type="checkbox"/> Pre-job safety planning is required prior to mobilization	<input type="checkbox"/> No formal pre-job safety planning program but some
---	--	---



<input type="checkbox"/> A check list is used by the supervisor to assure all exposures are considered <input type="checkbox"/> Necessary equipment is provided and precautions are taken prior to or at the start of the job, not after problems have been encountered <input type="checkbox"/> Job supervisors are trained in planning for safety	<input type="checkbox"/> Safety equipment and safety procedures are provided when needed <input type="checkbox"/> Training in pre-job safety planning is not required <input type="checkbox"/> A check list is used as a guide	planning is done <input type="checkbox"/> No check list is used in pre-planning
---	--	--

Comments:

#### Tab F New Employee Orientation

**Review documents such as orientation agendas and program materials, class rosters, safety manuals and/or employee handbooks.**

<input type="checkbox"/> Formal orientation program is in effect for all new or transferred employees <input type="checkbox"/> Records maintained showing date, person doing orientation and items covered <input type="checkbox"/> Orientation includes training on safety rules, HAZCOM, major job hazard exposures, PPE, and emergency reporting procedures <input type="checkbox"/> Employer concern for safe job performance is stressed <input type="checkbox"/> Employee signs record sheet	<input type="checkbox"/> Orientation that includes information on safety is given to new employees <input type="checkbox"/> Documentation showing items covered is maintained <input type="checkbox"/> Orientation includes training on safety rules, HAZCOM, major job hazard exposures, PPE, and emergency reporting procedures <input type="checkbox"/> Job safety requirements are stressed	<input type="checkbox"/> Orientation is given to employees but no training records are maintained
--	--	---

Comments:

#### Tab G Safety Training

**Review safety training records. (Both for employees and supervisors if separate)**

<input type="checkbox"/> Based on training needs assessment, formal safety training is provided and documented in areas such as hazard recognition, first aid/CPR, hazard/standard specific OSHA topics, hazard communication, heavy equipment safety and trade specific safety (such as electrical safety) <input type="checkbox"/> Formal safety training conducted by competent or qualified safety instructors <input type="checkbox"/> Employee training comprehension/ understanding is verified and documented	<input type="checkbox"/> Some formal safety training provided and documented in areas such as first aid/CPR, hazard communication and hazard recognition <input type="checkbox"/> Formal training needs assessment conducted for workforce <input type="checkbox"/> Informal safety training conducted by competent or qualified safety instructors <input type="checkbox"/> Employee training comprehension/ understanding is verified and documented	<input type="checkbox"/> Formal safety training, with verifiable records provided in hazard recognition and hazard communication <input type="checkbox"/> Some informal safety training provided for categories found in far-left column
Supervisory training includes: <input type="checkbox"/> First Aid/CPR <input type="checkbox"/> Hazard Recognition <input type="checkbox"/> Hazard Communication / GHS <input type="checkbox"/> Emergency Reporting	Most supervisors receive training in: <input type="checkbox"/> Hazard Recognition <input type="checkbox"/> Hazard Communication <input type="checkbox"/> First Aid/CPR <input type="checkbox"/> Emergency Reporting	<input type="checkbox"/> Some supervisors are sent to outside training courses

<input type="checkbox"/> Procedures <input type="checkbox"/> OSHA 10 Hour or Greater <input type="checkbox"/> Conducting Meetings <input type="checkbox"/> Supervisory Skills <input type="checkbox"/> Accident Investigation <input type="checkbox"/> Job Safety Analysis <input type="checkbox"/> Job Safety Planning <input type="checkbox"/> Train-the-trainer <input type="checkbox"/> Job Site Safety Inspections <input type="checkbox"/> Human Relations <input type="checkbox"/> Company has in-house facilities for training or has good outside training source <input type="checkbox"/> Professional development courses offered	<input type="checkbox"/> Procedures <input type="checkbox"/> Human Relations <input type="checkbox"/> Supervisory Skills <input type="checkbox"/> Accident Investigation <input type="checkbox"/> Job Site Safety Inspections	
---	---	--

Comments:

#### Tab H Accident Investigation

**Review documents such as investigation reports, near miss forms, recommendation/corrective action reports and materials the company publishes following an accident.**

<input type="checkbox"/> Accidents and near misses are investigated by site supervisor <input type="checkbox"/> All supervisors are trained in the techniques of accident investigation <input type="checkbox"/> Reports are completed for all accidents <input type="checkbox"/> Employer reviews all accidents that exceed a set cost <input type="checkbox"/> The basic causes of all accidents are determined <input type="checkbox"/> Information learned is shared with all job sites <input type="checkbox"/> There are follow-up steps to assure corrective action is taken	<input type="checkbox"/> All accidents are investigated with a report written <input type="checkbox"/> Supervisors are trained to make investigations <input type="checkbox"/> Employer reviews all investigation reports <input type="checkbox"/> Information on "serious" incidents is shared with employees on all job sites	<input type="checkbox"/> Informal investigations are made with no written report <input type="checkbox"/> Some supervisory personnel know how to investigate an accident <input type="checkbox"/> Information gained is not shared on other job sites <input type="checkbox"/> Persons other than the site supervisor conduct most investigations
---	--	--

Comments:

#### Tab I Performance Audits

**(Performance audits are not site inspections, but audits to evaluate segments (or all) of a safety program.) Review documents such as quality improvement materials, safety benchmarking reports, reports of an activity that was modified and its safety-related results.**

<input type="checkbox"/> Safety program is reviewed at least semi-annually to determine if it is producing desired results <input type="checkbox"/> Criteria against which performance is measured are established <input type="checkbox"/> Results of performance review	<input type="checkbox"/> Safety program is reviewed annually to determine if it is producing desired results <input type="checkbox"/> Performance criteria exist for more than half of the areas measured <input type="checkbox"/> Results are discussed with	<input type="checkbox"/> Subjective review of safety activities made to judge if they are effective <input type="checkbox"/> Rating given to each area audited
---	---	---

become part of overall rating of supervisors ___Strong points and shortcomings are discussed with individual supervisors	individuals' supervisors	
Comments:		
<b>Tab J Employee Participation</b>		
<b>Review documents including copies of programs in safety manuals, employee policies and procedures manuals, training records, safety toolbox talks sign-in sheets, employee incentive programs and employee suggestion boxes.</b>		
___Employee participation program in place ___Supervisors trained to facilitate employee participation ___Procedures set up for employees to participate in activities (e.g., see next column) ranging from training to accident investigations	___Supervisors trained to facilitate employee participation ___Employees encouraged to participate in tool box talks, hazard recognition/reporting, site inspections, safety rule development/revision, new hire & formal safety training, and accident investigations	___Employee participation is encouraged ___Information is given to supervisors on how to involve employees ___Employee suggestion/comment program implemented
Comments:		

**NOTE: When compiling the partnership binder (or PDF file use the bookmark feature) for the Verification Committee, ensure the tabs match this document. Place this document in front of tab A and ensure documents of proof are inserted into each tab. (e.g., sign-in sheets for training, meeting minutes with signatures and dates, etc.) NO BLANK FORMS. Turn the binder or PDF file into the association office.**