

# **SAFETY AWARD ORIENTATION TRAINING**

**31** HOUSTON  
SAFETY  
EXCELLENCE  
AWARDS





# Overview

- Houston Business Roundtable (HBR) has sponsored this program, Safety Excellence Awards, since the mid eighties, which recognizes contract companies that have demonstrated outstanding performance in safety, health and environmental.
  - The purpose of the award process is for participants to learn through observing and sharing of best practices.
  - The awards process involves review of company programs and data to select finalists, followed by comprehensive site evaluations by teams of volunteers from HBR's member and subscriber companies.
  - The process concludes with an annual awards banquet and a seminar where winners share their best safety practices.
  - As a result Houston area contractors are leading the nation in safety performance.
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# **31<sup>st</sup> Annual Safety Award**

209 Site Nominations

122 Eligible Companies Nominated

40 Companies Qualify for Newcomer

- Have not be nominated in the past 3 years or this is the first nomination.
  - Winner is chosen by the progress in the process.
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# Award Schedule

Request for Nominations	October 31, 2017
Nomination Deadline	January 4, 2018
Submission Request	January 8
Safety Award Orientation Workshop	January 18
<ul style="list-style-type: none"><li>• Solicit Audit Team Members</li></ul>	
Submission Deadline	January 29
Finalist Selection Workshop	January 30
<ul style="list-style-type: none"><li>• Mentor Training</li><li>• Evaluation Team Leader Training</li><li>• Establish Audit Teams</li></ul>	

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# Award Schedule

Tailgating Party

February 3

*Myths, Legends and Fairytales*

Field Evaluation Preparation Training

February 21

Field Evaluations

Feb. 12 – April 6

Selection of Category Winners

April 9

Award Banquet

May 18

- Moody Gardens – Galveston

Best Practices Seminar/Expo

June 15

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# NOMINEE INFORMATION SUBMITTAL

**31** HOUSTON  
SAFETY  
EXCELLENCE  
AWARDS



# How to Submit


To be considered for the award you must submit:

- 2018 Contractors Safety Information Sheet (*Printed*)
- 2018 Safety Award Initial Evaluation Form (*Printed*)
- Supporting documentation as listed on the 2<sup>nd</sup> page of 2018 Safety Award Initial Evaluation Form (*Hard copy or electronic*)

The information must completed and turned in by 4:00 pm.  
Monday, January 29, 2018. No exceptions.

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# Contractor Safety Information Sheet

 **Houston Business Roundtable** 5213 Center St.  
Pasadena, Texas 77505  
(713) 645-0923

**HBR SAFETY EXCELLENCE AWARD  
2018 CONTRACTORS SAFETY INFORMATION SHEET**

Nominated by: \_\_\_\_\_  
Type of work performed at site: \_\_\_\_\_  
*Note: If your company has received several nominations, copy this form and complete one for each project site.*

Name of your firm exactly as you wish it published on any brochures, plaques, etc.: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of business/work/service (check the one for which you want to be considered)

<input type="checkbox"/> <b>General Contractor</b> (construction & maintenance)	<input type="checkbox"/> <b>Specialty Contractors – Soft Crafts</b> (insulation, painting, scaffolding, refractory services)
<input type="checkbox"/> <b>Specialty Contractors – Hard Crafts</b> (mechanical, I&E, HVAC)	<input type="checkbox"/> <b>Specialty Contractors – Environmental</b> (hydro blasting, vacuum trucks, chemical cleaning and transportation)
<input type="checkbox"/> <b>Specialty Contractors – Technical Support</b> (engineering, safety, inspection)	<input type="checkbox"/> <b>Crane, Rigging &amp; Lifting Support</b>

Note: Large and Small categories will be determined by the total company man-hours.

Company Description (Type of work/service your company does)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use 2017 OSHA No. 300 logs to provide the following injury/illness data:

	Project/Work Site Data	Total Company Data
a. Total number of OSHA recordable cases.		
b. Total number of lost work-day cases which involved days away from work.		
c. Total number of fatalities.		
d. Total hours worked.		

Please return this form along with your HBR Safety Awards Initial Evaluation Form and the attachments checked off on the second page of that form to the Houston Business Roundtable, 5213 Center Street, Pasadena, TX by 4:00 p.m. on Monday, January 29, 2018

## Five Sections

1. Nominated By / Type of Work Performed
2. Company Information
3. Category
4. Company Description
5. OSHA Information



# Section 1 – Nominated by

<u>Nominated by:</u>	
<u>Type of work performed at site:</u>	

\*Note: If your company has received several nominations, copy this form and complete one for each project site.

- Fill one form for each site that has nominated your company
  - List the type of work performed at the nominating site. This information will be used to determine category.
-

## Section 2 – Contact Information

Name of your firm exactly as you wish it published on any brochures, plaques, etc.:	
Contact Name:	Title:
Address	City / State / Zip
Phone:	E-mail:

- Please include the name of the company as you would like to be on all awards and publications.
  - The person identified as contact should be someone familiar with your company's programs and the information submitted and should be available to answer questions.
  - This person will also be the contact for your company and all information concerning the safety award process will be sent to this contact.
-

# Section 3 - Category

Type of business/work/service (check the one for which you want to be considered)	
<input type="checkbox"/> <b>General Contractor</b> <i>(construction &amp; maintenance)</i>	<input type="checkbox"/> <b>Specialty Contractors – Soft Crafts</b> <i>(insulation, painting, scaffolding, refractory services)</i>
<input type="checkbox"/> <b>Specialty Contractors – Hard Crafts</b> <i>(mechanical, I&amp;E, HVAC)</i>	<input type="checkbox"/> <b>Specialty Contractors – Environmental</b> <i>(hydro blasting, vacuum trucks, chemical cleaning and transportation)</i>
<input type="checkbox"/> <b>Specialty Contractors – Technical Support</b> <i>(engineering, safety, inspection)</i>	<input type="checkbox"/> <b>Crane, Rigging &amp; Lifting Support</b>
<i>Note: Large and Small categories will be determined by the total company man-hours.</i>	

- Check the category that fits the type of work that your company does.
  - Large, Medium and Small will be determined by the total number of company man-hours
-

## Section 4 – Company Description

Company Description (Type of work/service your company does)

- This needs to be a good description of the work and services your company performs.
- It should answer the question “Who are they and what do they do?”
- This description will be used in the magazine to describe your company.



- Ask your marketing team to help development a good description of your company.

# Section 5 – OSHA Information

Use 2017 OSHA No. 300 logs to provide the following Injury/Illness data:		
	Project/Work Site Data	Total Company Data
a. Total number of OSHA recordable cases.		
b. Total number of lost work- day cases which involved days away from work.		
c. Total number of fatalities.		
d. Total hours worked.		

Complete both sections.

- Nominated Worksite
- Total Company (All work in the US)



The numbers on this form should match the company numbers on the 2018 Initial Evaluation form.

# Safety Award Initial Evaluation Form

2018 Safety Awards Initial Evaluation Form

GENERAL INFORMATION	
1. Company Name:	Telephone: Fax:
Street Address:	Mailing Address:
	Web site:
Contact Person:	e-mail:
Telephone:	Fax:
2. Parent Company Name:	
SAFETY, HEALTH & ENVIRONMENT	
3. Workers Compensation Experience Modification Rate (EMR) Data	
a. EMR is <input type="checkbox"/> Interstate Rate <input type="checkbox"/> Intrastate Rate <input type="checkbox"/> Monopolistic	YR: 2015 YR: 2016 YR: 2017
b. EMR for three last years:	
c. State of Origin:	d. EMR Anniversary
e. Standard Industrial Code (SIC):	North American Ind.
f. Injury and Illness Data:	
g. Total company employee hours worked last three years (excluding subcontractors)	Hours / Year Field Total
h. Provide data (including subcontractor) using your OSHA 300 Form Notes: (1) Data should be total company data unless specifically requested by client. (2) Combine injuries and illnesses as reported on 300 Form. (3) If your company is not required to maintain OSHA 300 forms, please provide information from your Workers Compensation Insurance carrier Remitting all claims for the last 3 years.	
<b>Fatalities</b> Rate = Number of Fatalities x 200,000 = Total Employee Hours <b>Lost workday case injuries and illnesses</b> involving days away from work, or days of restricted work activity, or both. Rate = Total LWD cases x 200,000 = Total Employee Hours <b>Lost workday case injuries and illnesses</b> involving days away from work. Rate = LWD cases x 200,000 = Total Employee Hours <b>Injuries and illnesses involving medical treatment only.</b> Rate = Total injuries and illnesses involving medical treatment only x 200,000 = Total Employee Hours <b>Total OSHA Recordable Injury and Illnesses Rate</b> Rate = Total injuries and illnesses x 200,000 = Total Employee Hours Have you received any regulatory (EPA, OSHA, etc.), civil or criminal? If yes, please explain Yes <input type="checkbox"/> No <input type="checkbox"/>	

INFORMATION SUBMITTAL	
Please provide copies of checked items with this form and the 2018 Information sheet. If program is missing, you will score a "0" for that category.	
1. Fatalities (Page 1 this Form)	
2. OSHA Incident of Lost Workday Rate (Page 1 this Form)	
3. Total Record Injuries/Illnesses (Page 1 this Form)	
4. Regulatory Agency Citations (Separate page if necessary)	
<input checked="" type="checkbox"/> 5. Year-to-Year Improvement - Last 3 Years	
<input checked="" type="checkbox"/> 6. Safety Goals	
<input checked="" type="checkbox"/> 7. Accident/Incident Investigation Process	
<input checked="" type="checkbox"/> 8. Incident Lesson Learned	
<input checked="" type="checkbox"/> 9. Internal Audit/Assessment Program	
<input checked="" type="checkbox"/> 10. Contractor Orientation and HSE Training Program	
<input checked="" type="checkbox"/> 11. Environmental Program	
<input checked="" type="checkbox"/> 12. Industrial Hygiene Program	
<input checked="" type="checkbox"/> 13. Short Service Employee Program	
<input checked="" type="checkbox"/> 14. Behavioral Based Safety Program	
<input checked="" type="checkbox"/> 15. Contractor Written Employee Workforce Development Program	
<input checked="" type="checkbox"/> 16. Supervisor Training	
<input checked="" type="checkbox"/> 17. Brief description of your company's Top 3 "Best Practices"	
Fill in below Name & Title of Company Officer responsible for assuring the accuracy of this document: Name: Title: Date:	

## Three Sections

- General Information
- Safety, Health & Environmental Performance
- Information Submittal

# Section 1 – General Information

GENERAL INFORMATION		
1. Company Name:	Telephone:	Fax:
Street Address:	Mailing Address:	
	Web site:	
Contact Person:	e-mail:	
Telephone:	Fax:	
2. Parent Company Name:		

- Double check all information and ensure that it's all correct.
  - The person listed as contact should be someone knowledgeable about your company's programs.
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# Section 2 – Safety, Health & Environmental Performance

SAFETY, HEALTH & ENVIRONMENTAL PERFORMANCE				
3. Workers Compensation Experience Modification Rate (EMR) Data				
a. EMR is <input type="checkbox"/> Interstate Rate <input type="checkbox"/> Intrastate Rate <input type="checkbox"/> Monopolistic State Rate <input type="checkbox"/> Dual rate <input type="checkbox"/> Not Required				
b. EMR for three last years:		YR: 2015	EMR:	
		YR: 2016	EMR:	
		YR: 2017	EMR:	
c. State of Origin:		d. EMR Anniversary Date:		
e. Standard Industrial Code (SIC):		North American Industry Classification Systems (NAICS)		
4. Injury and Illness Data:				
a. Total company employee hours worked last three years (excluding subcontractors)	Hours / Year	YR: 2016	YR: 2018	YR: 2017
	Field			
	Total			



# Section 2 – Safety, Health & Environmental Performance

b. Provide data (excluding subcontractor) using your OSHA 300 Forms from the past three (3) years:		YR: 2015		YR: 2016		YR: 2017	
Notes: (1) Data should be total company data unless specifically requested by client (2) Combine injuries and illnesses as reported on 300 Form (3) If your company is not required to maintain OSHA 300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years.		No.	Rate	No.	Rate	No.	Rate
<b>Fatalities</b> <i>Rate = Number of Fatalities x 200,000 ÷ Total Employee Hours</i>							
<b>Lost workday case Injuries and Illnesses</b> involving days away from work, or days of restricted work activity, or both. <i>Rate = Total LW and restricted cases x 200,000 ÷ Total Employee Hours</i>							
<b>Lost workday case Injuries and Illnesses</b> involving days away from work. <i>Rate = LW cases** x 200,000 ÷ Total Employee Hours</i>							
<b>Injuries and Illnesses</b> involving medical treatment only. <i>Rate = Total Injuries and Illnesses involving medical treatment only x 200,000 ÷ Total Employee Hours</i>							
<b>Total OSHA Recordable Injury and Illnesses Rate</b> <i>Rate = Total Injuries and Illnesses x 200,000 ÷ Total Employee Hours</i>							
Have you received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years? If yes, please explain      Yes <input type="checkbox"/> No <input type="checkbox"/>							

# Section 3 – Information Submittal

INFORMATION SUBMITTAL		
Please provide copies of checked items with this form and the 2018 Information Sheet. If program is missing, you will score a "D" for that category.		
	1. Fatalities (Page 1 this Form)	
	2. OSHA Incidence of Lost Workday Rate (Page 1 this Form)	
	3. Total Record Injuries/Illnesses (Page 1 this Form)	
	4. Regulatory Agency Citations (Separate page if necessary)	
<input checked="" type="checkbox"/>	5. Year to Year Improvement – Last 3 Years	
<input checked="" type="checkbox"/>	6. Safety Goals	
<input checked="" type="checkbox"/>	7. Accident/Incident Investigation Process	
<input checked="" type="checkbox"/>	8. Incident Lesson Learned	
<input checked="" type="checkbox"/>	9. Internal Audit/Assessment Program	
<input checked="" type="checkbox"/>	10. Contractor Orientation and HSE Training Program	
<input checked="" type="checkbox"/>	11. Environmental Program	
<input checked="" type="checkbox"/>	12. Industrial Hygiene Program	
<input checked="" type="checkbox"/>	13. Short Service Employee Program	
<input checked="" type="checkbox"/>	14. Behavioral Based Safety Program	
<input checked="" type="checkbox"/>	15. Contractor Written Employee Workforce Development Program	
<input checked="" type="checkbox"/>	16. Supervisor Training	
<input checked="" type="checkbox"/>	17. Brief description of your company's Top 3 "Best Practices"	

# Conclusion

- Fill out and print a Contractor Information Sheet for each project site that nominates you.
  - Complete and print the 2-Page Safety Award Initial Form
  - Make sure all the content is organized and well identified.
  - Don't forget to include your company's Best Practices
  - Submit copies of the checked items via Hard Copies or Electronic Copies (Disk/Zip drive)
  - If you submit electronically, the program used should be a common program and all links work.
  - We will **NOT** accept submissions via email or faxes.
-

# Conclusion

- Keep in mind that the information submitted is the **ONLY** information the Evaluation Team Leader has to evaluate your company. Your submission represents your company.
  - Make sure you don't have any missing information.
  - If a program is not there, it will be a Zero.
  - Please submit more than one Best Practice.
  - Please use a mentor to help you with your initial submission. There are no second chances to submit.
  - If you want your submission after the evaluation is complete, please let HBR know when you drop it off.
-



# Where to Submit

Please submit your submission package via mail or hand deliver:

Houston Business Roundtable  
5213 Center Street  
Pasadena, TX 77505

It must be submitted by 4:00 pm., Monday, January 29,  
2018

**NO EXCEPTIONS!!**

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# Questions



# EVALUATION SELECTION PROCESS

**31** HOUSTON  
SAFETY  
EXCELLENCE  
AWARDS



# Initial Evaluation Scoresheet

This is the form used by Evaluation Team Leaders to evaluate nominee submissions.

**14. Behavioral Based Safety Program**  
4 = Excellent  
3 = Good  
2 = Acceptable  
1 = Minimal  
0 = Not Acceptable / No Program  
Score x 20 = \_\_\_\_\_  
Score \_\_\_\_\_ Subtotal \_\_\_\_\_

**15. Contractor Written Employee Workforce Development Program**  
1. Program Policy 2. Training Records 3. Evidence of Performance Verification  
4 = Excellent  
3 = Good  
2 = Acceptable  
1 = Minimal  
0 = Not Acceptable / No Program  
Score x 20 = \_\_\_\_\_  
Score \_\_\_\_\_ Subtotal \_\_\_\_\_

**16. Supervisor Training**  
4 = Excellent  
3 = Good  
2 = Acceptable  
1 = Minimal  
0 = Not Acceptable / No Program  
Score x 20 = \_\_\_\_\_  
Score \_\_\_\_\_ Subtotal \_\_\_\_\_

**17. Best Practice(s) - Top 3**  
4 = Excellent  
3 = Good  
2 = Acceptable  
1 = Minimal  
0 = Not Acceptable / No Program  
Score x 20 = \_\_\_\_\_  
Score \_\_\_\_\_ Subtotal \_\_\_\_\_

**Add the subtotal values to obtain the Total Performance Index (maximum 100)**

Item	Score
1. Fatalities	
2. Lost Workday Rate	
3. Total Recordable Injuries / Illnesses Rate	
4. Year to Year Improvement	
5. Regulatory Agency Citations	
6. Safety Goals	
7. Accident / Incident Investigation Procedure	
8. Incident Lessons Learned	
9. Internal Audit / Assessment Program	
10. Environmental (Green Initiative) Program	
11. Industrial Hygiene Program	
12. Short Service New Employee Program	
13. Behavioral Based Safety Program	
14. Contractor Orientation and HSE Training Program	
15. Contractor Written Employee Workforce Development Program	
16. Supervisor Training	
17. Best Practice(s) - Top 3	

Revised August 2017

**5. Year to Year Improvement - Last 3 Years**  
4 = Excellent  
3 = Good  
2 = Acceptable  
1 = Minimal  
0 = Not Acceptable / No Program  
Score x 20 = \_\_\_\_\_  
Score \_\_\_\_\_ Subtotal \_\_\_\_\_

**6. Safety Goals**  
4 = Excellent  
3 = Good  
2 = Acceptable  
1 = Minimal  
0 = Not Acceptable / No Program  
Score x 20 = \_\_\_\_\_  
Score \_\_\_\_\_ Subtotal \_\_\_\_\_

**7. Accident / Incident Investigation Process**  
4 = Excellent  
3 = Good  
2 = Acceptable  
1 = Minimal  
0 = Not Acceptable / No Program  
Score x 20 = \_\_\_\_\_  
Score \_\_\_\_\_ Subtotal \_\_\_\_\_

**Houston Business Roundtable**  
5213 Center St.  
Pasadena, Texas 77505  
(713) 645-0923

**SAFETY EXCELLENCE AWARD**  
**CONTRACTOR SAFETY INITIAL EVALUATION SCORESHEET**

Contractor \_\_\_\_\_  
Category \_\_\_\_\_ Size \_\_\_\_\_

**4 Excellent** Sound, systematic process or effort, and / or well integrated, sustained results, and / or well documented, world class

**3 Good** Sound, systematic process or effort, and / or well integrated, into all functions/areas, and / or well documented

**2 Acceptable** Fairly sound, systematic process or effort, and / or in place for a while, and / or well documented

**1 Minimal** Beginnings of a systematic process or effort, and / or in place for short time, and / or limited documentation

**Not** No system, process, and / or documentation, and / or does not comply, and / or does not correspond with Questionnaire

**0 Acceptable / No Program**

**1. Fatalities - If there are no fatalities for the year, enter 10 in the score box. If there are any fatalities, enter 0 in the score box.**  
If yes, please explain \_\_\_\_\_  
Multiply score by the weighted value to obtain performance index. Score x 10 = \_\_\_\_\_

**2. OSHA Incidence Rate for Lost Workday (days away from work) Cases - Use the most recent year's rate.**

LCWR	Score
0	10
0.01 - 0.25	9
0.26 - 0.5	8
0.51 - 0.75	7
0.76 - 1.0	6
1.01 - 1.25	5
1.26 - 1.5	4
1.56 - 1.75	3
1.76 - 2.0	2
2.01 - 2.25	1
Over 2.5	0

Score x 40 = \_\_\_\_\_  
Score \_\_\_\_\_ Subtotal \_\_\_\_\_

Revised August 2017



# Initial Evaluation Scoresheet

1. Fatalities
  2. OSHA Incident Rate for Lost Work Day Cases
  3. OSHA Incident Rate for Total Recordable Injuries and Illnesses
  4. Regulatory Agency Citations
  5. Year to Year Improvement
  6. Safety Goals
  7. Accidental/Incident Investigation Procedure
  8. Incident Lessons Learned
  9. Internal Audit/Assessment Program
  10. Contractor Orientation and HSE Training Program
  11. Environmental Program
  12. Industrial Hygiene Program
  13. Short Service Employee Program
  14. Behavioral Based Safety Program
  15. Contractor Written Employee Workforce Development Program
  16. Supervisor Training
  17. Best Practices
-

# Grading Scale

- 4 - Excellent = Sound, systematic process or effort; and / or well integrated, sustained results, and well documented, world class
  - 3 - Good = Sound, systematic process or effort; and / or well integrated into all functions/areas, and well documented
  - 2 - Acceptable = Fairly sound, systematic process or effort; and / or in place for a while, and well documented
  - 1 - Minimal = Beginnings of a systematic process or effort; and / or in place for short time, and limited documentation
  - 0 - Not acceptable/No Program = No system, process; and / or documentation, and / or does not comply
-

# 1. Fatalities

1. Fatalities - If there are no fatalities for the year, enter 10 in the score box. If there are any fatalities enter 0 in the score box.

If yes, please explain

\_\_\_\_\_

Multiply score by the weighted value to obtain performance index. \_\_\_\_\_ Score x 50 = \_\_\_\_\_

- Score up to 500 Points.
- This weighs heavily on the all scoring
- Please provide a brief explanation of any fatality that occurred during 2017

## 2. OSHA Lost Workday Cases

2. OSHA Incidence Rate for Lost Workday (days away from work) Cases - Use the most recent year's rate.

<u>LCWR</u>	<u>Score</u>	
0	10	
0.01 – 0.25	9	
0.26 – 0.5	8	
0.51 - 0.75	7	
0.76 – 1.0	6	
1.01 – 1.25	5	_____ Score x 40 = _____
1.26 – 1.5	4	Score Subtotal
1.56 – 1.75	3	
1.76 – 2.0	2	
2.01 – 2.25	1	
Over 2.5	0	

- Score up to 400 Points
-

### 3. OSHA Incident Rate to Total Recordable Injuries and Illnesses

3. OSHA Incidence Rate for Total Recordable Injuries and Illnesses - Use the most recent year's rate.

<u>TRIR</u>	<u>Score</u>		
0	10		
0.01 – 0.25	9		
0.26 – 0.5	8		
0.51 - 0.75	7		
0.76 – 1.0	6		
1.01 – 1.25	5		
1.26 – 1.5	4	_____ Score x 30 = _____	
1.56 – 1.75	3	Score	Subtotal
1.76 – 2.0	2		
2.01 – 2.25	1		
Over 2.5	0		

- Score up to 300 Points
-

## 4. Regulatory Agency Citations

4. Do you have any regulatory agency (OSHA, EPA, etc.) citations?

If NO score is 0

If YES number of citations times the severity

De Minimus \_\_\_\_\_ Number x -5 = \_\_\_\_\_

Serious \_\_\_\_\_ Number x -15 = \_\_\_\_\_

Willful \_\_\_\_\_ Number x -20 = \_\_\_\_\_

- This category is a negative. Each citation is given a negative score based on severity.
-

# 5. Year to Year Improvement

## 5. Year to Year Improvement – Last 3 Years

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_\_ Score x 20 = \_\_\_\_\_  
Score Subtotal

- Your company's Year to Year Improvement should include trending data including near misses, first aids, recordable injuries and so for the last 3 years.

## 6. Safety Goals

### 6. Safety Goals

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_\_ Score x 20 = \_\_\_\_\_  
Score Subtotal

- Provide your company's annual goals. These should include incident reduction, program initiatives, employee incentives, etc.



# 7. Accident/Incident Investigation Process

## 7. Accident / Incident Investigation Process

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_\_ Score x 20 = \_\_\_\_\_  
Score Subtotal

- Provide your company's Accident/Incident Program.
  - This should include RCI requirements and which method you use, For example Tap Root, Apollo etc.
-

# 8. Incident Lessons Learned

## 8. Incident Lessons Learned

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_\_ Score x 20 = \_\_\_\_\_  
Score Subtotal

- Provide Key Learnings from incidents of the 2017 calendar year.
-

# 9. Internal Audit/Assessment Program

## 9. Internal Audit / Assessment Program

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_\_ Score x 20 = \_\_\_\_\_  
Score Subtotal

- Provide the procedures for conducting Internal Audits/Assessments on your companies Safety, Health and Environmental Program.



It should include frequency and examples.

# 10. Contractor Orientation and HSE Training Program

## 10. Contractor Orientation and HSE Training Program

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_ Score x 20 = \_\_\_\_  
Score Subtotal

- Provide your company's New Hire Orientation procedures and outline as well as your Health and Safety training Program.

# 11. Environmental Program

## 11. Environmental Program

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_\_ Score x 20 = \_\_\_\_\_  
Score Subtotal

- Provide a program explaining what your company is doing to be environmental friendly.
-

# 12. Industrial Hygiene Program

## 12. Industrial Hygiene Program

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_\_ Score x 20 = \_\_\_\_\_  
Score Subtotal

- Provide your company's Industrial Hygiene Program.
  - As a minimum it should include a Hearing Conservation and Respiratory Protection Program.
-

# 13. Short Service Employee Program

## 13. Short Service Employee Program

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_ Score x 20 = \_\_\_\_  
Score Subtotal

- This program should identify how you manage your new hires and temporary workers.
-

# 14. Behavioral Based Safety Program

## 14. Behavioral Based Safety Program

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_\_ Score x 20 = \_\_\_\_\_  
Score Subtotal

- It should include trending data and results from data.



# 15. Contractor Written Employee Workforce Development Program

## 15. Contractor Written Employee Workforce Development Program

1. Program /Policy

2. Training Records

3. Evidence of Performance Verification

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_ Score x 20 = \_\_\_\_  
Score Subtotal

- This should include how you train and certify your employee's in their craft and which means of training and verification your company uses to do so.
-

# 16. Supervisor Training

## 16. Supervisor Training

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_\_ Score x 20 = \_\_\_\_\_  
Score Subtotal

- Provide the process, outline and course description of your Supervisor's training.



# 17. Best Practices

## 17. Best Practice(s) – Top 3

4 = Excellent

3 = Good

2 = Acceptable

1 = Minimal

0 = Not Acceptable / No Program

\_\_\_\_\_ Score x 20 = \_\_\_\_\_  
Score Subtotal

- Provide the Top 3 Best Practices?
  - What does your company do that sets you apart from other companies?
  - Don't provide the same practices from the year before.
-

# Total Points

*Add the subtotal values to obtain the Total Performance Index (maximum TPI is 2240)*

Fatalities	
Lost Workday Rate	
Total Recordable Injuries / Illnesses Rate	
Year to Year Improvement	
Regulatory Agency Citations	
Safety Goals	
Accident / Incident Investigation Procedure	
Incident Lessons Learned	
Internal Audit / Assessment Program	
Environmental (Green Initiatives) Program	
Industrial Hygiene Program	
Short Service New Employee Program	
Behavioral Based Safety Program	
Contractor Orientation and HSE Training Program	
Contractor Written Employee Workforce Development Program	
Supervisor Training	
Best Practice(s) – Top 3	
<b>TOTAL</b>	

- All subtotal values are added together for a maximum Total Performance Score.
  - A contractor is given a total score and the top 4 scores in each category advances to the next level of a field evaluation.
-

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# Questions



# MENTORING PROGRAM

**31** HOUSTON  
SAFETY  
EXCELLENCE  
AWARDS





# Purpose

## Build Upon the HBR Mission

“To develop, share and promote best practices that improve industry performance in areas of safety, health, environment, workforce skills, work quality, productivity and costs.”

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# Program Overview

- 2017 HBR “Best of Best” Award Winners
  - Highest Honor a Company Can Achieve
    - Mentors are not eligible for 2018 Award
    - Special Recognition during HBR Awards Event
  - Advise and assist throughout the safety award process
  - Assigned to Mentor contract companies outside of own work category
  - Also co-lead and evaluate in separate category
-



# Meeting Participation

- January 18 Safety Excellence Awards Orientation
    - All 2018 mentors contact information is provided
    - Contract companies may contact any mentor they would like.
  - January 30– Safety Excellence Awards Finalist will be assigned mentor.
    - Assigned mentor will call / email and offer assistance.
  - February 21 – Finalist Preparation Training
    - All the mentors will be participate to give help on field evaluation preparation and evaluation forms.
    - All finalist will be invited.
    - All information is kept strictly confidential.
-

# Introductions

<b>Austin Industrial, Inc.</b>	-	General Contractor Large
<b>Richard Construction</b>	-	General Contractor Medium
<b>LWL, Inc.</b>	-	General Contractor Small
<b>MobleySafway Services</b>	-	Specialty – Soft Crafts Large
<b>Anchor Industrial Services</b>	-	Specialty – Soft Crafts Small
<b>Ohmstede Industrial Services.</b>	-	Specialty – Hard Crafts Large
<b>Amber LP</b>	-	Specialty – Hard Crafts Medium
<b>Hunter Site Services</b>	-	Specialty – Hard Crafts Small
<b>Sprint Waste Services.</b>	-	Specialty – Technical Support Large
<b>KAP Project Services</b>	-	Specialty – Technical Support Small
<b>HydroChem PSC</b>	-	Specialty – Environmental Large
<b>USA Environment LP</b>	-	Specialty – Environmental Small
<b>Hoist &amp; Crane Services</b>	-	Crane & Rigging Support

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# Questions



# EVALUATION TEAM MEMBER DUTIES

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EXCELLENCE  
AWARDS



# Evaluation Team Leader Contact

The Evaluation Team Leader will contact the team members and inform them of the:

- Companies to be evaluated.
  - Timing of the scheduled evaluation.
  - Directions to the evaluation (furnish map)
  - Training and PPE needed to complete the evaluation
-

# Evaluation

The evaluation will start with an opening conference with the management and supervision of the finalist company (this may include owner company management).



# Field Evaluation

Following each item on the evaluation form, interview workers in the field and ask about their:

- Knowledge of the programs.
- Involvement in the programs.
- Training they have completed.

Give input to the evaluation team leader when the team meets to complete the “master score sheet”.

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# Documentation Evaluation

- Review each item on the evaluation form and score the item according to the scoring criteria.
  - Identify and verify “best practices”.
  - Give input to the evaluation team leader while the team meets to complete the “master score sheet”.
-



# Scoring

- Evaluation team members will participate in the grading process.
- Individual items on the evaluation form will be graded using a scale of 0 to 3.



# Team Conference

After completing the field and the documentation portions of the evaluation:

- Evaluation team meets in private
  - Member will participate in giving input to the evaluation team leader who will score a master evaluation form using input from the field and documentation teams.
  - Identify and document any strengths and areas of potential improvement identified during the evaluation.
-



Members will participate in a closing conference and specifically identify those strengths and areas of potential improvement noted.

After completing evaluations of all of the finalists, the team leader will calculate the master score sheets and inform HBR of the status of the companies audited.



# Recognition Status

All companies that receive an evaluation will be recognized. Additionally, more than one Contractor may be recognized at the various levels. The team leader will decide on the level based on team input.

- **“Silver”** is the minimum level of recognition that will be given to a finalist company. This recognition is based on the evaluation scoring and improvement opportunities.
  - **“Gold”** level recognition signifies that many elements of their program, both field and documentation, exceed the minimum requirements including those best practices that have been identified.
  - **“Best in Category”** recognition will be identified for ONE finalist company in each category.
-

# Why Should I be a Evaluator?

## Benefits to Evaluator and their Companies

- Expand knowledge of Safety Processes of other Contractor and Client Companies.
  - Capture new ideas and approaches for managing Safety and Health Programs.
  - Learn how other companies prepare and conduct their HBR evaluations.
  - Meet new contacts / resources for networking.
-

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# Questions



# Conclusion

- Contact your Mentor to help you with submission.
  - Submissions are due no later than January 29, 2018, by 4:00 pm.
  - It should include:
    - Printed Information Sheet(s)
    - Printed Initial Evaluation Form and
    - Supporting documentation either printed or electronically.
  - Join us Friday, February 9<sup>th</sup> for Tailgating Party and Finalist Announcement.
  - To join an evaluation team, contact Melissa Saulter.
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# Questions

