

MODIFIED APPENDIX B
ABC Keystone / OSHA Partnership
Data Collection for Partnership Year: _____

Employer: _____ **Date:** _____

North American Industrial Classification System ([NAICS](#)) code: _____

Standard Industrial [Code \(SIC\)](#): _____

STEP score: Participant, Bronze, Silver, Gold, Platinum and Diamond: _____

Safety Event: Did you participate in a nationally recognized safety event, such as:

Focus four campaign	Yes	No
Electrical (March):	<input type="checkbox"/>	<input type="checkbox"/>
Struck-by (April):	<input type="checkbox"/>	<input type="checkbox"/>
Falls (May):	<input type="checkbox"/>	<input type="checkbox"/>
Caught-in/Between (June):	<input type="checkbox"/>	<input type="checkbox"/>
Safe and sound week (August):	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Safety/Health Training Data: (classroom, computer, virtual and/or toolbox topics) Information for Calendar Year 20____(section 2a):

Number of workers trained: _____

Total training hours provided to all workers: _____

Number of supervisors/managers trained: _____

Total training hours provided to all supervisors/managers: _____

Topics of Training:

Consultation Visits (section 2b): Yes: No: How many: _____

Number of Self-inspections performed: _____

OSHA Enforcement Activity (section 2e) (if none – please indicate 0):

OSHA enforcement inspections, conducted: _____
OSHA enforcement inspections, in compliance: _____
OSHA enforcement inspection, with violations cited: _____
Number of citations classified as Serious, Repeat, and/or Willful: _____

Incident Data, OSHA 300, recordables injuries and illnesses for Calendar Year 20____ (section 3):

Number of hours worked by all employees: _____
Number of managers: _____
Number of employees: _____
Number of cases with days away from work (300 Log, column H): _____
Number of cases involving job transfer or restriction (300 Log, column I): _____
Number of other recordable cases (300 Log, column J): _____
TCIR rate (columns: H, I, J): _____ and DART rate (columns (H, I): _____
{Number * 200,000 / total manhours worked}

Focus Four Injury and Illness Data. List the number of OSHA 300 recordable injuries for Calendar Year 20____ in each category (if none – please indicate 0):

Falls: _____
Caught-in: _____
Struck-by: _____
Electrical: _____
Other: _____

Person Reporting Information/Data:

Name	Position
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Phone	Email
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Please email or fax this information to:
OSHA – glacken.dale@dol.gov, Attn: Dale Glacken
ABC Keystone Chapter, kevin@abckeystone.org, fax 717-653-6431, Attn: Kevin Keith

Section to be completed by ABC Keystone and OSHA during end of year summary.

STEP Score: _____
Participation in a Non-Enforcement Verification Audit: Yes No
Attended quarterly mentoring events: _____
Attendance at Safety Committee meetings: _____