

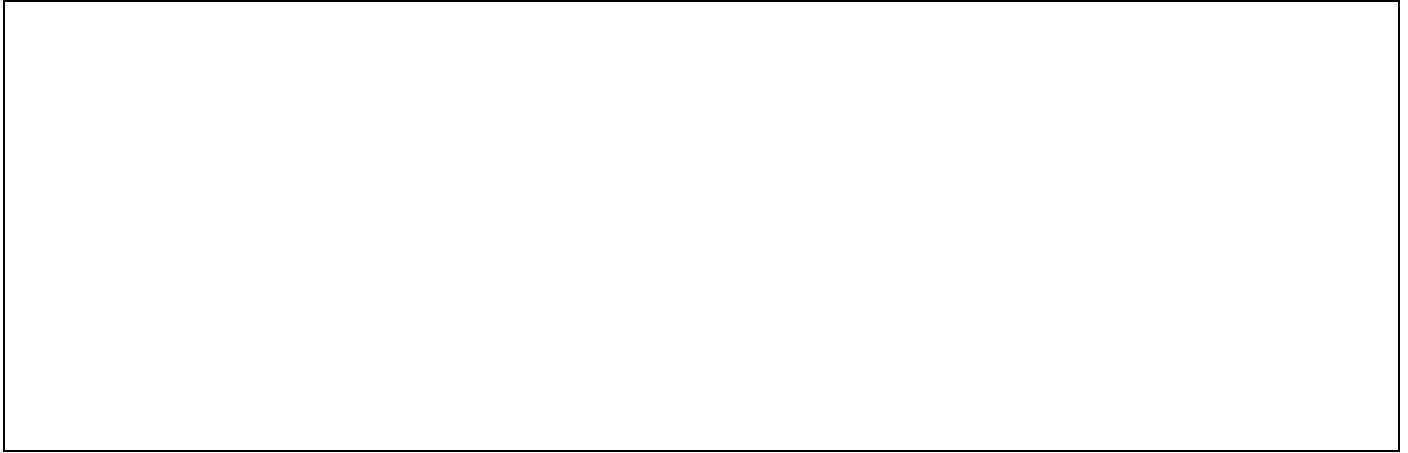
Section A: Company Information

Company Name:	
Facility Worksite Name:	
Worksite Address:	
Mailing Address (if different from above):	
NAICS Code:	SIC Code:
Telephone Number:	Fax Number:
Highest Manager Official Name:	
Worksite Manager Title:	
Email:	
Telephone Number:	Cell Number:
Star Program Contact:	
Star Program Title:	
Email:	
Telephone Number:	Cell Number:
Active Special Star Team Member Name and Email: N/A if not applicable.	
Normal Operating Shifts and Hours:	
Corporate Contact Name:	
Corporate Contact Title:	
Email:	
Telephone Number:	Cell Number:
Number of Employees:	
Number of Temporary Employees:	
Number of Resident Contractors:	
Number of Separate Entity Contractors:	

- (1) Temporary employees who are hired on a temporary or temporary to permanent position.
- (2) Resident contractors include on-site third-party employees who receive direct supervision from worksite.
- (3) Separate entity contractors include on-site or external company who provide service to worksite; however, are not supervised directly supervised by the worksite.

Note: Building Star sites should only include resident contractors and temporary agencies (if applicable).

b) Summary of overall safety performance for 2023 and impact.



c) 2024 goals and objectives to include the identification of activities planned to achieve these goals and objectives.



Section C: 2) Significant Events and/or Changes

Check Box if Not Applicable

2. In addition to the above summary of the previous year’s performance, in this Section include:

Significant Events: Discuss any major events such as OSHA inspections involving fatalities, accidents, catastrophes, complaints, and imminent danger situations to include a summary of all associated investigations and corrective measures, or significant findings from corporate or third-party safety and health audits, etc. If the company has more events, provide on separate document and submit with this form.

Significant Changes: Discuss any significant changes that have occurred over the past year and the steps that you have taken to ensure that your safety and health management system is operating effectively as it pertains to employment (ownership, management, supervision, and employees) or changes in facilities (i.e., operations/processes, equipment). If the company has more changes, provide on separate document and submit with this form.

Note: Use drop down menu to identify type as significant event or significant change.

Type of Event:
List Findings/Recommendations for Events or Identify Change:
List Corrective Action for Events or Impact on Operations Change:

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List Corrective Action for Events or Impact on Operations Change:

Hazard Prevention and Control	
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Safety and Health Training	
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Identify who may participate in the program and/or are eligible to receive incentive/reward/recognition.

An explanation of the employees' participation requirements to receive an incentive/reward/recognition.

Is the Safety Incentive Program impacted by the occurrence of a reported injury/illness?

Section H: Success Stories and Best Practices

Please indicate if NCDOL has permission to publicly share your Success Stories and Best Practices.

Describe in detail any safety and health-related success stories.

Success Stories will include internal achievements (i.e. Awards, Recertification's,

Best Practices will include internal achievements that you are able to share and assist another company with implementation (i.e. Newly implemented safety and health processes and equipment).

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Section I: Mentoring Effects

Please describe any efforts made over the past year to mentor other companies who have expressed interest in becoming an NCDOL OSH Star worksite, or efforts to assist other NCDOL OSH Star worksites with their continuous improvement activities. Mentoring activities can also include sharing best practices during Regional Team meetings or assisting contractors/vendors improve upon their safety and expectations. List the names and locations of the companies/worksites you have mentored. If your company did not have mentoring activities last year, please document that as well.

Company Name:	Company Worksite Location:
Additional Mentoring Activities:	
Additional Comments/Explanations:	

Section J: Carolina Star Safety Conference and Regional Team Participation

Please describe your worksite's attendance and participation at last year's Carolina Star Safety Conference and Regional Team meetings.

