

STATEMENT OF COMMITMENT

Company Name

We are committed to doing our best to provide outstanding safety and health protection to our employees through management systems and employee involvement. This includes the commitment to the achievement and maintenance of the Star Program requirements and to the goals and objectives of this ongoing process.

We agree to provide the information listed below for the NCDOL OSH review on site. We agree to retain these records for the period of Star Program participation:

- ✓ Written safety and health program
- ✓ Management statement of commitment to safety and health
- ✓ OSHA 300/300A logs for the worksite and for all applicable contractor and/or temporary employees on the worksite, with appropriate supporting documentation
- ✓ Safety and health manual(s)
- ✓ Safety rules, emergency procedures, and examples of safe work procedures
- ✓ System enforcing safety rules
- ✓ Reports from employees of safety and health problems and documentation of the response
- ✓ Self-inspection procedures, reports, and correction tracking
- ✓ Accident/incident investigation reports
- ✓ Safety and health committee minutes
- ✓ Employee orientation and safety and health training programs and attendance records
- ✓ Industrial hygiene air/noise sampling, laboratory analysis and monitoring records
- ✓ Annual safety and health program evaluations and worksite and/or corporate audits, including the documented follow-up activities, for at least the last three years
- ✓ Preventive maintenance program
- ✓ Line supervision accountability documentation
- ✓ Contractor safety and health program(s)
- ✓ Other records that provide relevant documentation

In agreeing to make this information available to NCDOL OSH, we understand that materials needed to document the safety and health program that may involve invasion of privacy or a trade secret will not be included. Instead, such materials will be provided for viewing only at the worksite during a Star assistance and/or onsite review visit.

We also agree to correct all hazards identified through self-inspection, employee reports, or accident investigations in a timely manner. We will provide the results of self-inspections and accident investigations to our employees upon request. Employees with safety-related duties will be protected from discriminatory actions (including unofficial harassment) resulting from these duties.

It is important that we continue to be a leader within our community and to assist other companies at our discretion with knowledge and resources pertaining to both safety and health.

We understand that we may withdraw our participation at any time or for any reason should we so desire.

Please accept this as our Star Annual Report with all required information completed and submitted prior to February 15, 2025.

I authorize the above electronic signature as my official signature.

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).*

Section B: Union Information
Check Box if Not Applicable

Union Name:	
Union Local Number:	
Union Representative for the Site:	
Address:	
Phone:	
E-Mail:	
Fax:	

Section C: 1) Safety and Health Goals, Objectives and Performance

1. Provide a summary of the worksite's previous and current year goals, and performance by providing a narrative description or table of the following:
 - a) 2024 goals achieved and identification of activities conducted to achieve goals; also address goals in-progress or not achieved, and identification of activities planned to achieve goals.

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- b) Summary of overall safety performance for 2024 and impact.

- c) 2025 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:

Type of Event:

List Findings/Recommendations for Events or Identify Change:

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List Corrective Action for Events or Impact on Operations Change:

Section D: Evaluation of the Five NCDOL OSH Star Program Elements

For each of the five OSH Star Program Elements of your Safety and Health Management System:

a) Identify the company's self-assessment and indicate the effectiveness of each element for 2024.

Note: Use the drop down menu to identify improvement status (none, minimal, major).

b) Provide a narrative summary of the performance of 2024 related activities.

Management Commitment and Leadership	

Employee Involvement and Participation	

Hazard Identification and Evaluation	

Hazard Prevention and Control	

Safety and Health Training	

Section E: Injury and Illness Incident Rate Data

1. Using the data from your Star worksite's OSHA Form 300A for the past 3 years, complete the attached Star Rate Calculator form (included in email) and submit as an attachment.

***Note:** Use the most specific North American Industry Classification System code (up to 6 digits) for the Bureau Labor of Statistics rate comparisons. Contact your Carolina Star Consultant if assistance is needed in filling out the form.*

2. (a) Use the drop down menu to indicate if you had an increase, decrease, or no changes in your **recordable cases** from the previous year. If you had any changes in your rates, please explain.

- (b) Use the drop down menu to indicate if you had increases, decreases or no changes for your **near-miss and first aid reports**. Please provide reason(s) for any increases or decreases.

(c) Please provide a **summary of any trend analysis and actions** that are planned or have been taken to reverse any negative trends for recordable cases, near-misses and first aid reports.

***Note:** This is required for any increases identified in 2(a) or 2(b) above.*

3. Include copies of your 2024 OSHA Form 300 and 300A.

Section F: Process Safety Management

Check Box if Not Applicable

This section is applicable **only** if you are covered by 29 CFR 1910.119 - Process Safety Management of Highly Hazardous Chemicals. If applicable, complete ***Appendix 1*** of on site activities that were conducted by the worksite for the specific 14 elements that were performed at your facility during 2024

Section G: Safety Incentive Program

Check Box if Not Applicable

The Carolina Star Program does not require that employers implement a Safety Incentive Program. These programs may include any type of reward or recognition based on safety performance or expectation.

If your worksite offered any type of safety incentive, recognition, or reward during 2024 provide a **copy of the written program OR provide detailed information on the following:**

An explanation of the safety incentive/reward/recognition program.

Identify who may participate in the program and/or are eligible to receive incentive/reward/recognition.

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

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

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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).

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.

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Section K: Workers' Compensation

Check Box if Not Applicable

Provide information with respect to cost savings and/or reduction in premiums as a result of the implementation and maintenance of an effective safety and health management system as required for participation in the Carolina Star Program.

Section L: Injury and Illness Rate Reduction Plan (IIRRP) and/or Additional Findings (check box if not applicable)

**IIRRP
AF**

IIRRP - A strategy employed whenever a Star site's Total Recordable Case and/or Days Away, Restricted, or Transferred case rate does not meet the requirements of Carolina Star designation. If applicable, summarize the information from your 2024 IIRRP progress. Provide the 4th quarter update in a separate document.

AF - Effective October 2017, Star Evaluation Recertifications that were conducted may have identified Additional Findings that were not completed during the 90-Day Action Plan. If your site did receive Additional Findings that did not include the abatement in the 90-Day Action Plan, provide the information in this section.

Additional Information

Optional information that was not included or requested above.