INTENTIONALLY BLANK
# TABLE OF CONTENTS OF PART III

I. THE DOE-VPP APPLICATION PROCESS ................................................................. 1
   A. Background ..................................................................................................... 1
   B. Instructions for Contractors Completing an Application .............................. 1
   C. Instructions for DOE Personnel Reviewing an Application ......................... 2
      1. Field Activities ......................................................................................... 2
      2. Program Office ......................................................................................... 2

II. APPLICATION MATERIALS .................................................................................. 3
   A. General Information .................................................................................... 3
   B. Management Leadership .............................................................................. 5
      1. Commitment ............................................................................................. 5
      2. Organization ............................................................................................ 6
      3. Responsibility ......................................................................................... 7
      4. Accountability .......................................................................................... 8
      5. Resources ............................................................................................... 9
      6. Planning ................................................................................................. 10
      7. Subcontractor Workers ........................................................................... 11
      8. Program Evaluation ............................................................................... 12
      9. Site Orientation ..................................................................................... 13
     10. Employee Notification ............................................................................. 14
   C. Employee Involvement .................................................................................. 15
      1. Degree and Manner of Involvement ......................................................... 15
      2. Safety and Health Committees ................................................................. 16
   D. Worksite Analysis ......................................................................................... 17
      1. Preuse/Prestartup Analysis .................................................................... 17
      2. Comprehensive Surveys ....................................................................... 18
      3. Self-Inspections .................................................................................... 19
      4. Routine Hazard Analysis .................................................................... 20
      5. Employee Reporting of Hazards ......................................................... 21
      6. Accident Investigations ...................................................................... 22
      7. Trend Analysis ..................................................................................... 23
### Table of Contents

**E. Hazard Prevention and Control** ................................. 24  
  1. Professional Expertise .................................................. 24  
  2. Safety and Health Rules ............................................... 25  
  3. Personal Protective Equipment ....................................... 26  
  4. Preventive Maintenance ............................................... 27  
  5. Emergency Preparedness ............................................. 28  
  6. Radiation Protection Program ....................................... 29  
  7. Medical Programs ...................................................... 30  
  8. List of Occupational Safety and Health Programs .......... 31  

**F. Safety and Health Training** ......................................... 32  
  1. Employees ................................................................. 32  
  2. Supervisors ............................................................... 33  
  3. Managers ................................................................. 34  

**G. Assurance of Commitment** ......................................... 35  
  1. Union Statement ....................................................... 35  
  2. Management Statement ............................................. 35  
  3. Withdrawal ............................................................. 36
DEPARTMENT OF ENERGY
VOLUNTARY PROTECTION PROGRAM

Part III: Application Guidelines

I. THE DOE-VPP APPLICATION PROCESS

A. Background

The Department of Energy (DOE) created the DOE Voluntary Protection Program (VPP) to recognize and encourage excellence in occupational safety and health protection.

This program closely parallels the Department of Labor’s Occupational Safety and Health Administration (OSHA) VPP, which was adopted on July 2, 1982. OSHA’s VPP has demonstrated that cooperative action among government, industry, and labor can achieve excellence in worker health and safety.

DOE-VPP identifies areas where DOE contractors and subcontractors can go beyond compliance with DOE Orders and OSHA standards. The program encourages the creative search for excellence through systematic approaches and cooperative efforts involving managers, employees, and DOE.

DOE-VPP is designed to apply to all contractors in the DOE complex and encompasses production facilities, research and development operations, and various subcontractors and support organizations. Requirements for participation are based on comprehensive management systems, with employees actively involved in anticipating, recognizing, evaluating, and controlling the potential health and safety hazards at the site.

In keeping with OSHA’s VPP philosophy, participation in DOE-VPP is strictly voluntary. Additionally, any participant may withdraw from the program at any time.

B. Instructions for Contractors Completing an Application

DOE contractors and subcontractors who wish to apply for DOE-VPP must submit a formal application, which describes how they meet the requirements. The current document, which constitutes an application notebook, has been created to facilitate the procedure by outlining the DOE-VPP application process (Chapter I) and providing guidance on assembling the application materials (Chapter II).

Chapter II is divided into a general information section and sections for each of the five major program elements of DOE-VPP: Management Leadership, Employee Involvement, Worksite Analysis, Hazard Prevention and Control, and Safety and Health Training. Each of the Gold Sheets cover one aspect of a program element. The sheets act as dividers and specify what information is required, what additional information may be included and what should not be included. Following the program elements section, the "Assurance of Commitment" section lists the assurance statements which are required in the application. The entire application must fit into a 3-inch binder. Alternatively, the application may be submitted electronically via portable media (e.g., CD/DVD-ROM) or through electronic mail. Applicants are encouraged to make use of electronic documents for transmittal and review.

- To avoid having an application returned, please follow the instructions stated below.
- Work closely with your DOE Field Activity during the assembly of your application package.
Place a cover on the notebook identifying your company name, the site, the date of submission, and the fact that this is a DOE-VPP application submission.

Review each Gold Sheet carefully and insert the required information directly behind that divider. Do not set up appendices; all documentation must go into the appropriate section. The purpose of the submittals is to demonstrate that appropriate systems are in place, not to provide all safety and health program documents. Information provided for previous Gold Sheets may be referenced rather than duplicated within the application.

- Sign each Gold Sheet after you have assembled all of the requested information;
- Submit the completed application to the designated reviewer in your DOE Field Activity. If there is no responsible Field Activity, the application should be submitted directly to the applicable Contracting Officer; and
- Respond to requests for clarification or additional information from the Area or Operations Office within ten working days.

C. Instructions for DOE Personnel Reviewing an Application

1. Field Activities
   - During the informal review phase, provide guidance to the contractor on the best way to demonstrate how its programs and procedures meet the DOE-VPP requirements.
   - Upon formal receipt of the application, notify a Headquarters DOE-VPP Coordinator (HS-12) at (301) 903-1007.
   - Review the documentation assembled in each section for accuracy and completeness.

It is recommended that the application review be completed within 20 working days of receipt. If necessary, request additional information from the applicant. The applicant should respond within ten working days.

Within ten working days of receiving any additional requested information, sign the appropriate line in the Reviewer Signature Blocks on the Gold Sheets, indicating agreement or disagreement, and forward the application and recommendation to the Operations Office Point of Contact.

It is recommended that the Field Activities application review process not exceed 40 working days.

2. Program Office
   - Review the completed application and, if there are no objections, sign the Program Office recommendation sheet found in the back of the application notebook.

If there are concerns, indicate them on the Program Office recommendation sheet and fax the sheet to the Field Activities. The Field Activities should respond within ten working days.
II. APPLICATION MATERIALS

A. General Information
The following information is required on all DOE-VPP applications:

- Organization Name
  - Address
  - Site Address (if different)
  - President/Director

- Site DOE-VPP Point of Contact
  - Title
  - Address
  - Phone Number
  - Organization’s Parent Company (if any)

- Corporate DOE-VPP Point of Contact (if applicable)
  - Title
  - Address
  - Phone Number

- Collective Bargaining Agent(s)
  - Address(es)
  - Phone Number(s)

- Number of Employees: This number should include subcontractor employees, if any.

- Type of Work Performed: Provide a description of the primary and secondary missions of your organization.

- Types of Hazards: Provide an overview of the typical hazards and hazard sources encountered in your workplace(s), e.g., explosives, highly hazardous chemicals, radiation hazards.

- North American Industry Classification System (NAICS) Code

  NAICS is a six-digit hierarchical coding system to classify all economic activity into twenty industry sectors. The applicant should identify the NAICS code that most closely relates to their business. If the NAICS Code is not known, the applicant should provide the most likely NAICS, or propose an alternative method for comparison subject to approval by HS-12.
Injury Incidence Rate or Total Recordable Case Rate

Provide separate rates for the applicant contractor and for the combined activities of all subcontractors involved in the operations covered by the application for each of the last three complete calendar years. Also provide the average for those years.

Total Recordable Case (TRC) Rate = \((N/EH) \times 200,000\)

Where:

- **N** = number of TRC's
- **EH** = total number of hours worked by all employees during the calendar year

To calculate averages for three complete calendar years, use the same formula as above, substituting the TRC rates for all three years for **N**, and dividing by the total number of hours worked during all three years.

Sites that have less than 200,000 employee hours during each calendar year may opt to use the best three of the previous four years to minimize the negative effect of normalizing the statistics. Sites opting to use this method should use the same three years for both TRC and DART calculations.

Days Away, Restricted, or Transferred (DART) Case Rate

Provide separate rates for the applicant contractor and for the combined activities of all subcontractors involved in the operations covered by the application for each of the last three complete calendar years. Also provide the average for those years.

Along with the TRC rate and DART case rate, provide the numbers used in the calculations: i.e., for each of the three years provide the number of hours worked, number of injuries, and number of DART case rates.

The DART case rate is calculated similarly to the TRC rate, except **N** equals only the number of DART cases.

Site Plan

Provide a site map or general plant layout. For larger sites, or multiple contractors' sites, please delineate respective areas of responsibility.
B. Management Leadership

1. Commitment

**Required Information**

- Provide a narrative describing the site’s management approach to the occupational safety and health policy.
- Describe the system in place for communicating the policy to all employees. Describe the system used to set goals and objectives.
- Describe how goals and objectives are communicated to all employees.
- Describe how top management is visibly involved in the safety and health program. Attach the current year’s goal and objectives.

**Additional Guidance**

- Attach the site’s occupational safety and health policy, goals, and objectives for current year. This section should not include specific safety and health programs, such as confined space entry, but rather the site’s overall occupational safety and health policy.
- Objectives should be aimed at specific areas of performance that can be measured or verified.
- Examples of management participation include an “open door” policy, participation in formal and informal inspections, participation in regular safety meetings, and insistence on accountability.

---

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature:______________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Organization

**Required Information**
- Provide a narrative describing how the site safety and health functions fit into the overall management organization.
- Attach the overall organizational chart.
- For larger sites, include a separate organizational chart for the safety and health functions.

**Additional Guidance**
- Names are not necessary on the organizational charts.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.
Applicant Signature: ____________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. **Responsibility**

*Required Information*

- Describe the assignment of line and staff safety and health responsibility. Attach previously established written material, such as job descriptions.

*Additional Guidance*

- Responsibility for safety and health at all levels should be clearly defined. Any examples of authority provided to responsible persons would be helpful.
4. Accountability

Required Information

- Describe the system used for holding line managers and supervisors accountable for safety and health and how that system is documented.

- Attach blank performance appraisal forms for managers and supervisors.

Additional Guidance

- Previously established written material, such as management objectives or performance evaluations for managers, supervisors, and employees, may be attached.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.
Applicant Signature: ______________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. **Resources**

*Required Information*

- Provide a narrative summary of personnel, equipment, budget, capital investments (if any), and other resources devoted to the safety and health program, including the radiological control program.

- Include the current fiscal year site budget and the percentage devoted to safety and health programs.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: 

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Planning

**Required Information**
- Describe how safety and health are a part of management planning.

**Additional Guidance**
- Portions of actual planning documents can be attached.

---

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. **Subcontractor Workers**

*Required Information*

- Describe how past performance in safety and health is taken into account in selecting subcontractors.

- Describe the methods used for oversight, coordination, and enforcement to ensure that the subcontractor safety and health program is adequate and is implemented properly. Specify site entry and exit procedures for subcontractors.

- Describe the programs for familiarizing and holding accountable all persons in subcontractor-controlled areas.

- Describe the means used to ensure prompt correction and/or control of hazards, however detected, under the subcontractor’s control.

- Describe the methods used to ensure that all injuries and illnesses occurring during work performed under your contract are recorded and submitted to you.

- Describe methods, such as monetary penalties and dismissal from the site, used to discourage willful or repeated noncompliance by subcontractors or their employees.

- Provide the number of resident subcontractors on the site.

*Additional Guidance*

- Include criteria for selecting subcontractors.

---

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ____________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Program Evaluation

Required Information

Safety and Health Program Evaluation

- Describe the safety and health program evaluation system.
- Provide a narrative describing how the safety and health objectives are evaluated annually and how recommendations from the annual program evaluation are integrated into safety and health objectives.
- Attach the current year’s goal and objectives.
- Attach a copy of the most recent annual evaluation of the entire safety and health program.

Rate Reduction Information (for applicants with rates above the industry average).

- Specify short-term and long-term strategies for reducing injury and illness rates to below the industry average; include specific methods.

Additional Guidance

- Ensure that the program evaluation follows the requirements set forth in Part I: Program Elements, i.e., it must be in narrative form and must address the five basic elements and all the sub-elements.
- Do not attach Tiger Team Assessments, Progress Assessments, Technical Safety Appraisals, or Corrective Action Plans. Checklists should not be submitted as demonstration of program evaluation.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ________________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. Site Orientation

*Required Information*

- Describe the program(s) for familiarizing and holding accountable all persons using the site, including vendors, consultants, students, and visiting scientists.

- Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

---

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. Employee Notification

Required Information
- Describe the methods used to ensure that all employees, including newly hired employees understand the following:
  - How the applicant implements Integrated Safety Management, including individual employees’ roles and responsibilities in that process.
  - Their role in the applicant's pursuit of DOE-VPP participation.

Additional Guidance
- Sections from orientation handbooks for new employees, posters, flyers, and bulletin board notices can be attached.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. Employee Involvement
   1. Degree and Manner of Involvement

   **Required Information**
   - Describe the ways in which employees are involved in the safety and health program.
   - Provide specific information about decision processes that employees affect, such as hazard analysis, accident investigation, safety and health training, or evaluation of the safety and health program. Also address the role of employees in problem resolution.

   **Additional Guidance**
   - Documents containing input from employees on any of the above items would be of value.
   - Any description or documentation of the results of employee participation, such as workplace changes or corrections, would be helpful.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: __________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Safety and Health Committees

Required Information *
- Date of committee inception
- Method of selecting employee members
- Name, job, and length of service of employee members
- Average length of service of employee members
- Description of committee meeting requirements:
  - Frequency
  - Quorum rules
  - Minutes
- Description of committee role
- Frequency and scope of committee inspections
- Procedures for inspecting entire worksite
- Role in accident investigation
- Role in employee hazard notification
- Description of hazard recognition training procedures (if covered under Safety and Health Training, indicate “see training”)
- Safety and health information accessible to and used by the committee.

Additional Guidance:
*Construction applicants must provide the above information. Non-construction applicants may also provide the information, if a safety and health committee is used. At least half of the members of construction committees must be bona fide employee representatives who work at the site, or hourly craft workers who are rotated through committee membership.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ____________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. Worksite Analysis

1. Preuse/Prestartup Analysis

*Required Information*

- Explain how new or significantly modified equipment, materials, processes, and facilities are analyzed for potential hazards prior to use.

*Additional Guidance*

- Documentation such as project design evaluations, preliminary hazard analyses, process hazard analyses, fault tree analyses, or management change forms may be attached.
- Analysis should include radiological hazards, if applicable. Construction firms may want to include phase hazard analyses.
- Do not include complete Safety Analysis Reports, Documented Safety Analyses, Integrated Safety Management System Verifications, or Operational Readiness Reviews. Summaries of findings and tables of contents from recent documents may be attached.
- Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ____________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Comprehensive Surveys

**Required Information**

- Describe the methods used for initial determination of safety and health hazards. Methods may include baseline industrial hygiene surveys, comprehensive safety surveys, radiological surveys/exposure mappings, and/or project safety reviews at the time of design.

- Provide evidence that the surveyors were qualified to perform the work.

**Additional Guidance**

- Do not attach entire surveys; executive summaries and tables of contents should be sufficient.

- Evidence that nationally recognized procedures are used for all sampling and analysis would be helpful.

- Industrial hygienists, safety professionals, health physicists, and specialists in occupational medicine are the professionals generally used on teams performing comprehensive surveys.
3. Self-Inspections

Required Information

- Describe the system used to conduct routine, general worksite safety and health inspections. Include schedules and types of inspections, the qualifications of those conducting the inspections, and how corrections are tracked.

- Describe how these inspections cover the entire site quarterly, through at least monthly assessments.*

Additional Guidance

- Include sample tracking forms.

- Samples of checklists used for self-inspections would be of value.

* For construction sites, safety and health inspections shall cover the entire worksite weekly; safety committee hazard inspections are conducted monthly.
4. **Routine Hazard Analysis**

*Required Information*

- State how the site reviews jobs, processes, and/or the interaction among activities to determine safe work procedures. Describe the frequency of these analyses and provide supporting documentation.

- Construction applicants must describe phase planning.

- Describe how results from analyses, such as job hazard analyses, are used in training employees to do their jobs safely and in planning and implementing the hazard correction and control program.

- If process hazard analyses are being conducted, describe how you decide which processes to analyze.

*Additional Guidance*

- Include procedures used in conducting job hazard analyses.

- Documentation showing that line personnel participate in job hazard analyses would be helpful.

- Include a list of any processes for which hazard analyses have been conducted and two or three examples of job hazard analyses.

- Risk Analysis is not synonymous with Hazard Analysis; hazard analysis must be performed before risk can be evaluated.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ________________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. Employee Reporting of Hazards

**Required Information**

- Describe how employees notify management when they observe conditions or practices that may pose safety and health hazards. Employees must have the option of submitting notification in writing. The reporting system must include protection from reprisal, timely and adequate response, and correction of identified hazards tracked to completion.

- Describe how "imminent danger" situations are reported by employees and handled by management.

- Describe the mechanism used by management to respond to employees. Describe how corrections are tracked.

**Additional Guidance**

- Forms or procedures, such as maintenance work orders or "stop" cards, may be attached.

- An actual tracking form following a hazard to correction would be valuable.

- Documentation of individual employees receiving timely and appropriate responses would be helpful.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ____________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Accident Investigations

**Required Information**

- Describe the system used to conduct accident and incident investigations.

- Describe training and/or guidance given to investigators; provide criteria used for deciding which accidents/incidents will be investigated; and describe how near-miss incidents are handled.

- Describe the “lessons learned” process being used at the site and demonstrate root cause analysis.

- Provide summary of findings or justifications of needs and status of corrective actions from any Type A or Type B accident investigations in the previous three years.

**Additional Guidance**

- Include a copy of a brief accident investigation report; however, do not include any DOE accident investigations. Type A and Type B accident reports should be referenced where applicable.

- Do not include supervisors' first reports of injury/illness.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: __________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. **Trend Analysis**

**Required Information**
- Describe the system(s) used to conduct trend analysis of all data generated under the safety and health program, including employee reports of hazards, hazard assessment data, radiological exposure data, and injury and illness experience data.
- Describe how the results of the trend analysis are disseminated and utilized by the line organizations.

**Additional Guidance**
- Attach a copy of a recent trend analysis; include recommendations if applicable.
- Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: __________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E. Hazard Prevention and Control

1. Professional Expertise

_Required Information_

- Provide details concerning the use of certified professionals, such as occupational medical personnel, health physicists, industrial hygienists, and safety professionals.

- Describe what services are available at the site; how these professionals integrate their services with each other; and how communication is maintained.

_Additional Guidance_

- References to the organizational charts may be appropriate to demonstrate where the various safety and health professions are found.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ______________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Safety and Health Rules

Required Information

- List the site's safety and health rules and attach a description of the disciplinary system used to enforce those rules. Demonstrate that the rules apply to and are communicated to all employees.

- Describe positive reinforcement system(s).

Additional Guidance

- Entire safety and health manuals are not appropriate here. It is acceptable to attach a table of contents from the manual, with pages that demonstrate the disciplinary system.

- Positive reinforcement may include such activities as:
  - Informal positive feedback;
  - Formal "one-on-one" feedback sessions; and
  - Rewards for desirable behavior. Award systems should recognize positive activities, rather than simply an absence of injuries.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ___________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. **Personal Protective Equipment**

*Required Information*
- Describe the requirements for the use of personal protective equipment and how the equipment is maintained and distributed.

*Additional Guidance*
- If respirators are used, attach the table of contents from the respirator program.

---

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: 

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Preventive Maintenance

**Required Information**
- Summarize and briefly describe the procedures used for the equipment preventive maintenance programs. Include information on scheduling, and describe how the maintenance timetable is followed.

**Additional Guidance**
- Examples of maintenance schedules are of value.
- Describe how computerization is used in the scheduling and tracking of preventive maintenance.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. Emergency Preparedness

**Required Information**

- Describe the company’s emergency planning and preparedness program. Include information on emergency or annual evacuation drills.

- Describe how credible scenarios are chosen for emergency drills and how they are related to site-specific hazards.

**Additional Guidance**

- Actual forms from training drills may be attached.

- Summary of findings and status of corrective actions from comprehensive emergency management program evaluations in the past three years should be included.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: 

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Radiation Protection Program

Required Information

- Summarize and briefly describe (2-3 pages) the procedures used for protecting employees from radiological hazards.

- Summarize any Notices of Violation or Enforcement Actions under 10 CFR 835 in the past three years, and provide current status of corrective actions.

Additional Guidance

- Some ALARA performance indicators may be useful, particularly collective dose, maximum individual dose, and number of contamination incidents for each of the previous three years.


- Checklists should not be submitted as demonstration of program evaluation.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: __________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. Medical Programs

Required Information

- Describe how the medical program is integrated with the safety and health program.

- Describe the availability of both onsite and offsite medical services and physicians. Indicate the coverage provided by employees trained in first aid, CPR, and other paramedical skills, and indicate what type of training they have received. Address coverage on all shifts.

- Describe how occupational health professionals are involved in routine hazard analysis, early recognition and treatment of illness and injury, and in limiting severity of harm.

- Describe how the site addresses specific programs - e.g., hearing conservation, fitness testing for respirators, bioassay and/or whole body counting, and other required medical testing - under OSHA and DOE standards, such as those for lead, asbestos, and HAZWOPER. Describe how the medical program interacts with the industrial hygiene, health physics, and safety programs.

Additional Guidance

- Individual medical tests should not be attached, although aggregated results may be included. Similarly, forms may be included, as long as there are no personal identifiers present.

- Describe the location and the accessibility of medical services. Maps, directions, and access times are valuable information, but are not required.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ____________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. **List of Occupational Safety and Health Programs**

**Required Information**
- List the occupational safety and health written programs that are in effect at your facility.
- Summarize findings, notices of violation, or enforcement actions related to 10 CFR 851, Integrated Safety Management evaluations or verifications within the past three years, as well as the status of corrective actions.

**Additional Guidance**
- Do not attach the programs themselves to this application. Only a list is required, but it should include document numbers that will facilitate identifying and retrieving the documents during the onsite visit.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ______________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
F. Safety and Health Training

1. Employees

**Required Information**

- Describe formal and informal safety and health training programs for employees. Specifically address how employees are taught to recognize the hazards of their jobs.
- Describe how often and in what way courses are evaluated and updated.
- Describe what types of testing are performed to ensure that employees retain course information.

**Additional Guidance**

- Sample course attendance lists and tracking methods may be attached.
- Address how employees receive safety training at the same time they are taught their jobs. Supporting documentation is helpful.
- A list of safety and health courses provided to employees would be helpful.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: 

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Supervisors

Required Information

- Describe formal and informal safety and health training for supervisors. Particular attention should be given to understanding hazards associated with a job; potential effects on employees; how to ensure through teaching and enforcement that employees follow rules, procedures, and work practices; and how to ensure that everyone knows what to do in emergencies.

Additional Guidance

- Sample course attendance lists and tracking methods may be attached.
- A list of safety and health courses provided to supervisors would be helpful.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ____________________________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Managers

**Required Information**
- Describe how all levels of managers are trained in their safety and health responsibilities.

**Additional Guidance**
- This training may be accomplished through informal means, e.g., staff meetings.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ____________________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
G. Assurance of Commitment

1. Union Statement.

If the site is unionized, the authorized collective bargaining agent(s) must sign a statement of support for the DOE-VPP application. The statement is included in the application before the DOE-VPP Team arrives on-site.


The assurance statements required in the application must include the following:

a. We are committed to doing our best to provide outstanding safety and health protection to our employees through management systems and employee involvement.

b. We are also committed to the achievement and maintenance of the Star Program requirements and to the goals and objectives of DOE-VPP.

c. We agree to provide the information listed below for DOE-VPP review onsite. We agree to retain these records until DOE communicates its decision regarding initial DOE-VPP participation. We will likewise retain comparable records for the period of DOE-VPP participation covered by each subsequent evaluation until DOE communicates its decision regarding continued approval.

- Written safety and health program.
- Injury and illnesses records for subcontractor workers in areas controlled by the participant contractor.
- Monitoring, sampling, and analysis records (where applicable).
- Medical records (which will be held confidential).
- Training records.
- Agreement between management and the collective bargaining agents(s) concerning the functions of the safety committee and its organization, where applicable.
- Minutes of each committee, where applicable.
- Committee inspection records, where applicable.
- Management inspection and accident investigation records.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: ________________________________

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• Records of notification of unsafe or unhealthful conditions received from employees and action taken, taking into account appropriate privacy concerns.

• Annual internal health and safety program evaluation reports.

d. In agreeing to make this information available to DOE, we understand that any materials we feel are classified, confidential, or revealing of trade secrets will be viewed by DOE on-site to avoid placing those materials in government files that are subject to Freedom of Information Act requests.

e. We agree to correct all hazards identified through any assessments, investigations, reports, or maintenance in a timely manner.

f. We agree that control of hazards will be implemented in the following order:
   • Process and/or material substitution
   • Engineered control
   • Administrative controls
   • Work rules
   • Operating procedures
   • Personal Protective Equipment

g. We will provide the results of self-audits, appraisals, assessments, and accident/incident investigations to our employees upon request.

h. Any employee who has safety related duties or who calls attention to safety related items will be protected from any reprisal or harassment resulting from these duties.

i. By February 15 of each year, we will provide DOE our annual TRC rates and DART case rates, hours worked, and estimated average employment for the past calendar year.

j. By an agreed-upon date, we will provide DOE our safety and health program evaluation.

k. We will notify employees about participation in DOE-VPP, their right to register a complaint with DOE, and their right to obtain self-inspection and accident investigation results upon request.

3. Withdrawal.

We understand that we may withdraw our participation at any time for any reason, should we so desire.

Applicant agrees that the required information is included and is correct to the best of his or her knowledge.

Applicant Signature: 

Reviewer Signature Block

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Agree</th>
<th>Disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headquarters DOE-VPP Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DOE VOLUNTARY PROTECTION PROGRAM RECOMMENDATION SIGNATURE SHEET

The following signature documents that this DOE-VPP formal application has been reviewed by the Program Office representative to ensure that the required information is included and that there are no objections to the content of the application.

_________________________________________  _____________________________
Program Office Representative                Date

_________________________________________
Mail stop