Lone Star
Safety Program
Application

Lone Star Safety Program

The Division of Workers' Compensation (DWC) Lone Star Safety Program recognizes Texas employers with exemplary safety and health management systems. Through this program, DWC certifies safe employers in Texas to provide peer review safety programs. Lone Star Safety Award recipients may be asked to provide help with safety or health programs and issues to other Texas employers, such as giving presentations to appropriate industry organizations, mentoring other employers, serving as a panel member for safety or health issues, or participation in the DWC annual Texas Safety Summit.

Nominations

Nominations may be made by:

1. An eligible employer for itself;
2. Workers' compensation insurance carriers;
3. Industry trade associations, labor organizations, or similar entities; or
4. DWC staff.

Eligibility

The Lone Star Safety Program is open to any Texas employer that:

- is covered by workers' compensation insurance;
- is not covered by workers' compensation insurance and has five or more employees;
- has at least one year of operating history;
- has injury rates below the national Bureau of Labor Statistics (BLS) average rates for their primary North American Industry Classification System (NAICS) code; and
- has not had a work-related fatality due to a safety program deficiency within the last twelve months.

Note: Employers that participate in the DWC Occupational Safety and Health Consultation (OSHCON) program and are recipients of the Safety and Health Achievement Recognition Program (SHARP) Award are automatically qualified for Lone Star Safety Program acceptance.

Benefits

Lone Star Safety Award recipients are:

- Publicly recognized at the DWC annual workplace safety and health conference;
- Given two free admissions to the DWC annual workplace safety and health conference;
- Given three free admissions to a DWC Regional Safety Summit of the employer's choice;
- Provided a digital award seal for inclusion on the employer's website, social media, marketing materials, and/or other media channels; and
- Presented with the Lone Star Safety Award certificate and banner at their worksite by a DWC representative, with a press release issued to local media and legislative offices.

Obligations of a Lone Star Safety Award Recipient

To facilitate sharing of best practices and safety successes, a Lone Star Safety Award recipient must agree, in writing, to provide one or more of the following services to DWC or other organizations as needed:

- Share model safety or health programs for peer review;
- Provide safety or health presentations at DWC events or to appropriate industry associations;
- Provide safety- or health-related help to peer organizations; or
- Serve as a panel member for safety or health issues.

Approval Process

Nominated employers must submit a completed Lone Star Safety Program application to the DWC for approval. If more than one worksite for an employer is being nominated, complete a separate application for each site. There is no charge for review of the application, or for approval under the Lone Star Safety Program. Qualified applicants will be visited by a representative of DWC who will review safety programs and conduct an evaluation of the physical workplace to validate the information contained in the application. If approved, the recognition will be valid for two years from date of approval and may be renewed by the submission of updated injury data and safety program information.

Application Exceptions: SHARP Award recipients that have had a site visit through OSHCON in the past 12 months only need to submit the signed Statement of Commitment found at the end of this application, and any other clarifying information as necessary. Multi-year SHARP Award recipients may require a site visit if one has not been conducted in the past 12 months.

Submissions

To apply, submit the following application along with supporting documentation to:

Texas Department of Insurance, Division of Workers' Compensation

Workplace Safety
Lone Star Safety Program MS 24
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1645
safetytraining@tdi.texas.gov
Fax (512) 804-4611

For more information, call (512) 804-4622.

Note: DWC reserves the right to deny applications or remove employers from membership in the Lone Star Safety Program at any time due to unforeseen circumstances or other issues not specifically identified as program approval/disapproval criteria.

Lone Star Safety Program Application

Complete all sections of the application for each nominated worksite. While a positive response to every item in Sections II - IX is not required, they should each be addressed. Innovative approaches to demonstrating the effectiveness of your safety and health management systems are encouraged. Where existing policies, guidelines, forms, etc., describe your programs, you may reference them in the appropriate section(s) of this application and attach those documents as appendices. Public sector applicants should describe best practices used in lieu of referenced OSHA requirements.

I. General Information

A. Company Information

1. Company Name
2. dba (if applicable)
3. FEIN
4. Mailing Address (Street or P.O. Box, City, State, Zip)
5. Physical Address (Street, City, State, Zip)
6. Type of Work Performed and/or Products Produced
7. Primary North American Industry Classification NAICS Code
8. Other NAICS Code(s)
9. Number of Employees
10. Number of Temporary Employees (if used routinely)
11. Workers' Compensation Insurance Carrier

B. Management Information

1. Name and Title of C.E.O./Highest ranking Company Official
2. Phone Number
3. Email

C. Point of Contact Information

1. Name and Title
2. Phone Number
3. Email

D. Collective Bargaining Information

1. Collective Bargaining Agent(s)
2. Physical and mailing address (es)
3. Phone number (s)
4. Email

E. Injury Logs:

Provide copies of injury logs for the period covered in items G thru H and for the current year to date.

F. Fatality Data:

Provide number of fatalities for the current year to date and each of the last three complete calendar years.

Fatalities	Current Calendar Year to Date 20	Last Calendar Year 20	Previous Calendar Year 20	3 Calendar Years Ago 20
Number of Fatalities				

If any fatalities occurred, describe the circumstances and root cause of each incident.

G. Total Recordable Cases Rates

Provide annual Total Recordable Case (TRC) rates for last three complete calendar years, and the average of all three years combined. Include national BLS rates for your primary NAICS Code for the last three years and the average of all three years combined. National BLS rates can be found at www.bls.gov.

The Incidence rate is calculated: N X 200,000 / EH where:

N is the total number of recordable injuries in one year from columns G, H, I, and J on the OSHA Form 300 Log of Work-Related Injuries and Illnesses and EH is the total hours worked by all of your employees in a given year (200,000 is a control number that represents 100 employees working 50 forty-hour work weeks per year).

For public sector applicants that do not maintain the OSHA Form 300 Log of Work-Related Injuries and Illnesses, use equivalent records to calculate rates.

TRC	Latest Available Calendar Year 20	Previous Calendar Year 20	2 Calendar Years Ago 20	3 Year Average
National Rate				
Employer Rate				

H. Days away, Restricted Duty, or Job Transferred Rates

Provide annual Days away, Restricted Duty, or Job Transferred (DART) Rate rates for last three complete calendar years, and the average of all three years combined. Include the national BLS rates for the last three years and the average of all three years combined. National BLS rates can be found at www.bls.gov.

The DART Rate is calculated with the same formula as the incidence rate but:

N is the total of columns H and I on the OSHA Form 300 Log of Work-Related Injuries and Illnesses.

For public sector applicants that do not maintain the OSHA Form 300 Log of Work-Related Injuries and Illnesses, use equivalent records to calculate rates.

DART	Latest Available Calendar Year 20	Previous Calendar Year 20	2 Calendar Years Ago 20	3 Year Average
National Rate				
Employer Rate				

Please answer the following questions and provide details about how they have been implemented in your workplace.

II. Hazard Detection

A. Has a comprehensive, baseline hazard survey been conducted within the past five years? What if any outside agencies have assisted your organization during this time (OSHCON, insurance loss control specialists, private safety consultants, trade association safety representatives)?

B. Are effective written safety and health self-inspections performed regularly against one or more inspection checklists?

C. Does an effective system for reporting hazards and tracking corrections exist?

D. Is change analysis performed whenever a change in facilities, equipment, materials or processes occurs?

E. Are work-related injuries and illnesses investigated for root causes
(i.e., workers' compensation claims, OSHA-recordable cases)?

F. Are critical incidents with lesser outcomes also investigated for root causes
(i.e. first aid cases, property damage incidents, and incidents with no visible outcomes)?

G. Please comment on the following items related to hazard communication:

H. Is a written Hazard Communication procedure in place?

I. Has a chemical census been performed for the facility?

J. Have Safety Data Sheets been obtained for all chemicals?

K. Have Safety Data Sheets been analyzed?

L. Has a Master Chemical List been developed?

M. Have employees been trained on the Hazard Communication Program and the chemicals with which they work or to which they may be exposed?

N. Are effective job safety/hazard analyses performed for all jobs?

O. Has health testing (i.e., noise dosimetry and air sampling) been performed, where appropriate?

III. Hazard Prevention and Control

A. Are feasible engineering controls in place?

B. Are effective safety and health work rules in place and in force?

C. Are applicable OSHA-mandated written programs effectively in place?

Please comment on each of the following, if applicable
(Hazard Communication, Emergency Action Plans and Safety Policy are addressed elsewhere in this application):

1. Bloodborne Pathogens
2. Control of Hazardous Energy (Lockout/Tagout)
3. Confined Space
4. Excavation Safety
5. Fall Prevention
6. Fire Prevention
7. Hearing Conservation
8. Process Safety Management
9. Respiratory Protection
10. Scaffolding

D. Is personal protective equipment (PPE) effectively used?

Describe how the following are performed (if applicable):

1. A written PPE assessment
2. Selection, care and maintenance of PPE
3. Training of PPE users
4. Evaluation of PPE use and its effectiveness

E. Is housekeeping properly maintained, both inside and outside the facility?

F. Is the organization properly prepared for emergency situations?
Describe the availability of:

1. A written emergency plan which addresses internal emergencies, weather and other shelter-in-place emergencies, and external emergencies
2. Personnel prepared to assist with evacuations and other emergency response
3. Equipment for emergency response

G. Is there an effective plan for providing competent medical emergency care for employees and others at the facility?

H. Is effective preventive maintenance performed?

IV.   Planning and Evaluation

A. Are workplace injury/illness data effectively analyzed? Is this analysis limited to OSHA-300 cases, or does it include non-recordable cases including first aid cases?

B. Are written safety and health goals and metrics in place?

C. Are written safety and health policies and procedures evaluated and/or updated at least annually?

D. Do safety and health programs apply equally to permanent and temporary employees, where temporary employees are used?

V. Administration and Supervision

A. Does the organization have a line-driven safety organization, with the CEO or ranking manager as chief safety officer?　　Are line managers and supervisors responsible for safety in their areas?

B. Is there a designated safety coordinator, whose job is to monitor the safety management system and to assist line personnel in carrying out their assigned safety tasks?　　Does this person perform safety on a full-time or part-time basis?

C. How are safety and health tasks assigned within the organization?

D. Is safety performance part of periodic performance evaluations? Is this done in writing?

E. Do individuals with assigned safety and health responsibilities have the authority to carry them out?

F. Do individuals with assigned safety and health responsibilities have the resources to carry them out?

G. Does the organization have an overall safety and health policy in place, supported by appropriate written procedures?　　Please furnish a copy of the policy and a table of contents of the safety manual.

VI. Safety and Health Training

A. Do all employees (permanent and temporary) receive appropriate safety and health training?　　In your comment, consider OSHA-mandated training areas including but not limited to fire extinguishers, hazard communication, lockout/tagout, respirators, forklifts and bloodborne pathogens. Also consider non-mandatory areas such as incident investigations and safety audits and inspections.

B. Does new employee orientation cover appropriate safety topics, including at a minimum the facility evacuation plan, hazard communication, the organization's safety policies and philosophies, and safety and health rules new employees are expected to follow?

C. Do supervisors receive appropriate safety and health training? Please explain steps taken to ensure that supervisors have a higher level of safety knowledge than their direct reports.

D. Do managers receive safety and health training?

E. To what extent do managers and supervisors deliver safety training to other employees?

F. Is the Safety Coordinator sent to at least one outside training course per year?
(This could include attending an outside training course brought to the workplace.)

VII. Management Leadership

A. Does top management policy establish safety as a core value of the organization?

B. Do managers and supervisors follow the organization's safety and health rules?
   How does it monitor/measure this?

C. Is top management involved in the planning and evaluation of safety and health performance?

D. Does management allocate the resources needed to properly support the organization's safety and health program?

VIII. Employee Involvement

A. List the ways employees are involved in your safety and health program.
   Provide specific information about decision processes that employee's impact, such as hazard assessment, work analysis, safety and health training or evaluation of the safety and health program.

B. If you have a safety and health committee, complete the following information where applicable:
   1. Method of selecting each committee member
   2. Description of committee meeting requirements
   3. Description of committee role
   4. List safety and health information accessible to and used by committee

C. Do employees have the ability/authority to stop work if unsafe working conditions exist?

IX. Other Policies

A. Is there a formal or informal return-to-work policy?
B. Is there an occupational driving safety policy (if employees operate motor vehicles)?
C. Is there a drug-free workplace policy?

X. Statement of Commitment

The following Statement of Commitment must be signed and returned with the application.

Statement of Commitment

We are committed to doing our best to provide outstanding health and safety protection to our employees. We are also committed to making Texas workplaces safer and healthier. We agree to provide one or more of the following services to other Texas employers and organizations if requested by the Texas Department of Insurance, Division of Workers' Compensation (DWC):

1. Share model safety or health programs for peer review;
2. Provide safety or health presentations at DWC events or to appropriate industry associations;
3. Provide safety - or health-related help to peer organizations; or
4. Serve as a panel member for safety or health issues.

_____

Employer Name

_____

Signature of Employer Representative

_____

Date

_____

Printed Name of Employer Representative