



**Compressed Reapproval Process (CRP)  
or  
Corporate Facility Onsite Process (C-FOP)  
Evaluation Report**

**Company Name**  
**City, State**

**Onsite Evaluation Date**  
Month – Start/End Dates, 20XX

**VPP Evaluation Team**

Name, Title  
Name, Title  
Name, Title  
Name, Title  
Name, Title



# EXECUTIVE SUMMARY

## I. Purpose and Scope of Review

An onsite review was conducted from <Date>, at the <Organization> in <City, State>. The purpose of the evaluation was to determine the site's <eligibility or continued eligibility> for site-based participation in the Occupational Safety and Health Administration's (OSHA) Voluntary Protection Programs (VPP). <NOTE: If C-FOP add the following language "This onsite review was conducted using the Corporate Facility Onsite Process (C-FOP)".> The VPP Evaluation Team consisted of:

Name, Title/Special Government Employee (SGE), Office, City, State  
Name, Title/Special Government Employee (SGE), Office, City, State  
Name, Title/Special Government Employee (SGE), Office, City, State  
Name, Title/Special Government Employee (SGE), Office, City, State  
Name, Title/Special Government Employee (SGE), Office, City, State

## II. Methods of Data Collection

The information for this report was obtained from the site's VPP application, documentation reviewed onsite, interviews with employees, annual evaluations, and site walk-throughs of the facility.

## III. Employees at the Worksite

There are <XXX> employees working on site. In addition, there are <XXX> contract employees onsite performing maintenance, capital projects, guard services, janitorial services, etc. Employees at the site are represented by the <insert union name(s) and local(s)>. OR <Employees at the site are not represented by a collective bargaining agent.> Formal interviews were conducted with <XX >site employees and <XX> contract employees. Informal interviews were conducted with <XXX> site employees and <XXX> contract employees.

## IV. The Worksite

The site is properly classified under North American Industrial Classification System (NAICS) code <XXXXXX>. **Provide a description of the site, e.g., size, location, operation, buildings, etc. Describe the site's processes, productions, and applications.** Housekeeping at the facility was considered by the VPP Evaluation Team to be <please select one: poor, fair, good or excellent>.

## V. Worksite Hazards

The hazards at the site include, but are not limited to <state hazards>. The site <does or does not> use chemicals considered to be highly hazardous and in sufficient quantity to place the site under the Process Safety Management (PSM) Standard.

## VI. Injury and Illness Rates

The three-year Total Case Incidence Rate (TCIR) and Days Away/Restricted/Transferred Case Incidence (DART) rate for the period <20XX-20XX> are <XX> and <XX>, respectively. The site TCIR is <XX%> <above/below>, and the DART rate is <XX%> <above/below> the 20XX Bureau of Labor Statistics (BLS) industry average for NAICS code <XXXXXX> for 20XX.

**Team leader must verify** that a comparison has been conducted against the site’s injury and illness rates reviewed during the evaluation and the site’s injury and illness rates reported in its annual self evaluation.

Year	Hours	Total # of Cases	TCIR Rate	Number of Cases Involving Days Away from Work, Restricted Activity or Job Transfer	DART Rate
20xx					
20xx					
20xx					
<b>Total</b>					
<b>Three-Year Rate (20xx-20xx)</b>					
<b>BLS National Average for 20xx (NAICS XXXXXX)</b>					
20xx YTD					

## VII. OSHA Activity

There has been no OSHA inspection activity or fatalities at this site within the past <XX> years. The site maintains an excellent relationship with its local OSHA Area and Regional offices.

## VIII. Elements of the VPP Review/Program Changes

The VPP Evaluation Team has examined each of the required elements of the site’s safety and health management programs. All VPP requirements have been met and all OSHA standards are appropriately covered.

Bullet summary information of VPP Elements.

- ▶ Management Leadership and Employee Involvement
- ▶ Worksite Analysis
- ▶ Hazard Prevention and Control
- ▶ Safety and Health Training

<**For Reapproval evaluations**>, discuss significant program or site changes since the last visit. A bulleted list is acceptable. [*For Star reapproval evaluations recommending One-Year Conditional, add the following sentence: Refer to Section XI for discussion of safety and health management program corrections.*]

<**Incentive Programs**>The site utilizes an incentive program which meets the requirements of Memorandum #5: Further Improvements to the Voluntary Protection Programs (VPP) dated 6/29/11. **OR** The site does not utilize an incentive program.

## **IX. Areas of Excellence**

All elements of the site's safety and health management programs met the high quality expected of VPP participants (or describe the program requirements that you considered an area of excellence). *NOTE: Do not characterize the safety and health management programs as meeting the high quality expected of VPP participants if the team is recommending One-Year Conditional reapproval.*

## **X. Recommendation for Participation**

The VPP Evaluation Team recommends <**Site name, City, State**> be approved for participation in the OSHA VPP <**Star or Merit**> Program (*add if relevant* but placed on One-Year Conditional status *or* but required to develop an agreed upon Two-Year Rate Reduction Plan).

## **XI. Goals**

- Merit Goal(s) (if relevant)
- One-Year Conditional Goal(s) (if relevant)
- Two-Year Rate-Reduction Plan (if relevant)



**Corporate Facility Onsite Process (C-FOP)  
or  
Compressed Reapproval Process (CRP)  
Site Worksheet**

**Company Name  
City, State**

**Onsite Evaluation Date**  
Month - Start/End Dates, 20xx

	How Assessed			
	Yes or No	Interview	Observation	Doc Review
<b>Section I: Management Leadership &amp; Employee Involvement</b>				
<b>A. Written Safety &amp; Health Management System</b>				
A1. <i>Is the written safety and health management system at least minimally effective to address the scope and complexity of worksite hazards? If not, please explain. MR</i>				
•				

	How Assessed			
	Yes or No	Interview	Observation	Doc Review
<b>Section I: Management Leadership &amp; Employee Involvement</b>				
<b>B. Management Commitment &amp; Leadership</b>				
B1. <i>Does management overall demonstrate at least minimally effective, visible leadership with respect to the safety and health management system (as per FRN, VOL. 74, NO. 6, 01/09/09 page 936, IV. A.5. a-h)? Provide examples. MR</i>				
•				

	How Assessed			
	Yes or No	Interview	Observation	Doc Review
<b>Section I: Management Leadership &amp; Employee Involvement</b>				
<b>C. Planning</b>				
C1. <i>For site-based construction sites, is safety included in the planning phase of each project? MR</i>				
•				

	How Assessed		
	Interview	Observation	Doc Review
<b>Section I: Management Leadership &amp; Employee Involvement</b>			
<b>D. Authority and Line Accountability</b>			
D1. Does top management accept ultimate responsibility for safety and health? (Top management acknowledges ultimate responsibility even if some safety and health functions are delegated to others.) If not, please explain. <b>MR</b> ☐			
•			
D2. Do the individuals assigned responsibility for safety and health have the authority to ensure that hazards are corrected or necessary changes to the safety and health management system are made? If not, please explain. <b>MR</b> ☐			
•			
D3. Are adequate resources (equipment, budget, or experts) dedicated to ensuring workplace safety and health? Provide examples. <b>MR</b> ☐			
•			

	How Assessed		
	Interview	Observation	Doc Review
<b>Section I: Management Leadership &amp; Employee Involvement</b>			
<b>E. Contract Employees</b>			
E1. Does the site's contractor program cover the prompt correction and control of hazards in the event that the contractor/sub-contractor fails to correct or control such hazards? Provide examples. <b>MR</b> ☐			
•			
E2. Based on your answers to the above item, is the contract oversight minimally effective for the nature of the site? (Inadequate oversight is indicated by significant hazards created by the contractor, employees exposed to hazards, or a lack of host audits.) If not, please explain. <b>MR</b> ☐			
•			



	How Assessed		
	Interview	Observation	Doc Review
<b>Section I: Management Leadership &amp; Employee Involvement</b>			
<b>F. Employee Involvement</b>			
F1. Do employees support the site's participation in the VPP? <b>MR</b>			
•			
F2. Do employees feel free to participate in the safety and health management system without fear of discrimination or reprisal? If so, please explain. <b>MR</b>			
•			

	How Assessed		
	Interview	Observation	Doc Review
<b>Section I: Management Leadership &amp; Employee Involvement</b>			
<b>G. Safety and Health Management System Evaluation</b>			
G1. Does the annual evaluation cover the aspects of the safety and health management system, including the elements described in the <b>Federal Register</b> ? If not, please explain. <b>MR</b>			
•			

# Section I: Management Leadership & Employee Involvement

**Merit Goals:** *(Include cross- reference to section, subsection, and question, e.g., I.B2)*

1.

2.

**90-Day Items:** *(Delete this section for final transmittal to National Office)*

1.

2.

**Best Practices:**

1.

2.

**Comments including Recommendations** *(optional)*

1.

2.

**Documents Referenced, Programs Reviewed** *(optional):*

1.

2.

	How Assessed		
	Interview	Observation	Doc Review
<b>Section II: Worksite Analysis</b>			
<b>A. Baseline Hazard Analysis</b>			
A1. Has the site been at least minimally effective at identifying and documenting the common safety and health hazards associated with the site (such as those found in OSHA regulations, building standards, etc., and for which existing controls are well known)? If not, please explain. <b>MR</b> <input type="checkbox"/>			
•			
A2. Does the site have a documented sampling strategy used to identify health hazards and assess employees' exposure (including duration, route, and frequency of exposure), and the number of exposed employees? If not, please explain. <b>MR</b> <input type="checkbox"/>			
•			

	How Assessed		
	Interview	Observation	Doc Review
<b>Section II: Worksite Analysis</b>			
<b>B. Hazard Analysis of Routine Activities</b>			
B1. Is there at least a minimally effective hazard analysis system in place for routine operations and activities? <b>MR</b> <input type="checkbox"/>			
•			

	How Assessed		
	Interview	Observation	Doc Review
<b>Section II: Worksite Analysis</b>			
<b>C. Routine Inspections</b>			
C1. Does the site have a minimally effective system for performing safety and health inspections (i.e., a minimally effective system identifies hazards associated with normal operations)? If not, please explain. <b>MR</b> □			
•			
C2. Are routine safety and health inspections conducted monthly, with the entire site covered at least quarterly ( construction sites: entire site weekly)? <b>MR</b> □			
•			
C3. For site-based construction sites, are employees required to conduct inspections as often as necessary, but not less than weekly, of their workplace/area and of equipment? <b>MR</b> □			
•			

	How Assessed		
	Interview	Observation	Doc Review
<b>Section II: Worksite Analysis</b>			
<b>D. Hazard Reporting</b>			
D1. Is there a minimally effective means for employees to report hazards and have them addressed? If not, please explain. <b>MR</b> □			
•			

		How Assessed		
		Interview	Observation	Doc Review
<b>Section II: Worksite Analysis</b>				
<b>E. Hazard Tracking</b>				
E1. Does a minimally effective hazard tracking system exist that result in hazards being controlled? If not, please explain. MR☐				
•				

		How Assessed		
		Interview	Observation	Doc Review
<b>Section II: Worksite Analysis</b>				
<b>F. Accident/Incident Investigations</b>				
F1. Is there a minimally effective system for conducting accident/incident investigations, including near-misses? If not, please explain. MR☐				
•				

		How Assessed		
		Interview	Observation	Doc Review
<b>Section II: Worksite Analysis</b>				
<b>G. Trend Analysis</b>				
G1. Does the site have a minimally effective means for identifying and assessing trends? MR☐				
•				



## Section II: Worksite Analysis

### Merit Goals

*(Include cross- reference to section, subsection, and question, e.g., II.B2)*

- 1.
- 2.

### 90-Day Items

*(Delete this section for final transmittal to National Office)*

- 1.
- 2.

### Best Practices

- 1.
- 2.

### Comments including Recommendations *(optional)*

- 1.
- 2.

### Documents Referenced, Programs Reviewed *(optional)*

- 1.
- 2.

		<b>How Assessed</b>		
		Interview	Observation	Doc Review
<b>Section III: Hazard Prevention and Control</b>				
<b>A. Hazard Prevention and Control</b>				
A1. Does the site select at least minimally effective controls to prevent exposing employees to hazards? <b>MR</b> ☐				
•				
A2. Does the site have minimally effective written procedures for emergencies? <b>MR</b> ☐				
•				
A3. Is the site covered by the Process Safety Management standard (29 CFR 1910.119)? If yes, please answer questions A4-A7 below. Additionally, please complete either the onsite evaluation supplement A or B, and onsite evaluation supplement C. If not, skip to section B. <b>MR</b> ☐				
•				
A4. Which chemicals that trigger the Process Safety Management (PSM) standard are present? <b>MR</b> ☐				
•				
A5. Which process(es) were followed from beginning to end and used to verify answers to the questions asked in the PSM application supplement, the PSM Questionnaire, and/or the Dynamic Inspection Priority Lists? <b>MR</b> ☐				
•				
A6. Verify that contractor employees who perform maintenance, repair, turnaround, major renovation or specialty work on or adjacent to a covered process have received adequate training and demonstrate appropriate knowledge of hazards associated with PSM, such as non-routine tasks, process hazards, hot work, emergency evacuation procedures, etc.? Please explain. <b>MR</b> ☐				
•				
A7. Is the PSM program adequate in that it addresses the elements of the PSM standard and the PSM directive? Please explain. <b>MR</b> ☐				
•				



	How Assessed			
		Interview	Observation	Doc Review
<b>Section III: Hazard Prevention and Control</b>				
<b>B. Recordkeeping</b>				
B1. Are OSHA required recordkeeping forms being maintained properly in terms of accuracy, form completion, etc.? If not, please explain. <b>MR</b> <input type="checkbox"/>				
•				
B2. Is the recordkeeper knowledgeable of 29 CFR 1904, OSHA's recordkeeping standard? <b>MR</b> <input type="checkbox"/>				
•				
C. Do the injury and illness rates accurately reflect work performed by contractors/sub-contractors at the site evaluated? <b>MR</b> <input type="checkbox"/>				
•				

## **Section III: Hazard Prevention and Control**

<b>Merit Goals</b>	<i>(Include cross reference to section, subsection, and question, e.g., I.B2)</i>
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- |              |
|--------------|
| 1.<br><br>2. |
|--------------|

<b>90-Day Items</b>	<i>(Delete this section for final transmittal to National Office)</i>
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- |              |
|--------------|
| 1.<br><br>2. |
|--------------|

<b>Best Practices</b>
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- |              |
|--------------|
| 1.<br><br>2. |
|--------------|

<b>Comments including Recommendations (optional)</b>
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- |              |
|--------------|
| 1.<br><br>2. |
|--------------|

<b>Documents Referenced, Programs Reviewed (optional)</b>
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- |              |
|--------------|
| 1.<br><br>2. |
|--------------|

	Yes	How Assessed		
		Interview	Observation	Doc Review
<b>Section IV: Safety and Health Training</b>				
<b>A. Safety and Health Training</b>				
A1. Does the training provided to managers, supervisors, and non-supervisory employees (including contract employees) adequately address safety and health hazards? MR				
•				
A2. Does the site provide minimally effective training to educate supervisors and employees (including contract employees) regarding the known hazards of the site and their controls? If not, please explain. MR				
•				

## **Section IV: Safety and Health Training**

<b>Merit Goals</b>	<i>(Include cross reference to section, subsection, and question, e.g., I.B2)</i>
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- |              |
|--------------|
| 1.<br><br>2. |
|--------------|

<b>90-Day Items</b>	<i>(Delete this section for final transmittal to National Office)</i>
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- |              |
|--------------|
| 1.<br><br>2. |
|--------------|

<b>Best Practices</b>
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- |              |
|--------------|
| 1.<br><br>2. |
|--------------|

<b>Comments including Recommendations</b> <i>(optional)</i>
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- |              |
|--------------|
| 1.<br><br>2. |
|--------------|

<b>Documents Referenced, Programs Reviewed</b> <i>(optional)</i>
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- |              |
|--------------|
| 1.<br><br>2. |
|--------------|

## VPP Participant and Onsite Evaluation Team Data Sheet

VPP Participant Information:		
Company Name:		
Site Address:		
Mailing Address:		
Site Manager Name:		
Site Manager Phone:		Site Manager E-mail Address:
VPP Contact Name: <i>if same as Site Manager, state "same as above"</i>		
VPP Contact Phone:		VPP Contact E-mail Address:
Small Employer (<250 employees onsite AND <500 employees corporate-wide: Yes_____ No_____)		
NAICS Code:	No. of site employees:	No. of site contract employees:
Union Information		
Union Name & Local No.:		
Site Representative:		
Mailing Address:		
Telephone Number:		
Union Information		
Union Name & Local No.:		
Site Representative:		
Mailing Address:		
Telephone Number:		
Onsite Evaluation Team Information:		
Evaluation Start Date:		Evaluation End Date:
Type of Visit: Initial Approval: _____ Reevaluation: _____		Participation: Site-based: _____ Mobile Workforce: _____ Corporate: _____
MAO Requested: Yes_____ No_____	MAO Rec'd Before Onsite: Yes_____ No_____	Date MAO Rec'd:
If Yes, Date:		
90/30 Day Items: Yes_____ No_____		Date 90/30 Day Items Completed:

Team Members	Discipline of Members
Team Leader (TL): Back-Up Team Leader: Team Member 2: Team Member 3: Team Member 4: Team Member 5:	Team Leader: Back-Up Team Leader: Team Member 2/or indicate if SGE: Team Member 3/or indicate if SGE: Team Member 4/or indicate if SGE: Team Member 5/or indicate if SGE:

**PARTICIPANT AREAS OF EXCELLENCE/BEST PRACTICES CHECKLIST**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Ergo Program       | <input type="checkbox"/> Confined Space Program | <input type="checkbox"/> LO/TO Program       |
| <input type="checkbox"/> PSM                | <input type="checkbox"/> Hazard Analysis        | <input type="checkbox"/> Contractor Program  |
| <input type="checkbox"/> Medical Program    | <input type="checkbox"/> Self-Inspections       | <input type="checkbox"/> Accountability      |
| <input type="checkbox"/> Industrial Hygiene | <input type="checkbox"/> Employee Involvement   | <input type="checkbox"/> Tracking of Hazards |
| <input type="checkbox"/> Pre-Job Analysis   | <input type="checkbox"/> Other:                 |  |

**STRATEGIC PLAN**

**High Hazard Industries**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Landscaping – 078             | <input type="checkbox"/> Oil/Gas – 138                        | <input type="checkbox"/> Fruits/Vegetables 203           |
| <input type="checkbox"/> Concrete/Gypsum/Plaster – 327 | <input type="checkbox"/> Blast Furnace/Steel Production – 331 | <input type="checkbox"/> Ship/Boat Building/Repair – 373 |
|  | <input type="checkbox"/> Wholesale Storage – 422              |  |

**Hazards**

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> Ergo                       | <input type="checkbox"/> Lead                           | <input type="checkbox"/> Silica |
| <input type="checkbox"/> Amputations – Construction | <input type="checkbox"/> Amputations – General Industry |                                 |

**VPP CORPORATE TRACKING**

	Application Review	Onsite Prep	Onsite	Report Writing	Total
Team Hours Spent (Est)					