**Statement of Commitment**

Company Name is committed to doing our best to provide outstanding safety and health protection to our employees through management systems and employee involvement. We are also committed 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 onsite. 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
* The 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.

As requested, this is our Star Annual Report with all required information, submitted prior to February 15, 2021.

We recognize that 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.

Facility/Worksite Management Signatures Date

***I authorize the above electronic signature as my official signature.***

###### A. Company Information

Provide current worksite information with or without any changes from last year. If a section is not relevant for your worksite, indicate by identifying as not applicable. Information from Section A may be posted on the [Star Program Participants](https://www.labor.communications.its.state.nc.us/OSHPublic/ETTA/class_regist/starListAll.cfm?) website.

* **Company Name:** Click or tap here to enter text.

Physical Address: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Fax Number: Click or tap here to enter text.

* **Industry NAICS Code:** Click or tap here to enter text.

Worksite NAICS Code (if multiple apply): Click or tap here to enter text.

* **Facility/Worksite Manager**   
  Name and Title: Click or tap here to enter text.  
  Email Address: Click or tap here to enter text.

Direct Phone Number: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.

* **Worksite Star Program Contact**   
  Title: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.

* **Corporate Contact Information**   
  Name and Title: Click or tap here to enter text.  
  Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

* **Current active Special Star Team Member (SSTM) Name(s) / Email Address(es):**  
  Click or tap here to enter text.  
  Click or tap here to enter text.   
  Click or tap here to enter text.
* **Number of company employees (Building Star – include all NC employees):** Number
* **Normal operation hours with identified shifts:** Click or tap here to enter text.
* **Identify total number of the following external personnel:**

Resident Contractors: Number Number of. Employees: Number

Temporary Agencies: Number Number of. Employees: Number  
Separate Entity Contractors: Number Number of. Employees: Number

**Building Star** – only include Resident Contractors and Temporary Agencies (if applicable)

*\* Resident Contractor(s) - those who receive supervision directly from Host Company who  
 are onsite 500+ hours any quarter.*

*\* Separate Entity Contractor(s) - those who perform, oversee, and directly supervise all of  
 their own work independent of the host owners and are onsite 500+ hours any quarter.*

**B. Union Representative Information**

Provide information for all recognized collective bargaining units and agents onsite with or without changes from last year.  ***Check Box if not applicable.***

* Union Name: Click or tap here to enter text.
* Local #: Click or tap here to enter text.
* Worksite Representative: Click or tap here to enter text.
* Mailing Address: Click or tap here to enter text.
* Telephone Number: Click or tap here to enter text.
* Fax Number: Click or tap here to enter text.
* Email Address: Click or tap here to enter text.
* Provide Statement of Commitment in separate document.

**C. Safety and Health Goals, Objectives, and Performance**

Provide a summary for the worksite on the following goals, objectives and performance measurements.

1. Identify 2020 goals that were or were not achieved and list of tasks/activities conducted to achieve goals.

Click or tap here to enter text.

1. Summary of overall safety performance for 2020 and impact.

Click or tap here to enter text.

1. 2021 goals and objectives; to include the identification of activities planned to achieve these goals and objectives.

Click or tap here to enter text.

Include any Significant Events and Changes that have occurred over the past year. ***Check Box if not applicable for Significant Events*  or *Significant Changes***

1. **Significant Events**: Discuss any major events such as OSHA inspections involving fatalities, accidents, catastrophes, complaints, imminent danger situations, etc. 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 than three significant events, provide on separate document and submit with this form.

* Explain Event(s): Click or tap here to enter text.
* List Findings/Recommendations: Click or tap here to enter text.
* List Corrective Actions: Click or tap here to enter text.
* Explain Event(s): Click or tap here to enter text.
* List Findings/Recommendations: Click or tap here to enter text.
* List Corrective Actions: Click or tap here to enter text.
* Explain Event(s): Click or tap here to enter text.
* List Findings/Recommendations: Click or tap here to enter text.
* List Corrective Actions: Click or tap here to enter text.

1. **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 (operations/processes, equipment, etc.). If the company has more than three significant changes, provide this information on a separate document and submit with this form.   
   * + Explain Change(s) and Reason for Change: Click or tap here to enter text.
     + Impact of Change on Safety and Health Management System and/or Operating Procedures: Click or tap here to enter text.
     + Time Period (Permanent or Temporary): Click or tap here to enter text.
     + Explain Change(s) and Reason for Change: Click or tap here to enter text.
     + Impact of Change on Safety and Health Management System and/or Operating Procedures: Click or tap here to enter text.
     + Time Period (Permanent or Temporary): Click or tap here to enter text.
     + Explain Change(s) and Reason for Change: Click or tap here to enter text.
     + Impact of Change on Safety and Health Management System and/or Operating Procedures: Click or tap here to enter text.
     + Time Period (Permanent or Temporary): Click or tap here to enter text.

**D. Evaluation of the 18 NCDOL OSH Star Program Requirements**

Assess the effectiveness of each of the 18 requirements and their components. For each requirement, include description, effectiveness, responsible party and date completed or ongoing.

1. **Management Commitment and Leadership**   
   Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Accountability**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.  
Date Completed or Ongoing: Click or tap here to enter text.

1. **Disciplinary Program**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Injury and Illness Rates** (Include information in Section F)
2. **Employee Participation**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Self-Inspections**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Employee Hazard Reporting System**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Accident/Incident Investigation**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **JSA/Process Reviews**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Safety and Health Training**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Preventive Maintenance**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Emergency Programs/Drills**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Health Program**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Personal Protective Equipment**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Safety and Health Staff Involved with Changes**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Contractor Safety**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Medical Program**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

1. **Resources**

Description: Click or tap here to enter text.

Effectiveness: Choose an item.

Responsible Party: Click or tap here to enter text.

Date Completed or Ongoing: Click or tap here to enter text.

**E. Injury and Illness Incident Rate Data**

Using the data from your Star worksite’s OSHA Form 300A for the past 3 years, complete the [Star Rate Calculator form](https://www.labor.nc.gov/star-program-rate-calculation) (click link to download form) and submit as an attachment.

**Note: Use most specific NAICS code up to 6 digits for BLS rate comparisons.  
Contact your Carolina Star Consultant if assistance is needed filling out the   
NCDOL OSH Star Injury and Illness Rate Calculation Worksheet.**

a) Explain the reason(s) for any decreases or increases in your rates.  
Include information about recordable injuries.

b) Explain the reason(s) for any increase or decreases in your near-misses and first aid reports.   
Include information about near-misses and first aids.

c) Include a summary of trend analysis, and actions planned to reverse any negative trends for rates, near-misses and first aid reports.  
Summarize recordable injuries, near-misses and first aids.

Include copies of your 2020 OSHA Form 300 and 300A.

**F. Process Safety Management (29 CFR 1910.119)**

***Check Box if not applicable***

This section is applicable **only** if you are covered by **29 CFR 1910.119**. Include a summarized description of onsite activities that were conducted by the worksite for the specific 14 elements that were performed at your facility during the previous year*.*

**14 Elements of PSM:**

1. Employee Participation: Click or tap here to enter text.
2. Process Safety Information (PSI): Click or tap here to enter text.
3. Process Hazard Analyses (PHA): Click or tap here to enter text.
4. Operating Procedures: Click or tap here to enter text.
5. Training: Click or tap here to enter text.
6. Contractors: Click or tap here to enter text.
7. Pre-Startup Safety Review: Click or tap here to enter text.
8. Mechanical Integrity: Click or tap here to enter text.
9. Hot Work Permits: Click or tap here to enter text.
10. Management of Change (MOC): Click or tap here to enter text.
11. Incident Investigations: Click or tap here to enter text.
12. Emergency Planning and Response: Click or tap here to enter text.
13. Compliance Audits: Click or tap here to enter text.
14. Trade Secrets: Click or tap here to enter text.

**G. Safety Incentive Programs**

***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 2020, include a **copy of the written program *OR* provide detailed information on the following:**

* An explanation of the safety incentive/reward/recognition program.  
  Click or tap here to enter text.
* Identify who may participate in the program and/or are eligible to receive incentive/reward/recognition.   
  Click or tap here to enter text.
* An explanation of the employee~~s~~’ participation requirements to receive an incentive/reward/recognition.   
  Click or tap here to enter text.
* Is the Safety Incentive program impacted by the occurrence of a reported injury/illness?  
  Click or tap here to enter text.

**H. Success Stories and Best Practices**

Describe, in detail, any safety and health related success stories. This provides an opportunity to showcase your internal successes (i.e., newly implemented safety and health processes, safety and health committees), as well as, externally to include awards and certifications.

Click or tap here to enter text.

*Please identify if NCDOL has permission to publicly share your Success Stories and Best Practices by checking which box is applicable* ***YES*  *NO***

**I. Mentoring Efforts**

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.  
Click or tap here to enter text.

**J. Carolina Star Safety Conference and Regional Team Participation**

Due to COVID-19, the Carolina Star Safety Conference was not held in 2020.   
Describe your worksite’s attendance at Regional Team meetings.   
Click or tap here to enter text.

**K. Workers’ Compensation Information**

***Check Box if not applicable.***

Please 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.

Click or tap here to enter text.

**L. Injury and Illness Rate Reduction Plan and/or Additional Findings**

***Check Box if not applicable Injury Illness Rate Reduction Plan or*  *Additional Findings***

**Injury Illness Rate Reduction Plan (IIRP)** - A strategy employed whenever a Star worksite Total Recordable Case rate and/or Days Away, Restricted, or Transferred rate does not meet the requirements of Carolina Star designation. If applicable, summarize the information from your 2020 IIRRP progress.

Click or tap here to enter text.

**Additional Findings** - Effective October 2017, Star Evaluations 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.

Click or tap here to enter text.

**Optional – Additional Information that you would like to share:**Click or tap here to enter text.