

**APPENDIX A
AGREEMENT OF PARTICIPIATION
IN THE PARTNERSHIP BETWEEN**

**Associated Builders & Contractors, Keystone Chapter
The
U.S. Department of Labor
Occupational Safety and Health Administration
Harrisburg Area Office
And the
PA/OSHA Consultation Program at the
Indiana University of Pennsylvania**

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

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

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

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

**INFORMATION AND SIGNATURE PAGE
FOR
PARTICIPATION AGREEMENT**

Agreed to this day, _____, 201_____

Employer Information:

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone Number: _____

Office Fax Number: _____

Employer's Primary Safety Contact:

Email: _____

Employer's Secondary Safety Contact:

Email: _____

Employer Representative (if different than above):

Signature: _____

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

Employer: _____

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

Falls: _____ Caught-in: _____

Struck-by: _____ Electrical: _____

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

Approx. Employee Safety Training Hours: _____

Approx. Supervisor/Manager Safety Training Hours: _____

Topics of Training:

Person Reporting Information/Data:

Name

Position

Please email or fax this information to:

OSHA – glacken.dale@dol.gov, fax (717) 782-3746, Attn: Dale Glacken

ABC Keystone Chapter – dave@abckeystone.org, fax 717-653-6431, Attn: G. David Sload