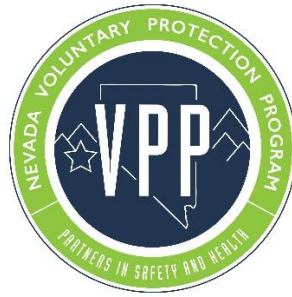


Nevada

Voluntary Protection Program

VPP Program Application Format



To: All VPP Applicants

From: Stephen Rodgers, Nevada VPP Manager

Subject: Voluntary Protection Program Application Format

Thank you for your interest in applying for the Nevada Voluntary Protection Program. The attached document outlines the individual items of information and the required format for the VPP application. Your VPP application must be submitted in the required format. All items must be numbered, lettered and titled in the required format. **Applications not submitted in the required format will be returned.**

The application documents must also be submitted in an electronic format to SCATS in MS Word and a PDF format with signed assurances.

All VPP elements must have been in place and functioning for 12 months at the time of the onsite visit.

If you have any additional questions, please call me.

Stephen Rodgers
VPP Manager/Nevada SCATS
(702) 486-9150

State of Nevada
Safety Consultation and Training Section
VPP Application
TABLE OF CONTENTS

General Information

- 1 Company Name, address and contact information.
Site Manager and contact information
Site VPP Contact and contact information
- 2 Corporation Name, address and contact information.
Corporate VPP contact information (if applicable)
- 3 Union Information (each union listed separately)
- 4 Number of Employees (regular, temporary and contract)
- 5 Type of Work Performed and Products Produced
- 6 Industry NAICS code
- 7 Injury and Illness Performance (Total Case Injury Rates -
TCIR and Days Away Restricted or Transferred - DART).

Employee Support for VPP Participation. Explain how employees support the company safety effort for VPP participation.

- 8 Unionized Workforce. A signed commitment for VPP participation each union represented at your place of employment.
- 9 Non-union Sites. Verified through employee interviews during the on-site evaluation.
- 10 Assurances. Management commitment and assurance statements required in the application must be signed and must include all of the following:
 - (a) Compliance.
 - (b) Correction of Deficiencies.
 - (c) VPP Elements.
 - (d) VPP Orientation.
 - (e) Protection from Discrimination.

- (f) Employee Access to Information.
- (g) Documentation.
- (h) Annual Submissions.
- (i) Organizational Changes.
- (j) Union Representation Changes.

11 VPP Safety and Health Management System.

12 Management Leadership and Employee Involvement.

- a) Commitment.
- b) Organization.
- c) Authority and Responsibility.
- d) Accountability.
- e) Resources.
- f) Goals and Planning.
- g) Self-Evaluation.
- h) Employee Involvement.
- i) Employee Notification.
- j) Contract Workers' Safety and Health.
- k) Site Map. Attach a site map or general layout.

13 Worksite Analysis.

- a) Baseline Hazard Analysis
- b) Hazard Analysis of Routine Jobs, Tasks, and Processes.

- c) Hazard Analysis of Significant Changes.
- d) Self-Inspections.
- e) Employee Reports of Hazards
- f) Accident and Incident Investigations
- g) Trend Analysis

14 Hazard Prevention and Control.

- a) Hierarchy of Controls
 - 1. Engineering Controls
 - 2. Administrative Controls
 - 3. Work Practice Controls
 - 4. Personal Protective Equipment
- b) Enforcement of Safety and Health Rules
- c) Preventative /Predictive Maintenance
- d) Occupational Health Care Program
- e) Emergency Preparedness

15 Safety and Health Training.

16 Injury and Illness Performance.

- a) Injury and Illness Rate Requirements
- b) Alternative Rate Calculation
- c) Table 1
- d) Table 2

TABLE 1. Site-based Recordable Nonfatal Injury and Illness Case Incidence Rates (non-construction)									
	A	B	C	D	E	F	G	H	I
Year	Total Work Hours	Total Number of Injuries	Total Number of Illnesses	Sum of Injuries and Illnesses	TCIR for Injuries and Illnesses	Total # of Injuries Involving DART	Total # of Illnesses Involving DART	Sum of Injury & Illness Cases Involving DART	DART Rate
3 Years Ago (annual)									
2 Years Ago (annual)									
Last Year (annual)									
3 Year Totals & Rates									
BLS Rates for NAICS code _____									
Year 1 (3 years ago)									
Year 2 (2 years ago)									
Year 3 (last year)									
Percent above or below BLS National Average									

