NCDOL
N.C. Department of Labor

LUKE FARLEY
COMMISSIONER

KEVIN O'BARR
CONSULTATIVE SERVICES BUREAU CHIEF
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

January 3, 2025

Dear North Carolina SHARP site:

We are delighted that you continue to participate in this prestigious program. This program is designed for worksites with comprehensive and effective safety and health programs, making them leaders in employee protection.

A SHARP worksite must complete and submit the "Annual Safety & Health Management System Review" worksheet by March 1st, of each calendar year. This worksheet should be a useful tool for your company and NCDOL to track the effectiveness of your safety and health program. This assessment is based upon the current best practices document from OSHA entitled Recommended Practices for Safety and Health Programs. The document is available for download at https://www.osha.gov/shpguidelines/

As a SHARP employer, it is important that you understand OSHA's stance on workplace safety and health incentive programs. OSHA recognizes that positive incentive programs that promote safety awareness, injury-illness reporting, and employee involvement, can be beneficial and a valued component of a SHARP employer's injury illness prevention program. OSHA's current policy stance on employer incentive programs and drug testing can be found in an October 11, 2018 memo on their website. www.osha.gov/laws-regs/standardinterpretations/2018-10-11

Instructions on returning this assessment are on the following page. Please remember to include copies of your OSHA 300 log and form 300A for the past three (3) years.

We recommend completing this form in early February at about the same time you complete the annual 300 log for posting. For your convenience you may return this assessment by any of the methods listed on the next page.

If you have any questions, please contact me at (919) 707-7846.

Sincerely,

Kevin O'Barr Bureau Chief

As a North Carolina SHARP worksite we are committed to provide all of our employees with a safe and healthy work environment. As part of this proactive partnership between NCDOL and this SHARP worksite we are committed to work towards continuous improvements in safety, quality, and productivity.

I understand that as a SHARP worksite we are obligated to complete and submit the "Annual Safety & Health Management System Review" each year.

I hereby certify that I have reviewed this annual SHARP assessment which represents our effort to maintain SHARP status and to the best of my knowledge this is a true, accurate, and complete report.

Company Name: _____

_____   _____
Signature of Top Management Official   **Date**

Printed Name _____

For your convenience you may return this assessment by whichever method is preferable and easiest for you:

1. **Sign and scan the document and submit by email to: dol.consultationmail@labor.nc.gov**

2. **Sign and Fax to 919-707-7964**

3. **Sign and mail to:**
   Consultative Services
   N.C. Department of Labor
   1101 Mail Service Center
   Raleigh, NC 27699-1101

Section 1
Annual Safety and Health Management System Review:
To maintain an effective Safety and Health System research has shown that there are certain attributes that are commonly found in companies with low accident and injury rates and what is considered by the industry as an effective Safety and Health System. At the beginning of each of the following subparts those attributes have been summarized. Please take a moment to answer the questions in each subpart and provide any other updates or improvements.

Hazard Anticipation and Detection
In the area of Hazard Anticipation and Detection the attributes that we evaluate each SHARP company are: A baseline comprehensive survey within the past five years, self-inspections, daily surveillance to hazard controls, effective hazard reporting system, change analysis, accident investigation for root cause, use of SDS's, job hazard analyses, and incident investigations.

Are effective safety and health self-inspections performed: Quarterly ☐   Monthly☐   Weekly☐

Are incidents investigated by: Plant Manager/CEO☐   Supervisor/Foreman☐   Safety committee☐
(check all that apply)

How often are job hazards analyses being reviewed? Annually☐   Never☐   Job Change☐ (check all that apply)

Briefly describe any updates or improvements:
_____
_____
_____

Hazard Prevention and Control
In the area of Hazard Prevention and Control are you: Ensuring that engineering controls are in place, safety and health rules and work practices are in place, all OSHA mandated programs are in place, personal protective equipment is being used, housekeeping is properly maintained, the organization is properly prepared for emergencies, competent medical care is provided to employees and others working at your site, preventive maintenance is being performed and hazard correction is being tracked to ensure hazards are eliminated.

When were your safety and health rules last updated? 2024☐ 2023☐ 2022☐ 2021☐ 2020☐ (check one)

When were your employees last trained on safety and health rules? 2024☐ 2023☐ 2022☐ 2021☐ 2020☐

How long does it usually take to correct a hazard? Immediately☐   Within one Week☐   One Month☐

If hazards are not corrected immediately are your employees protected? Yes ☐   No ☐ (check one)

How would you rate your housekeeping? Excellent☐   Fair☐   Poor☐ (check one)

Briefly describe any updates or improvements:
_____
_____
_____

Planning and Evaluation

In the area of Planning and Evaluation are you: Analyzing workplace injury and illness incidence data, developing safety and health goals and objectives for your safety program, developing an action plan to meet those goals and objectives, reviewing OSHA mandated programs on an annual basis and reviewing your overall safety and health management system annually?

Does injury/illness data analysis reveal incident trends: Yes☐   No☐ (check one)
PLEASE list any trends:
_____

Do you have Safety and Health goals focusing on Zero incidents or Reduction in incidents: Yes ☐   No☐

What are your goals:
_____
_____

Did your last annual review of your safety and health management system result in any changes? Yes ☐ No ☐
Briefly describe any updates or improvements:
_____
_____
_____

Administration and Supervision

In the area of Administration and Supervision are you: Assigning safety and health program tasks to a specific person or position for coordination or performance, ensuring that each assignment of safety and health responsibility clearly communicated, making sure that the individual with the assigned safety and health responsibility has the necessary knowledge, skills and information to perform their duties and at the same time giving them the authority to perform their duties, developing policies that promote the performance of safety and health responsibilities and ensuring that organizational policies result in the correction of non-performance of safety and health responsibilities?

We would like everyone to be responsible for following safety rules and reporting hazards. But who is/are the designated individual (s) responsible for the various safety and health tasks within the worksite:
Name(s) and job title:
_____

Are these individuals given support and resources to perform their duties: Yes☐   No☐ (check one)

How are these individual(s) held accountable?
PLEASE briefly explain:
_____

Briefly describe any updates or improvements:
_____
_____
_____

Safety and Health Training

In the area of Safety and Health Training: employees receive appropriate safety and health training, does new employee orientation include applicable safety and health information, do supervisors receive appropriate safety and health training, does the training provided to supervisors cover the supervisory aspects of their safety and health responsibilities, is training provided to top management, and are relevant safety and health aspects integrated into management training?

Supervisors and managers receive appropriate safety and health training: Yes☐ No☐ (check one)

All employees receive appropriate safety and health training: Yes☐ No☐ (check one)

New employee's orientation includes safety and health information relevant to their jobs: Yes☐ No☐ (check one)

Briefly describe any updates or improvements:

_____
_____
_____

Management Leadership

Management Leadership is key to the success of any Safety and Health Management System: Does top management policy establish clear priority for safety and health, does top management consider safety to be a line function or staff function, does top management provide competent safety and health staff support to line managers and supervisors, do managers personally follow safety and health rules established for others, do managers delegate the authority necessary for personnel to carry out their duties, do managers provide and allocate the necessary resources need to support the organizations safety and health system, do they ensure that appropriate safety and health training is provided and that policies promote safety and health performance, are top managers involved in the planning and evaluation of safety and health performance and lastly does top management value employee involvement and participation in safety and health issues?

Top management is involved in planning and evaluation of safety and health performance at the worksite: Yes☐ No☐ (check one)

Please give at least one example of Top Management involvement:
_____

_____

Is safety a separate line item on your company's budget? Yes☐ No☐ (check one)

If employees were interviewed would they say that management always follows safety and health rules: Yes☐ No☐ (check one)

Briefly describe any updates or improvements:

_____
_____
_____

Employee Participation

Employee Participation is vitally necessary for any successful safety and health management system: Is there an effective process to involve employees in safety and health issues, are employees involved in organization decisions in regard to safety and health policy and allocation of resources, do employees participate in hazard detection, prevention and control activities, are employees involved in training co-workers, do employees participate in safety and health planning activities and lastly do they participate in evaluating your company's safety and health performance?

Is it important for your safety and health program to have employee involvement: Yes ☐   No☐ (check one)

How are employees at your worksite involved with safety and health issues:

_____
_____

Briefly describe any updates or improvements:

_____
_____
_____

Employee Safety and Health Incentive Program
SHARP Recommendation(s) & Status:

Positive safety and health incentive programs must comply with OSHA policies to include positive incentive programs that encourage accident, injury/illness reporting, hazard prevention, and participation in safety and health programs and training. To review the policy, visit: www.osha.gov/laws-regs/standardinterpretations/2018-10-11

Do you have a Safety and Health Incentive Program in place at your company? Yes☐   No☐ (check one)

Does your Safety and Health Incentive Program meet the guidelines? Yes☐   No☐ (check one)

Section 2

Rate Calculations:

Annual rates are calculated by the formula (N/EH) x 200,000 where:

N = Sum of the number of recordable injuries and illnesses in the year.
EH = Number of hours worked by all employees in the year.
200,000 = Equivalent of 100 full time workers working 40 hours per week, 50 weeks in per year.

TRC (Total Recordable Case): OSHA 300 Log

N= Column H (Days away from work) + Column I (Job transfer or restriction) + Column J (Other recordable cases)

DART (Days Away Restriction Transfer): OSHA 300 Log

N= Column H (Days away from work) + Column I (Job transfer or restriction)

OSHA 300 Log:

TRC: N (Number of Recordable Cases not Days) = Sum of Column H, I, J

Year:_2022___ N_____ x 200,000 ÷ EH _____ = _____

Year:_2023___ N_____ x 200,000 ÷ EH _____ = _____

Year:_2024___ N_____ x 200,000 ÷ EH _____ = _____

DART: N (Number of Recordable Cases not Days) = Sum of Column H, I

Year:__2022__ N_____ x 200,000 ÷ EH _____ = _____

Year:__2023__ N_____ x 200,000 ÷ EH _____ = _____

Year:__2024__ N_____ x 200,000 ÷ EH _____ = _____

NOTE:

Please send a copy of the OSHA 300 Log and the OSHA 300A summary for the last three (3) calendar years.

If you would like to compare your annual rates to the national average, the data can be found on the U.S. Department of Labor- Bureau of Labor Statistics.
https://www.bls.gov/web/osh/table-1-industry-rates-national.htm