Caltrans Construction Safety Award Program (CCSAP)

Safety Excellence Award Application

2023

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<https://dot.ca.gov/programs/construction/CCSAP>

### *Background*

CCSAP is an annual recognition of projects that emphasize safety by implementing best safe practices and best exemplify the principles of excellence in safety for a safer working environment. The purpose is to recognize all contract stakeholders (contractors, subcontractors, and Caltrans project staff) who exemplify best safe practices by going above the minimum contractual safety requirements and to acknowledge innovative safety measures including technology, work methods, use of products, and materials, moving towards safety improvements within construction work zones.

There are two annual safety awards that projects can apply for, the “Safety Excellence Award” and the “Safety Innovation Award”. The “Safety Excellence Award” recognizes project teams who show superior performance in safety and who go above the minimum safety requirements of the contract.

### *Eligibility*

All statewide major contracts either **ongoing (**75% progress payment by **June 30, 2022**) or **completed** (approved Proposed Final Estimate (PFE) or Interim PFE or exceptions to PFE where the work is completed, or contract items completed with the exception of plant establishment period) between
**July 1, 2021** and **June 30, 2022**.

A project may be nominated for both award categories. However, separate award applications are required. All applications for nominated projects to be submitted by **October 31, 2022**.

## *Recognition Levels*

Maximum possible score of 100 points. Award tiers correspond to the following total project scores
(from highest to lowest):

 I. Platinum Hardhat (90 – 100 points)

 II. Gold Hardhat (80 – 89 points)

 III. Silver Hardhat (70 – 79 points)

## *Criteria*

The “Safety Excellence Award” is judged on both objective and subjective criteria. Applications for ongoing projects will be scored by a panel assembled by the District CCSAP Coordinators including District Construction personnel and industry representatives. Applications for completed projects will be scored by a panel consisting of Headquarters Construction personnel and industry representatives.

## *Instructions*

1. Applications must be **TYPED** and each applicable section completed. Fill out a separate application for each nominated contract. If the same contract is applying for both awards, fill out the applicable application to nominate the contract for both awards. Applications are available on the CCSAP website at: [**https://dot.ca.gov/programs/construction/****CCSAP**](https://dot.ca.gov/programs/construction/CCSAP).
2. **There are three main criteria to be evaluated, Sections I, II and III, that total 100 maximum points.** Where applicable, the item that is labeled as “**Subjective Criteria”** will be scored by a panel. Describe the criteria item, and the word count shall be filled in for each criteria item as requested. The “word count” feature in Microsoft Word (under the tools menu) may be used to count words. The word count limit applies only to the text you have added in responding to the question. **Applications will be rejected if any word count exceeds the word count maximum allowed for the applicable criteria item**. It is required that your text used to answer each question be in bold Arial font size 12, and in color, such as **blue** or **red,** to help differentiate answers from questions.

3. All applications must be completed in Word format first, then be printed or saved as an

 Adobe PDF file to be signed in Adobe Acrobat by the Resident Engineer of the nominated

 project and the prime contractor equivalent in the “Application Submitted by” portion.

4. Attach the documents clearly named and specify what they are for to the application package in the same E-mail. E-mailed to the appropriate E-mail contacts in the instructions in step 5. File naming convention are as follows: section number, part number, then the description of the file, and finally the file extension (e.g. .jpg, .mp4, etc.). For example, **Section 1 Part e Tailgate Safety Meeting.jpg** (Space in the filename is allowed).

5. Adobe PDF application files are to be submitted by email with all the attachments (photos, documentation, etc.).Email the application files by **5:00 p.m. on** **October 31, 2022: No other form of delivery will be accepted (fax, U.S mail, internal mail, etc.):**

* **To nominate ongoing project**: Email each application with corresponding attachments (e.g. photos, documentation, etc.) to the email address of the CCSAP Coordinator in the district where the contract is administered.
* **To nominate completed project**: Email each application with corresponding attachments (e.g. photos, documentation, etc.) to the CCSAP Manager.
* The CCSAP contacts including their E-mails are posted at: <https://dot.ca.gov/programs/construction/ccsap/ccsap-contacts>
* **If the documentation files are too large to be attached in the same email, attach them in separate emails or contact the appropriate CCSAP Coordinator for access to the shared Filr folder to upload your files.**

6. Applications that do not follow the above rules and format will not be considered for

 awards.

7. The judging panel may request additional documentation as needed.

**Note:** **The judges look carefully at the responses to questions. Direct, pointed answers to questions are desired. Please do not leave out requested information as it affects the overall score. To support facts and to help the judges give you maximum credit, please attach and reference any related photos and documentation in each response and label each attachment with the question(s)/ section(s) it supports.**

|  |
| --- |
| **CONTRACT INFORMATION** |
| **Project Name:** | **Exactly the way you want it on the Award.** |
| **Project Description:** | (Describe the scope of work)  |
| **Location:**  |  |
| **District-EA:** |  |
|

|  |  |
| --- | --- |
| **Brief Description of Job Site:** | (Describe location and unique characteristics of the contract site) Maximum 75 words |
| **Project Type** |  Ongoing [ ]  Completed [ ]   |
| **Working Days (WDs)** | Number of WDs completed at the time of application submittal: \_\_\_\_\_ |
| Total Number of WDs of the project: \_\_\_\_\_ |
| **Attach a maximum of 5 Photos (For this section only)** |  Project Work Photos [ ]  Project Team Photos [ ]  Product / Material Photos [ ]  (e.g. photos in the work zone, photos of completed work, safety efforts, project teams in meetings, safety meetings, in safety training, etc.)  |

**Application Submitted By:** The undersigned nominate this project for consideration of the Safety Excellence Award.Caltrans signature Prime contractor signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<NAME>, Date <NAME> DateCaltrans, Resident Engineer <Organization and Title> |
| **Caltrans Senior Construction Engineer or** **Project Manager** | Name and Title:Address: Office Phone Number: Cell Phone Number: Email Address:  |
| **Prime Contractor Lead****(Superintendent / Safety Manager / Project Manager, etc.)** | Name and Title:Company:Address: Office Phone Number: Cell Phone Number: Email Address:  |
| **List any additional stakeholders, including subcontractors & vendors that significantly contribute/contributed to the safety effort. They will be invited to the award ceremony and receive an award certificate. Include an additional page as needed.** | Name and Title:Address Phone Number: Email Address: Name and Title:Address Phone Number: Email Address: |
| 1. **Safety performance that is measurable or was demonstrated during the project (50 Points Maximum)**
 |

1. The contract had zero fatality and recorded major injury to workers (contractor, subcontractor, consultants and all state employees, excluded the public). Verify from all sources that the contract had zero fatality and recorded major injury to workers (contractor, subcontractor, consultants, and state employees, excluding the public). **(3 Points)**

 [ ]  Yes **(3 pts)** or [ ]  No **(0 pt.)**

1. The contract had zero Cal/OSHA citation for safety related violation. Verify from all sources that the contract had zero Cal/OSHA citation for safety related violation. **(3 Points)**

[ ]  Yes **(3 pts)** or [ ]  No **(0 pt.)**

1. The contract had shut down time due to safety issues or incidents. **(3 Points)**

[ ]  Yes **(0 pts)** or [ ]  No **(3 pt.)**

1. The following criteria has 2 questions: **(6 Points)**
* Were project safety reviews performed on a regular basis and safety deficiencies corrected during the life of the project?

[ ]  Yes **(3 pts)** or [ ]  No **(0 pt.)**

* Was a job hazard analysis submitted as an informational submittal?

[ ]  Yes **(3 pts)** or [ ]  No **(0 pt.)**

1. Did Caltrans project field staff (e.g., Project Safety Coordinator or lead inspector) perform weekly safety inspections on Form CEM-0606, “Construction Safety Checklists”, at least 70% of the time, as required in the Construction Manual, Section 2-1, “Safety”? **(5 Points).** The Resident Engineer is to verify and acknowledge that at least 70% of the weekly safety inspections were conducted as required throughout the life of the project.

 [ ]  Yes **(5 pts)** or [ ]  No **(0 pt.)**

1. Quantitative proofs of safety culture and practices were demonstrated for this project. **(Subjective Criteria) (10 Points Maximum)**

Please describe proofs of safety culture and practices that were made during the life of the project. Examples including the following but not limited to:

* Great collaborative team effort made by all project members, joint and independent safety teams, friendly competition with collaborative votes by all project members, etc.
* Lesson learned from safety incidents, near misses, or close calls were discussed in tailgate /safety meetings and how changes were implemented into the project
* Safety Management System (e.g., any system to monitor and manage safety risk and occupational safety in the workplace, tracking of near misses or close calls and the trend throughout progress of the project, etc.)
* Did not sacrifice safety to save a “buck” (e.g., deploying the safest number of crews to do a task rather than the fewest number of crews, etc.)

 (Maximum of 500 words for Item F. Please provide photos and documentation clearly labeled

 *Section I. Item F* as attachments to the application package as needed.)

 **Word Count: \_\_\_\_\_**

1. Describe how an effective Injury and Illness Prevention Program (IIPP) was executed for this contract that resulted in a safer work zone and/or zero incident. Examples of effective IIPP includes but not limited to the following: **(Subjective Criteria) (10 Points Maximum)**
* A specific Code of Safe Practices was prepared for the project (from both prime contractor and Caltrans).
* Utilization of Job Hazard Analysis (JHA) & tracking of JHA for each item of work, and proactive corrective actions for unforeseeable hazards were made immediately or in a timely manner to address safety issues.
* Conducting safety stand-downs.

(Maximum of 500 words for Item G. Please provide photos and documentation clearly labeled *Section I, Item G* as attachments to the application package as needed.)

 **Word Count: \_\_\_\_\_\_**

1. Were positive safety culture and behaviors demonstrated by all team members (prime contractor, subcontractors, Caltrans)? For example, there was great collaborative team effort from all stakeholders **(Subjective Criteria) (10 Points Maximum)**

[ ]  Yes **(10 pts maximum in combination with the response below)** or [ ]  No **(0 pt.)**

If yes, describe the safety culture and behaviors (maximum 500 words). Please provide photos and documentation clearly labeled *Section I, Item H* as attachments to the application package as needed.

**Word Count: \_\_\_\_\_\_**

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| --- |
| 1. **Going above the requirements of safety specifications and regulations to improve and enhance safety in the work zone. (40 Points Maximum)**
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|  |

1. Describe the prime contractor's own incentive or program recognition for safety (e.g., contractor's own safety award program, recognition of good safety record or safety staff like Project Safety Coordinator, Superintendent, etc.) or reward attitude (e.g., from contractor: Quarterly basis - meet and assess project, give Most Valuable Player safety award, safety helmet stickers, measurement of contractor's management commitment to strong safety culture, etc.)
Maximum 500 words. Please provide photos and documentation clearly labeled *Section II, Item A* as attachments to the application package as needed (e.g., photos of awards, safety helmet stickers, etc.) **(Subjective Criteria) (10 Points Maximum):**

**Word Count: \_\_\_\_\_**

1. Was there a project safety coordinator or representative on the project?

[ ]  Yes or [ ]  No

If yes, briefly describe the contributions of this project safety coordinator or representative of how they went above the contractual safety requirements to make the job site safer. Maximum 150 words. **(4 Points)**

 **Word Count: \_\_\_\_\_**

Please provide the name and contact of the contractor’s project safety representative or coordinator:

* Name:
* Phone Number:
* Email Address:
1. Were there any enhancements or improvements to the implemented traffic control for the project? (e.g., full closure was implemented for shorter working days, additional flaggers were provided although they were not included in the contract bid package, etc.)? **(4 Points)**

 [ ]  Yes (**4 pts)** or [ ]  No **(0 pt.)**

If yes, please specify and briefly describe the traffic control enhancement (s) or improvement (s) (Maximum 150 words):

 **Word Count: \_\_\_\_\_**

1. Was the contractor's project safety representative or coordinator proactive in initiating and/or conducting project safety reviews and/or in discussing hazard control measures, preventative, or corrective actions? **(4 Points)**

[ ]  Yes (**4 pts)** or [ ]  No **(0 pt.)**

If yes, please describe. Maximum 150 words.

 **Word Count: \_\_\_\_\_**

1. Provide safety related training(s) above and beyond the minimum applicable regulation requirements to employees. This could be just frequency of the training (e.g., training was provided more often than required) or additional training was provided beyond applicable regulation requirements.

This is applicable to the prime contractor, subcontractors, and Caltrans. **(4 Points)**

[ ]  Yes **(4 pts)** or [ ]  No **(0 pt.)**

If yes, briefly describe the training below and submit documentation of training materials clearly labeled *Section II, Item E* as attachments of the application package.

 Describe the training(s) and how it(they) was/were conducted (Maximum 150 words):

 **Word Count: \_\_\_\_\_**

1. Excellent track record in conducting Toolbox or Tailgate Safety meetings, or equivalent, with employees (by prime contractor, subcontractors or Caltrans) not only regularly but also more often than the requirement (e.g., once a week) by Title 8, California Code of Regulations (CCR) Section 1509 (e) of at least once every 10 working days. **(3 Points)**

[ ]  Yes **(3 pts)** or [ ]  No **(0 pt.)**

If yes, submit documentation to show that these safety meeting were provided more often than required. For example, provide safety meeting forms or meeting notes that show at least two or more consecutive safety meeting were conducted more often than required (e.g., a meeting was conducted every week consecutively). Attach the documents clearly named and specified what they are for *clearly labeled Section II, Item F* as attachments of the application package.

1. Were any joint safety meetings such as Tailgate Safety Meeting or Safety Stand-down

 conducted for **all** workers of the contract (prime contractors, subcontractors’, consultants, and

 Caltrans) at least once? Provide documents for such joint safety meeting *clearly labeled Section II,*

*Item G* as attachments of the application package. **(3 Points)**

[ ]  Yes **(3 pts)** or [ ]  No **(0 pt.)**

1. A Partnering Charter was prepared with extra emphasis on safety, which changes project culture related to safety. **(4 Points)**

[ ]  Yes **(4 pts)** or [ ]  No **(0 pt.)**

If yes, describe how the Partnering Charter changes project culture related to safety and submit the Partnering Charter *clearly labeled Section II, Item H* as attachment of the application package. Maximum 150 words.

**Word Count: \_\_\_\_\_**

1. Was Cal/OSHA Consultation Services or any of Cal/OSHA branch or unit contacted or reached out for consultation? **(4 Points)**

[ ]  Yes **(4 pts)** or [ ]  No **(0 pt.)**

If yes is selected, briefly describe what was discussed with Cal/OSHA for consultation?

(Maximum 150 words):

**Word Count: \_\_\_\_\_**

 **Please proceed to the next page.**

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| --- |
| 1. **Why should this contract receive the Safety Excellence**

**Award? (Subjective Criteria) (10 Points Maximum)** |

**Maximum *500 words.* Photos can be included as attachments clearly labeled *Section III* but not counted.**

**Section III** **Word Count: \_\_\_\_\_**

***Caltrans Construction Safety Award Program (******CCSAP)***

***Safety Excellence Award
Applicant Survey***

The CCSAP Recognition Team is committed to continuous improvement. Your participation in this survey is voluntary. However, your feedback as our customer is extremely important. Please take a moment to complete this survey and **return it with your award application**. The information you provide will be used to improve next year’s CCSAP Recognition.

Please indicate your reaction to each of the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | StronglyAgree | Agree | No Comment | Disagree | StronglyDisagree |
| The CCSAP is making a difference in safety by motivating and encourage all staff to enhance safety in the work zone. | q | q | q | q | q |
| The CCSAP Safety Excellence Award Application was easy to understand.  | q | q | q | q | q |
| Due to the word count limit restriction in applicable section, there was enough space provided to provide the input. | q | q | q | q | q |
| Our contract team was given enough time to provide the requested information. | q | q | q | q | q |
| The CCSAP in my District/Division/Region is well advertised. | q | q | q | q | q |

Please add any additional comments you feel are appropriate to help us improve:

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Please offer your ideas for improving the CCSAP overall.

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Optional:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Please enclose this survey with Safety Excellence Award Application.**