

# 2017 OWNERS CISE AWARD APPLICATION

## Date:

## **PART 1: Owner Application Information**

**COMPANY NAME:**

***(As it will appear on the award.)***

|  |  |
| --- | --- |
| **CEO/COO:**        Title:  Address:  City:  State:  Zip:  Telephone:  Fax:  E-mail: | **PREPARER:**        Title:  Address:  City:  State:  Zip:  Telephone:  Fax:  E-mail: |

**Please check one major category and one subcategory, as appropriate:**

A specific U.S. construction project, 12 or more months in duration

A specific outside the U.S. construction project 12 or more months in duration

A specific U.S. construction project, less than 12 months in duration

A specific outside the U.S. construction project, less than 12 months in duration

An owner company operating entity, i.e., major functional group or plant/operating facility

A company-wide project portfolio or program

**TO BE COMPLETED BY SPONSORING ORGANIZATION (if applicable):**

Local User Council:

Submitted by:

Date:

Phone:

Email

## **PART 2: Owner Statistical Report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Years Reported\*** | **2014** | **2015** | **2016** |  |
| **Total Hours Worked** (in thousands) 1 |  |  |  |  |
| **Number of incidents:** (per OSHA definitions) |  | | |  |
| * Fatalities 2 |  |  |  |  |
| * Lost Workday Cases 3 |  |  |  |  |
| * Total Recordable Cases 4 |  |  |  |  |
| **OSHA Incidence Rates** 5 |  | | |  |
| * Fatalities Plus Lost Workday OSHA Rate |  |  |  |  |
| * Recordable OSHA Rate |  |  |  |  |

**\*** Report for the period of project or program duration; if the project is less than 12 months report for the year in which the project occurred.

**1**: Site Assigned Personnel Only (Omit head and regional offices).

**2**: If there are any mitigating circumstances, please feel free to present details surrounding the case if you so desire.

**3**: OSHA Classification “Lost Workday Case-Away From Work.”

**4**: OSHA Total Recordable Injuries/Illness.

**5**: OSHA Incident Rates – Cases per 200,000 hours worked.

**PART 3: Owner Project Information**

***(NOTE: This part must be limited to 8 printed pages. Charts, graphs, or other illustrations may be embedded only in Part 3 and must be included in the page count.)***

**OWNER NAME:**

1. List below three contractors on the project who can verify your safety practices and performance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Years when work was performed, and approximate size (Effort-hours or $ value)** | **Company and Contact Person** | **City** | **State** | **Zip** | **Telephone** |
| **A.** |  |  |  |  |  |  |
| **B.** |  |  |  |  |  |  |
| **C.** |  |  |  |  |  |  |

1. Description of projects/work. Include any special situations/conditions that impacted on project safety achievement.

1. Attach a general description of how you organization’s programs and procedures ensure the intent of the Owners’ Safety Blueprint’s Tactical Elements are met in the following areas:
2. Leadership (OSB Tactical Elements: Policy and Leadership, Legal Requirements and Standards of Operations, Strategic Planning, Goals, and Objectives, Structure and Responsibility)

1. Routine Processes (OSB Tactical Elements: Risk Management, Programs and Procedures, Asset and Operations Integrity, Communications, Document Control and Records)

1. Non-Routine Processes (OSB Tactical Elements: Emergency Preparedness, Investigation and Corrective Actions)

1. Training (Non-Routine Processes (OSB Tactical Element: Awareness, Training, and Competency)

1. Scorecard (OSB Tactical Elements: Measuring and Monitoring, Audits, Review)

1. Specific to Construction activities, discuss the role of safety in your qualification, bidding, selection and contracting processes:
2. Establishment and utilization of Total Recordable Incident Rate (TRIR) termination point for contractor bid qualification and Experience Modification Rate (EMR) cutoff point for contractor bid qualification. For non-USA sites, discuss what measure(s) you use in addition to TRIR, and what you use as a cutoff point for the measure(s)

1. Safety and health clauses in contract; requirements for contractor first aid and medical treatment; as well as requirements for site specific safety and health plans

1. Contractor safety management is discussed at the bidder’s meeting and safety performance is discussed with contractor site management at contract award

1. Post-contract safety evaluation of contractors and requirements for reporting safety performance statistics

1. Contract provisions for termination of contractors, and discharge of contractor employees for unsatisfactory safety performance as well as the ability to correct unsafe conditions and back charge contractors who create them

1. Specific to Construction activities, list the key practices (3-5) which were most effective / important in contributing to success.