

# 2010 STEP APPLICATION FORM—Apply online at [www.abc.org/stepapp](http://www.abc.org/stepapp)

Detailed instructions on how to fill out the STEP application may be downloaded at [www.abc.org/STEP/instructions](http://www.abc.org/STEP/instructions).

## SECTION 1: COMPANY INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Chapter: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

This application and data:  Represents entire company  Represents specific location, dept. or div.

Is this IDENTICAL STEP application being submitted to other ABC chapters?  Yes  No

If Yes, which chapters? \_\_\_\_\_

Primary NAICS Code 23  (as entered in your OSHA 300A)

Work Type: Residential  % Commercial  % Industrial  %

Percentage of work performed:

<100 miles of HQ  % Within 101-250 miles  % >250 miles  %

Percentage of your contract work: Self-performed  % Sub-Contracted  %

## SECTION 2: SAFETY PERFORMANCE DATA

Refer to your 2009 OSHA FORM 300A for items (a) through (h)

a. Total number of DEATHS (line G on the OSHA 300A)

b. Total number of CASES with days away from work (line H on the OSHA 300A)

c. Total number of CASES with job transfer/restriction (line I on the OSHA 300A)

d. Total number of OTHER RECORDABLE CASES (line J on the OSHA 300A)

e. Total number of DAYS away from work (line K on the OSHA 300A)

f. Total number of DAYS of job transfer or restriction (line L on the OSHA 300A)

g. Annual average number of employees (as entered in your OSHA 300A)

h. Total hours worked by all employees (as entered in your OSHA 300A)

Experience Modification Rate (EMR or "mod factor"— call insurance company)

Number of federal/state OSHA inspections in 2009

Number of Federal/State OSHA final citations issued (after settlements) in 2009

For calendar year 2007, 2008 or 2009 have you had any employee fatalities corporate-wide that resulted in an OSHA citation?  Yes  No

Length of safety orientation (in minutes)

Toolbox safety talks frequency:  Daily  Weekly  Bi-weekly  Monthly  Other

Do you have a substance abuse program that includes a drug/alcohol screening process?  Yes  No

## SECTION 3: 20 KEY COMPONENTS SAFETY SELF-ASSESSMENT

Use the enclosed self-assessment worksheet to calculate scores

A. Employer Involvement

B. Employer Policy Statement on Safety

C. Responsibility for Safety

D. Trailing Indicators

E. Resources for Safety

F. Safety Program Goal Setting

G. Employer Supervisory Meetings

H. Pre-planning for Jobsite Safety

I. Employee Participation

J. New employee Orientation

K. Safety Rules

L. Employee Safety Training

M. Toolbox Safety Meetings

N. Inspections

O. Supervisory Training Topics

P. Incident Investigation

Q. Use of Personal Protective Equipment (PPE)

R. Safety Program Performance Review

S. Substance Abuse Program

T. Recordkeeping & Documents

TOTAL

Are you part of ABC's AQC Program?  Yes  No

If applying for Platinum, initial here to confirm that you meet all qualification criteria: \_\_\_\_\_

## SECTION 4: COMPANY AND ABC CHAPTER CERTIFICATION

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

ABC Chapter Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

## STEP PLATINUM PAYMENT INFORMATION

Check box if you are including payment for STEP Platinum application - \$195 (\$40 extra per additional framed certificate, \$15 extra per unframed certificate)

Check enclosed (payable to ABC) Total \$

Number of certificates required (Platinum only)

Framed  Unframed

For Credit Card payment go to [www.abc.org/stepapp](http://www.abc.org/stepapp)

All applicants MUST include a copy of their 2009 OSHA Form 300A with application. STEP Platinum applicants must also include a copy of their OSHA Form 300 with employee names removed.