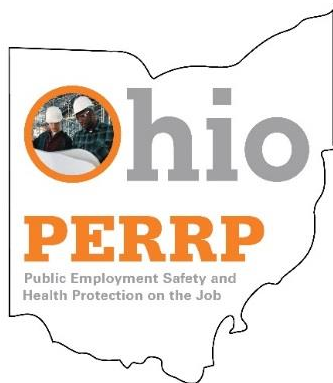


# Safety Partnership Agreement Application



**Please complete the Safety Partnership Agreement (SPA) Application.**

The **Delivery information** section below lists various delivery options. Select the most convenient method, and submit the completed form accordingly.

**Remember to sign and date the form before submitting it.**

## **Delivery information**

Scan and email: [PERRPSA@bwc.state.oh.us](mailto:PERRPSA@bwc.state.oh.us)

### **U.S. mail**

Public Employment Risk Reduction Program (PERRP)  
BWC, Division of Safety and Hygiene  
13430 Yarmouth Drive, Pickerington, OH 43147  
ATTN: PERRP SPA application

### **Fax**

614-621-5754



**Ohio Public Employment Risk Reduction Program (PERRP)**  
**Safety Partnership Agreement (SPA) Application Form**

This is a fillable electronic form. If completing by hand, please print clearly.

**A. General information**

Establishment name			
Street address	City	State	ZIP code
Establishment manager name	Title		
Establishment SPA contact name	Title		
Phone number	Email address		

Employer name (if different from above)			
Street address	City	State	ZIP code
SPA contact (if applicable) name	Title		
Phone number	Email address		

**Certified collective bargaining unit(s) – if any**

(List information for each bargaining unit separately. If more than one unit, attach a separate list)

Union name and local number	Agent's name		
Street address	City	State	ZIP code
Phone number	Email address		

*\*Certified Collective Bargaining Unit* means: an employee organization certified by the state employment relations board (SERB) under Ohio Revised Code 4117.05 as the exclusive representative of the public employees in a bargaining unit.

Number of employees working at applicant's establishment	Number of temporary* employees supervised by applicant	Number of applicable contractor* employees
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\*You must include temporary and contractor employees if they are under your day-to-day supervision (direction and control). Public employee means any individual who engages to furnish services subject to the direction and control of a public employer.

Ohio Public Employment Risk Reduction Program (PERRP)  
**Safety Partnership Agreement (SPA) Application Form**

**Type of work performed and services provided at the establishment**

In the box below (if necessary attach a separate sheet), please provide a comprehensive description of the work performed at your establishment, the type of services and the type of hazards typically associated with your public employment sector.

**Recordable nonfatal injury and illness case incidence rates**

Complete and submit the table at the end of this application (Section F), then:

Record your combined three-year total recordable case (TRC) rate\*\* here:

Record your combined three-year days away, restriction, or transfer (DART)\*\* case rate here:

If after completing Table 1, you determine that your three-year TRC rate, DART rate, or both, are at or above the aggregate rates for all Ohio public employment sectors (see page 10), specify your short- and long-term goals for reducing these rates to a level below the posted aggregate rate. Include specific methods you will use to address this problem. Use a separate sheet if necessary.

\*\* TRC rate is the total recordable case incidence rate for recordable nonfatal injuries and illnesses. The DART rate is the incidence rate for recordable injury and illness cases involving days away from work, restricted work activity, and/or job transfer.

Ohio Public Employment Risk Reduction Program (PERRP)  
**Safety Partnership Agreement (SPA) Application Form**

Please provide a brief description of how you have implemented each of the safety and health management program elements listed below. Attach additional documentation for each of the elements that provides specific details of your program policies or procedures.

**B. Management leadership and employee involvement**

**Management leadership**

**1. Commitment**

Attach a copy of your top-level safety policy specific to your facility. Note: Management must clearly demonstrate commitment to meeting and maintaining the requirements of the SPA.

**2. Organization**

Describe how your establishment's safety and health function fits into your overall management organization. Attach a copy of your organizational chart.

**3. Responsibility**

Describe how you assign line and staff safety and health responsibilities. Include examples of specific responsibilities.

**4. Accountability**

Describe your accountability system used to hold managers, line supervisors and employees responsible for safety and health. Examples include job performance evaluations, warning notices and contract language. Describe system documentation.

**5. Resources**

Identify the available safety and health resources. Describe the safety and health professional staff available, including appropriate use of certified safety professionals (CSP), certified industrial hygienists (CIH), other licensed health-care professionals and other experts as needed, based on the risks at your establishment. Identify any external resources, including agency-wide safety staff and external consultants used to help with your safety and health management system.

Ohio Public Employment Risk Reduction Program (PERRP)  
**Safety Partnership Agreement (SPA) Application Form**

**6. Goals and planning**

Identify your annual plans that set specific safety and health goals and objectives. Describe how planning for safety and health fits into your overall management planning process.

**7. Self-evaluation**

Provide a copy of the most recent annual self-evaluation of your safety and health management system. Include assessments of the effectiveness of the SPA elements listed in these application guidelines, recommendations for improvement, assignment of responsibility, and documentation of action items completed. Describe how you prepare and use the self-evaluation.

**Employee involvement**

**8. Three ways**

List at least three meaningful ways employees are involved in your safety and health management system. Provide specific information about decision processes that your employees impact such as hazard assessment, inspections, safety and health training, and/or evaluation of the safety and health management system.

**9. Employee notification**

Describe how you notify employees about establishment participation in the SPA, their right to register a complaint with PERRP and their right to obtain reports of inspections and accident investigations upon request. (Various methods may include new employee orientation; intranet or email, if all employees have access; bulletin boards; tool box talks; or group meetings.)

Ohio Public Employment Risk Reduction Program (PERRP)  
**Safety Partnership Agreement (SPA) Application Form**

**10. Contract/temporary worker safety**

Describe the process used for selecting contractor and temporary workers to perform jobs at your establishment.

Describe your system for ensuring you provide the same safe and healthful working conditions and the same quality protection for all contract/temporary workers who do work at your establishment as you do for your permanent employees.

**11. Establishment map**

Attach an establishment map or general layout.

**C. Work-site analysis**

**1. Baseline hazard analysis**

Describe the methods used for baseline hazard analysis to identify hazards associated with your specific work environment, for example, air contaminants, noise or lead. Identify the safety and health professionals involved in the baseline assessment and subsequent needed surveys. Explain any sampling rationale and strategies for industrial hygiene surveys if required.

**2. Hazard analysis of routine jobs, tasks and processes**

Describe the system used for examination and analysis of safety and health hazards associated with routine tasks, jobs, processes and/or phases. Provide sample analyses and any forms used. Base priorities for hazard analysis on historical evidence, perceived risks, complexity and the frequency of jobs/tasks completed at your work site. In construction, the emphasis must be on special safety and health hazards of each craft and phase of work.

**3. Hazard analysis of significant changes**

Explain how, prior to activity or use, you analyze significant changes to identify uncontrolled hazards and the actions needed to eliminate or control these hazards. Significant changes may include non-routine tasks and new processes, materials, equipment and facilities.

Ohio Public Employment Risk Reduction Program (PERRP)  
**Safety Partnership Agreement (SPA) Application Form**

**4. Self-inspections**

Describe your work-site safety and health routine general inspection procedures. Indicate who performs inspections, their training and how you track any hazards through to elimination or control. For routine health inspections, summarize the testing and analysis procedures used and qualifications of personnel who conduct them. Include forms used for self-inspections.

**5. Employee reports of hazards**

Describe how employees notify management of uncontrolled safety or health hazards. Explain procedures for follow-up and tracking corrections. An opportunity to use a written form to notify management about safety and health hazards must be part of your reporting system.

**6. Accident and incident investigations**

Describe your written procedures for investigation of accidents, near-misses, first-aid cases and other incidents. What training do investigators receive? How do you determine which accidents or incidents warrant investigation? Incidents should include first-aid and near-miss cases. Describe how you use results.

**7. Pattern analysis**

Describe the system you use for safety and health data analysis. Indicate how you collect and analyze data from all sources, including injuries, illnesses, near-misses, first-aid cases, work order forms, incident investigations, inspections and self-audits. Describe how you use results.

Ohio Public Employment Risk Reduction Program (PERRP)  
**Safety Partnership Agreement (SPA) Application Form**

**D. Hazard prevention and control**

**1. Engineering controls**

Describe and provide examples of engineering controls you have implemented that either eliminated or limited hazards by reducing their severity, their likelihood of occurrence or both. Engineering controls include, for example, reduction in pressure or amount of hazardous material, substitution of less hazardous material, reduction of noise produced, fail-safe design, leak before burst, fault tolerance/redundancy and ergonomic design changes.

Although not as reliable as true engineering controls, this category also includes protective safety devices such as guards, barriers, interlocks, grounding and bonding systems and pressure relief valves to keep pressure within a safe limit.

**2. Administrative controls**

Describe ways you limit daily exposure to hazards by adjusting work schedules or work tasks, for example, job rotation.

**3. Work practice controls**

Describe and provide examples of your work practice controls. These include, for example, workplace rules, safe and healthful work practices, specific programs to address PERRP standards and procedures for specific operations. Identify major technical programs and regulations that pertain to your establishment such as lockout/tagout, process safety management, hazard communication, machine guarding and fall protection.

**4. Personal protective equipment**

Describe and provide examples of required personal protective equipment your employees use.

**5. Safety and health rules**

Describe your general safety and health rules. Demonstrate there is a disciplinary system for equitably enforcing these rules for managers, supervisors and employees.



Ohio Public Employment Risk Reduction Program (PERRP)  
**Safety Partnership Agreement (SPA) Application Form**

**6. Preventive/predictive maintenance**

Describe your written system for monitoring and maintaining workplace equipment to predict and prevent equipment breakdowns that may cause hazards. Provide a summary of the type of equipment covered.

**7. Occupational health-care program**

Describe your on-site and off-site medical service and physician availability. Explain how you use the services of licensed occupational health-care professionals. Indicate the coverage provided by employees trained in first aid, CPR and other paramedical skills, their training and available equipment.

**8. Emergency preparedness**

Describe your emergency planning and preparedness system. Provide information on emergency drills and training, including evacuations.

**E. Safety and health training**

Describe the formal and informal safety and health training provided for managers, supervisors and employees. Identify training protocols, schedules, and information provided to supervisors and employees on programs such as hazard communication, personal protective equipment and handling of emergency situations. Describe how you verify the effectiveness of the training given.

**Ohio Public Employment Risk Reduction Program (PERRP)**  
**Safety Partnership Agreement (SPA) Application Form**

**F. Rate calculations and tables**

Follow these steps to complete Table 1 on page 11. Submit with your application.

1. Estimate total hours worked annually by all your employees for each of the last three years. Include temporaries and contract/temporary employees supervised by your establishment. Include all overtime and management staff's total hours. Enter in the appropriate places in Column A. Enter the three-year total at the bottom of Column A.
2. Enter the total number of recordable nonfatal injuries for each of the last three years in Column B. Enter the three-year total.
3. Enter the total number of recordable nonfatal illnesses for each of the last three years in Column C. Enter the three-year total.
4. For each of the past three years, combine the injuries and illnesses and enter in Column D. Combine the injury and illness three-year totals and enter.
5. Calculate your total TRC rate for each of the past three years and for the three years combined. Enter in Column E.

To calculate your TRC, use the formula  $(N/EH) \times 200,000$  where:

N = Sum of the number of recordable nonfatal injuries (#inj) plus illnesses (#ill) in a given time frame (either one year for an annual rate or three years for a three-year combined rate);

EH = Total number of hours worked by all employees in each time frame (either one year for an annual rate or three years for a three-year combined rate).

200,000 = Equivalent of 100 full-time workers working 40-hour weeks 50 weeks per year.

For example, to calculate your three-year combined TRC rate:

$$\text{Three-year TRC rate} = \left[ \frac{(\text{Year 1 \#inj} + \text{\#ill}) + (\text{Year 2 \#inj} + \text{\#ill}) + (\text{Year 3 \#inj} + \text{\#ill})}{[\text{Year 1 hours} + \text{Year 2 hours} + \text{Year 3 hours}]} \right] \times 200,000$$

6. Repeat steps 2 to 4, except substitute injuries and illnesses that resulted in days away from work, restricted work activity, and/or job transfer. Enter in Columns F, G and H.
7. Calculate your incidence rate for days away from work, restricted work activity, and/or job transfer (the DART rate) for each of the past three years and for the three years combined. Enter in Column I.

To calculate your DART rate, use the same formula as in step 5, above, except:

N = Sum of the number of all recordable injuries plus illnesses resulting in days away from work, restricted work activity, and/or job transfer in a given time frame.

8. To compare your rates with the aggregate rates for all Ohio public employment sectors, enter the rates published on the PERRP SPA webpage at [www.bwc.ohio.gov](http://www.bwc.ohio.gov). The USDOL, Bureau of Labor Statistics also publishes the public-sector aggregate rates in its *Occupational Injuries and Illnesses Bulletin* each year. This information is also available at the BLS website, <https://www.bls.gov>.

**Ohio Public Employment Risk Reduction Program (PERRP)**  
**Safety Partnership Agreement (SPA) Application Form**

**Table 1. Establishment employee recordable nonfatal injury and illness case incidence rates**

Year	A	B	C	D	E	F	G	H	I
	Total work hours	Total # injuries	Total # illnesses	Total # injuries and illnesses	Total TRC rate for injuries and illnesses	Total # injuries involving days away from work, restricted activity, and/or job transfer	Total # illnesses involving days away from work, restricted activity, and/or job transfer	Sum of injury and illness cases involving days away from work, restricted activity, and/or job transfer	(DART) case incidence rate
Three years ago (annual)									
Two years ago (annual)									
Last year (annual)									
Three-year totals and rates									
Current aggregate incidence rates for all Ohio public employment sectors published on the PERRP SPA webpage									

Note: Injury and illness numbers must include all injuries and illnesses for contract and temporary workers that are subject to the direction and control of the public employer.

## Ohio Public Employment Risk Reduction Program (PERRP)

### **Safety Partnership Agreement (SPA) Statement of Commitment**

We commit to establish and maintain an effective and continuous safety and health management system for this establishment. We understand that when this agreement is in place this establishment will be exempted from any scheduled inspections that are initiated by PERRP. We further understand that this establishment is not exempt from PERRP fatality or refusal to work investigations; nor is it exempt from complaint investigations when the employer does not correct recognized hazards within 30 days as required by Revised Code 4167.10(B)(2).

We affirm that each of the undersigned individuals are authorized agents of the public employer and/or employees at this establishment. We also affirm that:

1. We will comply with PERRP rules and adopted Occupational Safety and Health Administration standards. In addition, we will correct in a timely manner all hazards discovered through self-inspections, employee notification, accident investigations, PERRP on-site reviews, process hazard reviews, annual evaluations or any other means. We will provide effective interim protection, as necessary
2. Within 90 days, we will correct safety and health deficiencies related to compliance with PERRP requirements and identified during any PERRP on-site review.
3. The employees of this establishment support the SPA application. At establishments with employees organized into one or more collective bargaining units, the authorized representative for each collective bargaining unit has either signed the application or submitted a signed statement indicating the collective bargaining agent(s) support SPA participation. PERRP must receive concurrence from all such authorized agents to accept the application. At non-union establishments, management's assurance of employee support will be verified by the PERRP on-site review team during employee interviews.
4. SPA elements are in place, and management commits to meeting and maintaining the requirements of the elements and the overall SPA
5. Employees, including newly hired employees and contract/temporary employees, will receive orientation on the SPA, including employee rights under SPA and under the *Public Employment Risk Reduction Act* (Ohio Revised Code [4167](#)).
6. We will not discharge or in any manner discriminate against any public employee because the public employee, in good faith, files any complaint or institutes any proceeding under or related to this chapter, or testifies or is about to testify in any proceeding or because they exercise any right afforded under Ohio Revised Code 4167.13.
7. Employees will have access to the results of self-inspections, accident investigations, and other safety and health data upon request. At unionized establishments, we may meet this requirement through employee representative access to these results.
8. We will maintain our safety and health management system information, and make it available for PERRP review to determine initial and continued approval to the SPA. This information will include:
  - a. Agreements between management and the collective bargaining agent(s) concerning safety and health;
  - b. All information used to document our responses in sections B through E of this application;
  - c. Data or documentation necessary to demonstrate corrective action from annual SPA on-site team visit reports.
9. Each year by Feb. 1, we will submit the following information to PERRP:
  - a. Participant injury and illness rates;
    - i. For the previous calendar year, the TRC rate for injuries and illnesses, and the DART rate (see table 1 on page 11);
    - ii. The total number of cases for each of the above two rates;
    - iii. Hours worked and estimated average employment for the past full calendar year.
    - iv. Annual summary of work-related injuries and illnesses (300AP) electronically through the PERRP web portal.
  - b. A copy of the most recent safety and health annual evaluation that will include a description of any success stories such as reductions in workers' compensation rates, increases in employee involvement and improvements in employee morale.

NOTE: A copy of the annual submission form is posted on the PERRP SPA webpage.



Bureau of Workers'  
Compensation

**Safety Partnership Agreement (SPA) Statement of Commitment**

- 10. Whenever significant organizational changes occur, we will provide PERRP within 60 days a new Statement of Commitment signed by management and authorized collective bargaining agent(s).
- 11. Whenever a change occurs in the authorized collective bargaining agent, we will provide PERRP within 60 days a new signed statement indicating that the new representative supports SPA participation.

**Signature of highest ranking management official at establishment**

Date

Print name

Job title

**Signature of employee representative**

Date

Print name

Job title