APPENDIX A

AGREEMENT OF PARTICIPATION IN THE PARTNERSHIP BETWEEN

Associated Builders & Contractors, Keystone Chapter

The

U.S. Department of Labor
Occupational Safety and Health Administration
Harrisburg Area Office

And the

PA/OSHA Consultation Program at the
Indiana University of Pennsylvania

The United States Department of Labor Occupational Safety and Health Administration (OSHA), PA OSHA Consultation Program at Indiana University of PA (PA OSHA Consultation) and the Associated Builders and Contractors, Keystone Chapter (ABC Keystone) each recognize the importance of providing a safe and healthful work environment for Pennsylvania's workforce. To advance our goal, we strongly agree on the need to develop a working relationship that fosters trust and respect for each organization’s respective role in the safety process. We recognize and embrace the responsibilities inherent in those roles. We are committed to work as partners to achieve workplace safety.

The undersigned employer and ABC Keystone mutually recognize the importance of providing a safe and healthful work environment for their employees. To advance our goals, said member agrees with the criteria of the Partnership between OSHA’s Harrisburg, Allentown, Philadelphia and Wilkes-Barre Area Offices, PA OSHA Consultation and ABC Keystone.

Said member has read this partnership agreement in its entirety. In signing this agreement, said member agrees to all the conditions and terms of the partnership. Said member also agrees to the following:

1. Cooperate in the development and continuous improvement of safety training programs for their employees.
2. Ensure that safety policies and practices are effective and consistent.
3. Review members’ injury and illness experience, including TCIR and DART rates, and the focused four construction hazards, and activities conducted in support of the national safety week with the Partnership Steering Committee.
4. If selected for an onsite non-enforcement verification audit, will provide the opportunity for worker(s) to participate in the site evaluation.
5. Either party to the partnership may withdraw from the agreement at any time after submitting written notification of intent to the other partner.
INFORMATION AND SIGNATURE PAGE
FOR
PARTICIPATION AGREEMENT

Agreed to this day, _________________________, 201__

Employer Information:

Employer Name: _______________________________________________________

Address: ______________________________________________________________

City: __________________________ State: _______ Zip Code: ______________

Office Phone Number: __________________________

Office Fax Number: __________________________

Employer’s Primary Safety Contact:
___________________________________________________

Email: ________________________________________________

Employer’s Secondary Safety Contact:
___________________________________________________

Email: ________________________________________________

Employer Representative (if different than above):

_____________________________________________________

Signature: ____________________________________________
APPENDIX B
ABC Keystone / OSHA Partnership
Focus Four Injury and Training Data Collection

Employer: __________________________________________________________

Please list the number of OSHA 300 recordable injuries for Calendar Year 201_____ in each category (if none – please indicate 0):

Falls: _________  Caught-in: ________
Struck-by: _________  Electrical: ________

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Safety/Health Training (classroom, computer and/or toolbox topics) Information for Calendar Year 201_____:

Approx. Employee Safety Training Hours: ______________

Approx. Supervisor/Manager Safety Training Hours: ______________

Topics of Training:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Person Reporting Information/Data:

Name ___________________________ Position ___________________________

Please email or fax this information to:
OSHA – glacken.dale@dol.gov, fax (717) 782-3746, Attn: Dale Glacken
ABC Keystone Chapter – dave@abckeystone.org , fax 717-653-6431, Attn: G. David Sload