

Sustainable Construction Safety and Health (SCSH) Rating System

PROJECT EVALUATION FORM

The following questions are aimed at identifying the importance given to construction safety and health and the degree of implementation of safety and health elements on a particular project. The safety and health efforts of the four primary parties on a project (owner, designer, general contractor, and subcontractors) are included in this survey. Information requested in this questionnaire is specifically focused on **one current or recently completed project**. For most questions, there is only one answer to enter, however in some cases a short, written response is requested. The responses will be used to rate the project using the SCSH rating system at www.sustainablesafetyandhealth.org.

Project Name:

Owner:

Architect:

Builder:

Project Location:

Project Description:

PROJECT INFORMATION

Did the project have a zero injury goal? Yes No

What is the nature of the project (e.g., education, healthcare, highway, residential, etc.)?

What is the type of project (e.g., new construction, renovation, decommissioning, etc.)?

What is the total estimated cost of construction of the project? \$ million

What type of project delivery method was used on this project (e.g., design-bid-build, design-build, CM-at-risk, etc.)?

How many subcontracts have been awarded on the project?

Is the owner a public or private entity?

Is this primarily a union shop or merit (open) shop project?

If a building, what is the total square footage of the project?

If a building, how many stories are in the building?

How many workers are/were on the project?

What is the current percent of completion for the project?

On what date did the construction work begin?

What is the total duration for the project (construction only)? months

Is this project undertaken under an owner-controlled insurance program (OCIP) or Contractor Controlled Insurance Program (CCIP)? If so, which type of program?

SAFETY PERFORMANCE

How many worker-hours have been expended on this project? _____ hours

How many injuries have been recorded on this project?

- OSHA recordable
- Lost workday
- First aid only

How many near misses have been experienced on this project?

How many soft tissue or musculoskeletal disorders have been experienced on this project?

How many property damage only incidents have been experienced on this project?

PROJECT TEAM SELECTION

Constructor selection

During the owner's selection of the constructor, was safety performance a factor in the prequalification process? Yes No

If yes, what measures were used to compare the safety performance of different contractors? (Please check all that apply and specify any specific criteria on these metrics)

- Experience Modification Rating (EMR) of the contractor, should be less than _____
- OSHA recordable injury rate of the contractor, should be less than _____
- Number of OSHA citations, should be less than _____ in the past _____ years
- Personal interview/knowledge of the contractor's safety performance
- Review of the overall safety program of the contractor
- Claims rate of the contractor, should be less than _____
- Qualifications of the safety staff
- Other (please specify): _____

Subcontractor selection

During the selection of subcontractors, was safety performance a factor in the prequalification process? Yes No

If yes, what measures were used to compare the safety performance of different subcontractors? (Please check all that apply and specify any specific criteria on these metrics)

- Experience Modification Rating (EMR) of the contractor, should be less than _____
- OSHA recordable injury rate of the contractor, should be less than _____
- Number of OSHA citations, should be less than _____ in the past _____ years
- Personal interview/knowledge of the contractor's safety performance
- Review of the overall safety program of the contractor
- Claims rate of the contractor, should be less than _____
- Qualifications of the safety staff
- Other (please specify): _____

Designer selection

During the owner's selection of the designer, was construction safety a factor in the selection process?

Yes No

If yes, what measures were used to compare different designers? (Please check all that apply and specify any specific criteria on these metrics)

- Past safety experience of designer
- Safety knowledge of the designer
- Willingness to incorporate safety during conceptual and design stages
- Personal interview/knowledge of the designer's past safety performance
- Other (please specify):

SAFETY REQUIREMENTS IN CONTRACTSSafety requirements

What safety requirements were specifically included in the construction contract?

- Contractor must place at least one full-time safety representative on the project.
- Contractor must implement a drug and alcohol testing program.
- Contractor must provide safety orientation and site-specific training to all workers.
- Contractor must record, investigate, and report near misses.
- Contractor must submit a site specific safety plan for the owner's approval.
- Contractor must submit a safety policy signed by its CEO.
- Contractor must conduct pre-bid, award, and construction meetings with subs.
- Contractor must comply with the local, state, and federal safety regulations.
- Contractor must submit the résumés of key safety personnel for the owner's approval.
- Contractor must report all lost time injuries to the owner.
- Contractor must report all OSHA recordable injuries to the owner.
- Contractor must include owner personnel in coordination meetings.
- Contractor must implement a permit system when performing hazardous activities.
- Other (please specify):

Construction hazard recognition

Were safety and health hazards identified in the construction drawings? Yes No

If yes, how detailed was the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Specification of less harmful materials

Was specification of less hazardous materials considered/specified? Yes No

If yes, how detailed was the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

SAFETY PERSONNELCompetent person

Was a competent person assigned to all high hazard tasks? Yes No

Was this requirement on top of OSHA standards? Yes No

If yes, what tasks, other than those required by OSHA, had competent personnel?

Owner safety representative

Did the owner assign an owner safety representative to this project? Yes No

Was the representative full time or part time? Full-time Part-time

Did this person have any responsibility on other projects? Yes No

What are the representative's qualifications?

Education

Certification

Work experience

Constructor safety representative

Did the constructor assign a safety representative for this project? Yes No

Was the representative full time or part time? Full-time Part-time

Did this person have any responsibility on other projects? Yes No

What are representative's qualifications?

Education

Certification

Work experience

Were there minimum qualifications for the safety staff? Yes No

If yes, what were the qualifications?

Subcontractor safety representative

Did the subcontractors assign a full-time/part-time safety representative for the project? Yes No

If yes, what percent of the subcontractors' safety representatives assigned to the project were:

Full-time

%

Part-time

%

SAFETY AND HEALTH COMMITMENT

Contractor management commitment to safety and health

Was there a specific mission statement for this project from the constructors and subs? Yes No

If yes, was safety mentioned in it? Yes No

Was safety addressed in all top management meetings? Yes No

Did top management participate in job site walks at least monthly? Yes No

Did top management participate in accident investigations? Yes No

Did top management review the project safety plan? Yes No

Describe any other management activities related to worker safety and health:

Owner commitment to safety and health

Is there a specific mission statement for this project from the owner? Yes No

If yes, is safety mentioned in it? Yes No

Did owner personnel participate in site safety meetings? Yes No

Did owner personnel participate in job site walks at least monthly? Yes No

Did owner personnel participate in accident investigations? Yes No

Did owner personnel review the project safety plan? Yes No

Did the owner allocate any specific amount of funds to promote project safety? Yes No

Did owner personnel participate in safety orientations? Yes No

Did the owner have a site project safety incentive program? Yes No

Did the owner require all employees to undergo orientation? Yes No

Did the owner consider itself accountable for injuries sustained by the employees of the construction contractor? Yes No

Describe other owner/owner personnel activities that indicate commitment to safety and health:

SAFETY AND HEALTH PLANNING

Conceptual planning phase

Was safety of workers considered during the project conceptual planning stage? Yes No

If yes, how detailed is the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Constructability review

Was a detailed constructability review conducted? Yes No

Was safety a part of the constructability review? Yes No

If yes, how detailed is the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Designing for construction worker safety and health

Was the designer familiar with the design for construction safety concept? Yes No

Was safety of construction workers considered during the design stage? Yes No

If yes, how detailed is the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Lifecycle safety design review

Was the designer familiar with the lifecycle safety concept? Yes No

Was safety of workers considered from a life cycle safety design perspective? Yes No

If yes, how detailed is the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Safety checklist for designers

Was the designer provided with a safety checklist? Yes No

Did the designer already have a safety hazard checklist from prior projects? Yes No

If yes, what are the contents of the checklist?

Did the designer use the checklist during the project design? Yes No

Constructor site specific safety plan

Did the project have a site-specific safety plan? Yes No

What are the contents of the plan? (Can we get a copy of the plan?)

If yes, how extensive is the plan, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Did the project owner review it? Yes No

Did the constructor's top management review it? Yes No

If yes, who within the construction firm reviewed the plan?

CEO Safety Director Project Manager Other (specify):

Subcontractor site specific safety plan

Did the project require all subcontractors to prepare a site-specific safety plan? Yes No

What were the contents of the plan? (Can we get a copy of the plan?)

If yes, how extensive is the plan, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Did the constructor review it? Yes No

Did the owner review it? Yes No

Job Hazard Analysis (JHA)

Were job hazard analyses performed prior to each major phase of work? Yes No

If yes, how extensive are the analyses, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Pre-task safety planning

Were pre-task plans prepared for work on the project? Yes No

If yes, how extensive are the plans, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Are workers required to be involved in pre-task safety planning prior to performing their work?

Yes No

When is the pre-task planning performed?

Who has the primary responsibility for pre-task planning?

What documents or resources are most often used for pre-task planning?

Look-ahead schedule

Were look-ahead schedules created during the project to avoid trade stacking? Yes No

If yes, how extensive are the schedules, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Who does this task: Superintendent Safety professional Project Manager Other:

What type of schedule is used on this project?

Bar chart Critical Path Milestones Other (specify):

Traffic and lay down area plan

Was a traffic control and lay down area plan prepared as part of the project safety plan? Yes No

If yes, how extensive is the plan, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Good housekeeping with assigned responsibility

Was a detailed housekeeping plan prepared as part of the project safety plan? Yes No

If yes, how extensive is the plan, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

If yes, was a specific individual assigned responsibility for its implementation? Yes No

Personal Protective Equipment (PPE) and information

Were all workers required to wear PPE? Yes No

Was information on all required PPE made available to all workers? Yes No

What PPE was required to be worn by the workers at all times?

Hard hats Safety shoes Safety glasses Other (specify):

How does the company pay for the PPE?

Project budget Special corporate budget Special job safety allocation

TRAINING AND EDUCATION

Safety training for designers

Did the designers receive safety training? Yes No

If yes, what type of training did the designers receive?

Design for safety training General jobsite safety training

If no, are the designers already qualified in design for safety? Yes No

Safety orientation for all workers

Total number of workers on the project:

Total number of workers who participated in a safety orientation:

Did the workers get tested on the safety orientation? Yes No

Did project management personnel participate in the safety orientation? Yes No

Did owner representatives participate in the safety orientation? Yes No

What type of safety orientation did the new hires receive? None Formal Informal

Who conducted the orientations?

Safety training for all field supervisors

Total number of field supervisors on the project:

Total number of field supervisors who received OSHA 30-hour training and certification:

Did the foremen receive any type of safety training on this project? Yes No

Did the general foremen receive any type of safety training on this project? Yes No

Did the superintendent receive any type of safety training on this project? Yes No

Are the supervisory personnel required to attain a minimum OSHA 10-hour certification? Yes No

Are the supervisory personnel required to attain a minimum OSHA 30-hour certification? Yes No

Is there any other special requirement for the training of the supervisory personnel?

Safety training for all workers

Total number of workers on the project:

Total number of workers who received OSHA 10-hour training and certification:

Are the workers required to attain a minimum OSHA 10-hour certification? Yes No

Are there any other special requirements for the training of the employees?

Was there a formal safety training plan for the project? Yes No

Equipment operator skills and training

Are construction equipment operators' skills and training verified before they are allowed to operate equipment on site? Yes No

If yes, please mention how this is done:

Toolbox meetings

Were toolbox (safety) meetings held on the jobsite? Yes No

How often were the toolbox meetings held (daily, weekly, monthly, etc.)?

Were these meetings held at the crew level or do several crews attend the same meeting?

Did the subcontractors conduct their own safety meetings? Yes No

Continuous safety training for all project personnel

Was regular safety training given to the project personnel to maintain certifications, improve safety knowledge, and for specific hazards? Yes No

If yes, how many hours of training were offered to each person each month? hours

Constructors mentoring subs on safety and health

Were subs mentored by the constructors with regard to safety? Yes No

If yes, how frequent was the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Give some examples of such activities:

SAFETY AND HEALTH RESOURCESTask-based hazard exposure database

Was a detailed task-based hazard exposure database prepared and implemented? Yes No

If no, is there any similar kind of resource that helps workers during JHA/pre-task planning to know what are the common hazards associated with a particular task?

Did the project have a safety newsletter? Yes No

If yes, how often were the newsletters circulated?

DRUG AND ALCOHOL PROGRAM

Was there a substance abuse testing program on this project? Yes No

What types of testing were conducted?

Pre-employment Random Reasonable cause Post-accident Blanket testing Follow up

On pre-employment screening tests, what percent of applicants tested positive? %

On random tests:

What percent of the workforce is tested? %

How often are random tests conducted on average?

Typically, what percent of the random tests are positive? %

What was the project policy when a worker tests positive?

Were staff and salaried personnel also tested in these random tests? Yes No

ACCIDENT INVESTIGATION AND REPORTING

Accident and near miss investigation

Total number of accidents and near misses on the project:

Total number of accidents and near misses on the project that were investigated:

What types of accidents were investigated? Near miss OSHA recordable Lost work day

Other (specify):

Who conducted these accident investigations? Foreman Superintendent Project manager

Safety representative Other (specify):

How were the accidents investigated?

Is a JHA/pre-task plan used during the investigation? Yes No

If yes, total number of accidents and near misses for which JHAs/pre-task plans were used during the investigation?

Were the findings of the investigations considered in future JHAs/pre-task plans? Yes No

What happened after the investigations were completed?

Where was the report sent? Job file Home office Other (specify):

How is a near miss defined?

WORKER INVOLVEMENTWorker authority

Do the workers have the authority to stop hazardous work? Yes No

If yes, is there any document that describes this authority?

Safety committee

Was there a formal safety committee on the project? Yes No

Was there a safety committee exclusively for workers that is led by a worker or foreman? Yes No

Was there a committee among the worker committee leaders? Yes No

How often did the safety committee meet?

Total number of worker safety committee meetings held?

What percent of the meetings were held as scheduled during the project? %

How many workers were on the committee?

What is the purpose of this committee?

How were the workers selected to serve on the committee?

How were the committee leaders selected?

What was the formal authority of the committee?

Additional comments about the committee:

SAFETY INSPECTION

Who performed safety audits?	How often did they conduct the safety audits?
<input type="checkbox"/> Superintendent	
<input type="checkbox"/> GC safety representative	
<input type="checkbox"/> Sub safety representative	
<input type="checkbox"/> Owner safety representative	
<input type="checkbox"/> Foremen	
<input type="checkbox"/> Management personnel	
<input type="checkbox"/> General foremen	
<input type="checkbox"/> Insurance loss consultant	

Total number of safety violations identified and documented during the project audits?

Total number of safety violations corrected that were identified and documented during the project audits?

What is the latest time by which the violations should be corrected after being identified?

ACCOUNTABILITY AND PERFORMANCE MEASUREMENT

Was a job responsibility matrix establishing clear safety accountability and responsibility among the project team members created as part of the project? Yes No

Are the project supervisors evaluated based on safety performance on the project? Yes No

If yes, does this safety performance affect their career advancement/bonus?

Did the project use performance metrics to evaluate project safety performance? Yes No

If yes, what performance metrics were used?

- Number of OSHA violations identified during inspections
- Number of company violations identified during inspections
- OSHA recordable incident rate
- Lost workday incident rate
- Number of near misses
- Accident costs
- Timely investigation and report on accident investigations
- Claims rate
- Other (specify):

Did the owner evaluate the constructor based on safety performance? Yes No

Is the fee received from the owner dictated in part on the safety performance of the project?

Yes No

Contractually, what sanctions does the owner impose on a contractor for non-compliance with safety requirements? (Please check all that apply)

- A certain amount of money could be deducted from the payment earned by the contractor.
- Site work could be suspended until the contractor complies with safety requirements specified in the contract.
- The contract could be terminated.
- Other (please specify):

Did the constructor use the same sanctions with the subcontractors? Yes No

If no, what sanctions does the constructor impose on the subs for non-compliance with safety requirements?

INDUSTRIAL HYGIENE PRACTICES

Engineering controls

Were engineering controls considered for all health hazards? Yes No

If yes, how detailed was the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Please explain process and provide examples:

Hearing protection

Was a hearing protection plan created and implemented as part of the project safety plan? Yes No

If yes, how extensive was the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Respiratory protection

Was a respiratory protection plan created and implemented as part of the project safety plan?

Yes No

If yes, how extensive was the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Stretch and flex

Were workers required to perform stretching exercises at the start of the work shift each day?

Yes No

If yes, how extensive was the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Please explain process and provide examples:

Ergonomics

Were ergonomic task analyses performed as part of the project safety process? Yes No

If yes, how detailed was the process, rated on a scale from 1 to 5? (1 = Very low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very high) 1 2 3 4 5

Please explain process and provide examples:

OTHER QUESTIONS

Have OSHA consulting services ever been used on this project? Yes No

Has OSHA helped in any way on this project? Yes No

Please explain:

QUESTIONS FOR SAFETY MANAGER

1. Have you used the SCSH rating system on the project or for previous projects? If so, did you change the safety program on the project based on the SCSH website? Do you have any suggestions for improving the website?
2. Please review the safety elements included in the SCSH website (see following page). Are there any safety elements which you think are especially effective on projects which are **not** covered in the SCSH rating system?

ID	Credits Possible	SCSH Rating System Element	ID	Credits Possible	SCSH Rating System Element
	6.6	1. Project Team Selection	R	2.0	Element 6.2 - Safety Orientation for All Workers
R	2.3	Element 1.1 - Constructor Selection	E	2.0	Element 6.3 - Safety Training for All Field Supervisors
R	2.3	Element 1.2 - Subcontractor Selection	E	1.8	Element 6.4 - OSHA 10-hour Training for All Workers
E	2.0	Element 1.3 - Designer Selection	E	1.8	Element 6.5 - Equipment Operators Skills and Training Assessment
	5.5	2. Safety and Health in Contracts	E	1.8	Element 6.6 - Toolbox Meetings
R	2.2	Element 2.1 - Safety and Health Requirements in Contracts	E	2.0	Element 6.7 - Regular Safety Training for All Project Personnel
E	1.6	Element 2.2 - Safety & Health Hazard Identification in Drawings	E	1.9	Element 6.8 - Constructor Mentors Subs to Improve Safety Perform.
E	1.7	Element 2.3 - Specification of Less Hazardous Materials		1.8	7. Safety Resources
	8.1	3. Safety and Health Professionals	E	1.8	Element 7.1 - Task-based Hazard Exposure Database
R	2.4	Element 3.1 - Competent Personnel for All High Hazard Tasks		1.8	8. Drug and Alcohol Program
E	1.8	Element 3.2 - Owner Safety Representative	E	1.8	Element 8.1 - Drug and Alcohol Testing Program
E	2.0	Element 3.3 - Constructor Safety Representative		3.7	9. Accident Investigation and Reporting
E	1.9	Element 3.4 - Subcontractor Safety Representative	R	2.0	Element 9.1 - Accident and Near Miss Investigation
	4.3	4. Safety and Health Commitment	E	1.7	Element 9.2 - Accident and Near Miss Investigation with pre-task/JHA
R	2.3	Element 4.1 - Management Commitment to Safety and Health		4.2	10. Employee Involvement
R	2.0	Element 4.2 - Owner Rep Commitment to Safety and Health	R	2.3	Element 10.1 - Employee Empowered with Stop Authority
	27.8	5. Safety and Health Planning	E	1.9	Element 10.2 - Employee Safety Committee and Leadership Team
R	2.3	Element 5.1 - Safety & Health during Conceptual Planning Phase		3.8	11. Safety Inspection
R	2.3	Element 5.2 - Constructability Review	E	2.0	Element 11.1 - Safety Inspections
R	2.2	Element 5.3 - Designing for Worker Safety and Health	E	1.8	Element 11.2 - Safety Violations Identified and Corrected
R	2.0	Element 5.4 - Life Cycle Safety Design Review		8.0	12. Safety Accountability and Performance Measurement
R	2.1	Element 5.5 - Safety Checklist for Designers	R	2.4	Element 12.1 - Project Accountability and Responsibility
R	2.0	Element 5.6 - Constructor Site Specific Safety Plan	R	2.2	Element 12.2 - Supervisors Evaluated Based on Safety Performance
R	2.1	Element 5.7 - Subcontractor Site Specific Safety Plan	E	1.9	Element 12.3 - Safety Performance Evaluation Using Safety Metrics
R	2.3	Element 5.8 - Job Hazard Analysis	E	1.5	Element 12.4 - Contractor Evaluation Based on Safety Performance
R	2.3	Element 5.9 - Pre-task Planning		9.1	13. Industrial Hygiene Practices
R	2.1	Element 5.10 - Look Ahead Schedule	R	2.1	Element 13.1 - Engineering Controls for Health Hazards
R	2.1	Element 5.11 - On and Off Site Traffic Plan	E	1.6	Element 13.2 - Hearing Protection Program
R	2.2	Element 5.12 - Good Housekeeping Plan	E	1.9	Element 13.3 - Respiratory Protection Program
E	1.8	Element 5.13 - Personnel Protection Equipment (PPE) Plan	E	1.5	Element 13.4 - Stretch and Flex Program
	15.3	6. Training and Education	E	2.0	Element 13.5 - Ergonomic Task Analysis and Remediation
R	2.0	Element 6.1 - Safety Training for Designers			

R = Required element; E = Elective element

SCSH Ratings: ★ = All Required elements fulfilled; ★★ = All Required elements fulfilled and 55-60 total credits; ★★★ = All Required elements fulfilled and 61-75 total credits; ★★★★★ = All Required elements fulfilled and 76-90 total credits; ★★★★★★ = All Required elements fulfilled and 91-100 total credits