CY2024 Annual
VPP Self-Evaluation Submissions in Oregon

Each Oregon VPP participant must annually self-evaluate its safety and health management system. This self-evaluation, reflecting the previous calendar years’ experience (that of CY 2024), must be completed and submitted to the Oregon OSHA VPP/SHARP Program Manager by **February 15, 2025**.

Oregon OSHA requires the completion of Sections A through G of this document. Sites should send one electronic copy *(.pdf is the* *preferred method*) via e-mail to Mark E. Hurliman, VPP/SHARP Program Manager, at to mark.e.hurliman@dcbs.oregon.gov.

Participants may find it useful to review the VPP [Federal Register Notice, 74 FR 927, January 9, 2009](https://www.osha.gov/vpp/vpp-policy), which includes annual submission requirements, safety and health management system requirements applicable to all participants.

The annual self-evaluation is not a compliance audit. **It is a critical review to assess the effectiveness of all four VPP elements and their sub-elements, and to analyze participant and contractor injury and illness data and trends.** It should include a review of written programs, a walk-through of the workplace, and interviews with employees. During this process, participants should answer the following questions relating **to each** element and sub-element of their safety and health management system:

1. Is it comprehensive?
2. Is it operating effectively and meeting established goals and objectives?
3. Are there problems that require the development and implementation of solutions in order to maintain excellent worker protection and continued VPP eligibility?
4. What improvements can be made to make it even more effective?
5. What goal modifications should be made for the upcoming year?

**Please Note:** Annual self-evaluations that consist of general statements that elements are sufficient, with no recommendations for improvement are inadequate for the purposes of continued VPP qualification. It is understood that as a VPP facility, all your elements and sub elements are effective. The purpose of the self-evaluation is to be self-critical, looking for opportunities for continuous improvement, and making no recommendations for improvement does not meet the intent of the self-evaluation.

Oregon OSHA expects the evaluation to include participant and applicable contractor injury and illness data, progress toward Merit or 1-Year Conditional Star goals (if applicable), and success stories. OSHA uses the submitted information to update records and statistics, showcase successes related to implementation of the VPP requirements, and demonstrate that participants are committed to continuous improvement of worker safety and health at their facilities.

Additionally, **participants that fall under OSHA’s Process Safety Management (PSM)** standard must provide responses to all applicable questions found in the PSM Application Supplement questionnaire (found on the [Federal OSHA VPP web site](https://www.osha.gov/dcsp/vpp/index.html)). The responses must cover all PSM operations within the site.

Oregon OSHA requires the completion of **Sections A through J**, and encourages VPP participants to use the following suggested format in preparing their annual self-evaluation submission:

*Suggested* Format for Oregon VPP Site’s Annual Submission

# Section A, Site Information

|  |
| --- |
| Table A-1: Summary Sheet |
| **To be completed by all VPP Participants** |
| VPP Participant Name:  | Phone: | Calendar Year | Date Submitted |
|  |  |  |  |
| Address:  |
|  |
| **Corporate Information** (if different from above) | Name:  | Phone: |
|  |  |
| Address: |
|  |
| **Site Manager** Name:  | Phone: | Fax: | E-Mail: |
|  |  |  |  |
| **Site VPP Contact** Name: | Phone:  | Fax:  | E-Mail:  |
|  |  |  |  |
| **NAICS Code** | **VPP Status** |  |
|  |  |  |
| Is **the site covered by OSHA’s PSM Standard? (If yes, complete PSM Supplement B.)** |
| **To be completed by Site-Based Non-Construction Participant (1)** |
| **Number of Employees** | **Hours Worked** | **TCIR** | **DART Rate** |
|  |  |  |  |
| **Summary - All Applicable Contractors of a Site-Based Non-Construction Participant (2)** |
| Total Number of Applicable Contractor Employees | Combined Applicable Contractor TCIR |
|  |  |
| Hours Worked Onsite of All Applicable Contractor Employees | Combined Applicable Contractor DART Rate |
|  |  |
| **To be completed by Site-Based Construction or Mobile Workforce Participant (3)** |
| Total Number of All Site/DGA Employees Including All Contractor Employees | Combined TCIR |
|  |  |
| Hours Worked of All Site/DGA Employees Including All Contractor Employees | Combined DART Rate |
|  |  |

**(1) Site-based Non-Construction Participants**: Enter the average number of employees employed at the site and the total hours worked by the participant’s own employees (including temporary and contractor employees regularly intermingled with and directly supervised by participant employees) at the approved site. Injury and illness data should correspond with information normally found in the appropriate column of the participant’s OSHA 300 (A) Summary of Work-Related Injuries and Illnesses and optional worksheets.

**(2) Summary of Applicable Contractors of Site-Based Non-Construction Participants:** All data in these cells must reflect the combined employee numbers and hours worked of **only applicable contractors’ employees** at the approved site. Applicable contractor data **must not** be combined with participant employee numbers and site hours unless contractor employees are regularly intermingled with and directly supervised by participant employees.

**(3) Site-Based Construction and Mobile Workforce Participants**: All data must reflect the combined workforce of participant employees and all contractor/subcontractor employees.

## Table A-2 Union Information

**Complete a table for each applicable union (**Copy and paste table)

|  |  |  |
| --- | --- | --- |
| Union Name | Union Local Number | Union Representative for the Site |
|  |  |  |
| E-Mail | Phone | Fax |
|  |  |  |
| Address |
|  |

# Section B: Injury & Illness Rate Information

Injury and illness rate information for the previous calendar year must be received by the VPP/SHARP Program Coordinator no later than February15th of each year, along with your completed annual self-evaluation.

**(1) Site-Based Non-Construction Participants:** Use Table B-1 below to submit data for your own site employees including temporary employees and any contractor employees regularly intermingled with and directly supervised by your employees. On the Participant Summary Sheet (see Section A, Table A-1), you will record some of the data you record in Table B-1.

**(2) Site-Based Non-Construction Participants with Applicable Contractors:** Use Table B-2. Provide a **separate Table B-2 for each applicable contractor** (an applicable contractor is a contractor whose employees worked 1,000 hours or more at your site in any calendar quarter). Report applicable contractor injury and illness experience only for work at your site. Do not combine this data with your own site employee data. The NAICS code should reflect the applicable contractor’s primary work activity at your site, and not necessarily the participant’s NAICS code. On the Participant Summary Sheet (see Section A, Table A-1) you will record combined data for all applicable contractors.

**(3) Site-Based Construction and Mobile Workforce Participants:** Use Table B-1. Submit combined work hours and combined injuries and illnesses of **all employees**. This must include your own employees including temporary employees plus all contractor/subcontractor employees. Use this combined data to calculate your site or TCIR and DART rate. On the Participant Summary Sheet (see Section A, Table A-1) you also will record combined data.

## When Participant Rates Have Increased

If the one-year site/DGA TCIR or DART rate has increased since last year, **identify and describe the contributing factors and corrective actions that have been taken**. Include this information in the narrative evaluation of each related element and sub-element. See Section D.

|  |
| --- |
| Table B-1  |
| VPP Participant’s Recordable Non-Fatal Injury and Illness Case Incidence Rates |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Year | Total Number Employees | Total Work Hours | Total Number of Injuries & Illnesses | Total Case Incidence Rate for Injuries and Illnesses (TCIR) | Total Number of Injury & Illness Cases Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer | Days Away from Work, Restricted Work Activity, and/or Job Transfer Rate (DART Rate) |
| 2022 |  |  |  |  |  |  |
| 2023 |  |  |  |  |  |  |
| 2024 |  |  |  |  |  |  |
| Totals |  |  |  |  |  |  |
| Participant's 3-Year TCIR and DART rate |  |  |  |
| Most recent published BLS rate for NAICS code \_\_\_\_\_\_\_\_ |  |  |  |
| Percent above or below National Average |  |  |  |

**Site-Based Non-Construction Participants with Applicable Contractors:** Use Table B-2. Provide a separate Table B-2 for each applicable contractor (an applicable contractor is a contractor whose employees worked 1,000 hours or more at your site in any calendar quarter).

Copy a blank Table B-2 and paste so you have a separate Table B-2 then complete one for each applicable contractor’s work at your site only.

Report applicable contractor injury and illness experience only for their work at your site. Do not combine this data with your own site employee data. The NAICS code should reflect the applicable contractor’s primary work activity at your site, and not necessarily the participant’s NAICS code. **On the Participant Summary Sheet (see Section A, Table A-1) you will record combined data for all applicable contractors.**

|  |
| --- |
| Table B-2 |
| Applicable Contractor Recordable Nonfatal Injury and Illness Case Incidence Rates(for use by site-based non-construction participants)(a separate table for each of the applicable contractor’s work at your site only) |
| Name of Applicable Contractor | NAICS Code for applicable contractor’s work at your site |
|  |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Year | Total Number Employees\* | Total Work Hours | Total Number of Injuries & Illnesses | Total Case Incidence Rate for Injuries and Illnesses (TCIR) | Total Number of Injury & Illness Cases Involving Days Away from Work, Restricted Work Activity, and/or Job Transfer | Days Away from Work, Restricted Work Activity, and/or Job Transfer Rate (DART Rate) |
|  |  |  |  |  |  |  |
| Most recent published BLS rate for NAICS code \_\_\_\_\_\_\_\_ |  |  |  |
| Percent above or below National Average |  |  |  |

\* Estimated average number of applicable contractor employees.

## When Participant Rates Have Increased:

If your one-year site/DGA TCIR or DART rate has increased since last year, you **must identify and describe the contributing factors and corrective actions you have taken to date**. Include this information in the narrative evaluation of each related element and sub-element. See Section D below.

If your three-year site/DGA TCIR or DART rate now exceeds the highest rate of the last three years published by the BLS statistics for your NAICS code, you **must submit a rate reduction plan based on your findings.** Contact your Regional VPP Manager to discuss the terms of your rate reduction plan.

### Calculating Rates for Tables B-1 and B-2

Annual rates are calculated by the formula **(N/EH) x 200,000** where:

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

**N** = Total number of recordable nonfatal injuries and illnesses during the calendar year. ***Site-based non-construction participants:*** This number will be the total injuries and illnesses of your site employees, including temporary employees and any contractor employees regularly intermingled with and directly supervised by your employees. ***Site-based construction participants and mobile workforce participants:*** This number will be total injuries and illnesses of the employees **plus** all contractor/subcontractor employees.

 ***For the TCIR***, use the total number of injuries and illnesses.

 ***For the DART rate***, use injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer

**EH** = Total number of hours worked by employees during the year. **Site-Based Non-construction participants:** This number will be hours worked by your site employees including temporary employees and any contractor employees regularly intermingled with and directly supervised by your employees. **Site-Based Construction participants and mobile workforce participants:** This number will be hours worked by your own employees including temporary employees and contractors directly supervised by applicant/participant **plus** all contractor/subcontractor employees.

**200,000** = equivalent of 100 full time employees working 40 hours per week, 50 weeks per year.

**BLS data:**  Insert the TCIR and DART rates for your industry from the Bureau of Labor Statistics (BLS) Table of Incidence Rates of Nonfatal Occupational Injuries and Illnesses by Industry. Find the table at the [Bureau of Labor Statistics (www.bls.gov)](https://www.bls.gov/) web site or obtain from the VPP/SHARP Program Coordinator. Compare your rates to the most recently published BLS average rates for your industry: Calculate the percent above or below the BLS national average for your TCIR and DART rates using the formula: [(Site rate - BLS rate)¸ BLS rate] x 100.

# Section C: Significant Events or Changes in CY2024

Describe the impact of any significant event, the change that occurred, and the steps taken to ensure or restore employee safety and health e.g. change in management, corporate buy-out, complaint, accident, catastrophe, fatality, etc.

# Section D: Narrative Evaluation of Safety and Health Management System

In narrative form, use the following pages to describe the activities (data/information reviewed to assess the sub-element) and the effectiveness of each of the four elements (and their sub-elements) of your safety and health management system. The elements and sub-elements are listed in the following color-coded tables:

For each sub-element also include a description of:

* The strengths and weaknesses (what works well and what could work better) of the individual element in the assessment of effectiveness.
* Improvements made since the previous year and completion of the previous year's recommendations.
* Recommendations for improvement of any opportunities identified, the person(s) responsible for fulfilling each new recommendation, target dates for their completion, and the data/information reviewed to assess the effectiveness of the sub-element.

Be sure to answer the following questions relating to each element and sub-element of their safety and health management system:

1. Is it comprehensive?
2. Is it operating effectively and meeting established goals and objectives?
3. Are there problems that require the development and implementation of solutions in order to maintain excellent worker protection and continued VPP eligibility?
4. What improvements can be made to make it even more effective?
5. What goal modifications should be made for the upcoming year?

**Note:** Participants are encouraged to use the following format, but other formats may be used if all Elements and Sub-elements are covered in similar detail.

## 1) Management Leadership and Employee Involvement

### a) Management Commitment to Safety and Health Protection and to VPP Participation

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### b) Policy

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### c) Goals, Objectives, and Planning

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### d) Visible Top Management Leadership

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### e) Responsibility and Authority

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### f) Line Accountability

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### g) Resources

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### h) Employee Involvement

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### i) Contract Worker Coverage

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### j) Written Safety and Health Management System

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

## 2) Work Site Analysis

### a) Hazard Analysis of Routine Jobs, Tasks, and Processes

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### b) Hazard Analysis of Significant Changes, New Processes, and Non-Routine Tasks – Including pre-use analysis and new baselines

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### c) Routine Self-Inspections

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### d) Hazard Reporting System for Employees

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### e) Industrial Hygiene Program

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### f) Investigation of Accidents and Near-Misses

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### g) Trend/Pattern Analysis

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

## 3) Hazard Prevention and Control

### a) Certified Professional Resources

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### b) Hazard Elimination and Control Methods – Engineering Controls – Administrative Controls – Work Practice Controls and Hazard Control Programs – Safety and Health Rules and Disciplinary System – Personal Protective Equipment

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### c) Process Safety Management (if applicable, complete and attach completed PSM Supplement B)

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### d) Occupational Health Program

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### e) Preventative/Predictive Maintenance

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### f) Tracking of Hazard Correction

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### g) Emergency Preparedness

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

## 4) Safety and Health Training

### a) Managers

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### b) Supervisors

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### c) Employees

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### d) Emergencies

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

### e) PPE Requirements

Description / Activities:

Assessment of Effectiveness:

Recommendations for Improvement:

Owner(s):

Target Date for Completion:

# Section E: Summary Chart of Merit or Conditional Goals (if applicable)

Please fill in the table below, using as many rows as necessary to summarize all of the VPP Merit or VPP Conditional goals currently awaiting completion of implementation, either from the previous year or the current year (if no Merit or Conditional Goals, please leave blank).

|  |  |
| --- | --- |
| Goal | Status |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

# Section F: Best Practices and Success Stories for CY2024

Please describe any success stories related to the implementation of VPP requirements. Include anecdotal as well as statistical evidence of improvements, non-routine safety and health activities, outreach, etc.

# Section G: 2024 Mentoring Activities

Please count and describe the mentoring activities conducted by your worksite in the last calendar year. We are interested in the number and the type of mentoring activities done by each site. Include SHARP Alliance activities, VPPPA Regional or National Activities, conference participation, and all other mentoring activities designed to assist companies or facilities interested in SHARP, VPP, or improving their safety and health management systems.

# Section H: Special Government Employees

Please provide a list of all active SGEs at your site. Include the name, phone number, email address, and any SGE activities completed during the year for each SGE. The VPP Outreach category is included to capture any VPP-related activities performed by the SGEs other than their assistance on site audits. (For example, mentoring other companies hosting or teaching SGE classes, attending conferences, or speaking at conferences where VPP is the subject, etc.).

|  |  |  |
| --- | --- | --- |
| SGE Name | SGE Activity | SGEs VPP Outreach |
|  |  |  |
| Phone Number |
|  |
| E-mail Address |
|  |

# Section I: Program Impact and Effectiveness

1. Please describe the overall impact the VPP has had on your workplace and employees throughout your VPP participation.

2. Please describe the impact the VPP has had on your workplace and employees during the last calendar year.

# Section J: Improvements to your Safety and Health Management System

1. Please describe what improvements will be made to make your Safety and Health Management System over the next year to make it even more effective?

2. What goal modifications do you have for your Safety and Health Management System for the upcoming year