

2010 STEP APPLICATION FORM—Apply online at www.abc.org/stepapp

Detailed instructions on how to fill out the STEP application may be downloaded at www.abc.org/STEP/instructions.

SECTION 1: COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Chapter: _____

Contact Name: _____

Email: _____

This application and data: Represents entire company Represents specific location, dept. or div.

Is this IDENTICAL STEP application being submitted to other ABC chapters? Yes No

If Yes, which chapters? _____

Primary NAICS Code 23 (as entered in your OSHA 300A)

Work Type: Residential % Commercial % Industrial %

Percentage of work performed:

<100 miles of HQ % Within 101-250 miles % >250 miles %

Percentage of your contract work: Self-performed % Sub-Contracted %

SECTION 2: SAFETY PERFORMANCE DATA

Refer to your 2009 OSHA FORM 300A for items (a) through (h)

a. Total number of DEATHS (line G on the OSHA 300A)

b. Total number of CASES with days away from work (line H on the OSHA 300A)

c. Total number of CASES with job transfer/restriction (line I on the OSHA 300A)

d. Total number of OTHER RECORDABLE CASES (line J on the OSHA 300A)

e. Total number of DAYS away from work (line K on the OSHA 300A)

f. Total number of DAYS of job transfer or restriction (line L on the OSHA 300A)

g. Annual average number of employees (as entered in your OSHA 300A)

h. Total hours worked by all employees (as entered in your OSHA 300A)

Experience Modification Rate (EMR or "mod factor"— call insurance company)

Number of federal/state OSHA inspections in 2009

Number of Federal/State OSHA final citations issued (after settlements) in 2009

For calendar year 2007, 2008 or 2009 have you had any employee fatalities corporate-wide that resulted in an OSHA citation? Yes No

Length of safety orientation (in minutes)

Toolbox safety talks frequency: Daily Weekly Bi-weekly Monthly Other

Do you have a substance abuse program that includes a drug/alcohol screening process? Yes No

SECTION 3: 20 KEY COMPONENTS SAFETY SELF-ASSESSMENT

Use the enclosed self-assessment worksheet to calculate scores

A. Employer Involvement

B. Employer Policy Statement on Safety

C. Responsibility for Safety

D. Trailing Indicators

E. Resources for Safety

F. Safety Program Goal Setting

G. Employer Supervisory Meetings

H. Pre-planning for Jobsite Safety

I. Employee Participation

J. New employee Orientation

K. Safety Rules

L. Employee Safety Training

M. Toolbox Safety Meetings

N. Inspections

O. Supervisory Training Topics

P. Incident Investigation

Q. Use of Personal Protective Equipment (PPE)

R. Safety Program Performance Review

S. Substance Abuse Program

T. Recordkeeping & Documents

TOTAL

Are you part of ABC's AQC Program? Yes No

If applying for Platinum, initial here to confirm that you meet all qualification criteria: _____

SECTION 4: COMPANY AND ABC CHAPTER CERTIFICATION

Print Name: _____

Title: _____

Signature: _____

ABC Chapter Representative: _____

Signature: _____

STEP PLATINUM PAYMENT INFORMATION

Check box if you are including payment for STEP Platinum application - \$195 (\$40 extra per additional framed certificate, \$15 extra per unframed certificate)

Check enclosed (payable to ABC) Total \$

Number of certificates required (Platinum only)

Framed Unframed

For Credit Card payment go to www.abc.org/stepapp

All applicants MUST include a copy of their 2009 OSHA Form 300A with application. STEP Platinum applicants must also include a copy of their OSHA Form 300 with employee names removed.