



MNOSHA Partnership Application/Renewal Checklist

Level 1 Participant

Complete the 2022 ABC STEP application

Review level 1 agreement and ensure that your company meets all eligibility requirements.

Print, sign and date bottom of agreement

Complete and return annual activity report

Level 2 Participant

Complete the 2022 ABC STEP application

Review level 2 agreement and ensure that your company meets all eligibility requirements.

Print, sign and date bottom of agreement

Complete and return annual activity report

Submit a jobsite safety audit report completed by an approved third-party auditor

Please submit completed packets to ABC of MN/ND
Education Director, Tom Kennedy:

Tom.kennedy@mnabc.com



MN/ND ABC & MNOSHA Partnership – Level 1 Agreement

Summary of partnership requirements (See page 2 for descriptions of each item)	Level 1
1. Comprehensive safety and health program	
2. Safety and health program administrator	
3. New-employee orientation	
4. Weekly safety meetings	
5. Weekly site safety inspections	
6. Prohibited substance policy	
7. Six-foot fall-protection policy	
8. No willful/repeat violations within past three years	
9. No fatalities/catastrophes with violations within past three years	
10. Jobsite review by MN ABC representative(s)	
11. Employee involvement	
12. Submit annual activity report to MN ABC	

I, _____(company primary contact) with _____(company) agree to follow the above requirements for the MN/ND ABC & MNOSHA partnership.

Signature _____ Date _____

(ABC use only below this line)

ABC Safety Committee Representative Name _____

Signature _____ Date _____



- 1) Develop and implement a comprehensive written safety and health program based on the ANSI A10.38-2000 Guidelines or the OSHA 1989 Safety and Health Program Management Guidelines; it must include a written A Workplace Accident and Injury Reduction (AWAIR) program and Employee Right-to-Know (ERTK) program. The written program shall incorporate in its entirety 29 CFR 1926 Subpart C of the General Safety & Health Provisions. For the purpose of evaluating the implementation of safety programs for existing and prospective program participants, this program allows MN ABC designated representative(s) access to project sites throughout Minnesota. Coordination for visits will be made initially with the contractor's partnership contact and, thereafter, with the project superintendent and/or foreman.
- 2) Assign at least one *trained person* with responsibility for employee safety to administer the participant's safety and health program and to conduct documented safety and health inspections of ongoing work. A trained employee is one who has completed a 30-hour construction training course or safety training equivalent to the 30-hour course within the first 12 months of joining the partnership. Documented ongoing use of a safety consultant or MNOSHA Workplace Safety Consultation may satisfy this requirement.
- 3) Conduct an orientation of all new employees in the safety and health program of the company and show evidence of effective employee training for avoidance of hazards specific to the contractor's worksite(s); for example, pairing veteran workers (as mentors) with workers new to the construction industry.
- 4) Conduct and document weekly employee safety meetings.
- 5) Conduct and document site safety inspections. Site safety inspections must be conducted as often as needed to assure safety, but for the purposes of this partnership, audits must be documented on at least a weekly basis. The size of the job will dictate whether more frequent documentation is needed. This requirement applies to the general contractor, subcontractor and tier subcontractors.
- 6) Develop, implement and maintain a prohibited substance policy and testing program that complies with applicable laws, statutes and agreements. A state-licensed employee assistance program shall be available to any employee covered by the testing program.
- 7) Implement a six-foot fall-protection policy for work governed by OSHA Standards for Construction 1926, Subparts L, M and R.
- 8) Have no willful/repeat violations that became final in the past three years.
- 9) Have no fatalities or catastrophes within the past three years that resulted in serious or willful citations related to the incident.
- 10) Receive a jobsite review by MN ABC representatives.
- 11) Show documentation of employee involvement in the safety and health program. A safety committee, comprising company employees and management, or participation of employees in self-audits, site inspections, job hazard analysis, safety and health program reviews, safety training and incident near-miss or accident investigations would be acceptable.
12. Submit annual activity reports to MN ABC.



MN/ND ABC & MNOSHA Partnership – Level 2 Agreement

Summary of partnership requirements (See page 2 for descriptions of each item)	Level 2
1. Comprehensive safety and health program	
2. Safety and health program administrator	
3. New-employee orientation	
4. Weekly safety meetings	
5. Weekly site safety inspections	
6. Prohibited substance policy	
7. Six-foot fall-protection policy	
8. No willful violations within past three years	
9. No repeat violations within past three years	
10. No fatalities/catastrophes with violations within past three years	
11. Qualifying inspection by MN ABC representative(s)	
12. Employee involvement	
13. Incident rate below BLS (three-year average)	
14. OSHA 10-hour course for field supervisors	
15. Submit annual activity report to MN ABC	

I, _____ (company primary contact) with _____ (company) agree to follow the above requirements for the MN/ND ABC & MNOSHA partnership.

Signature _____

Date _____

(ABC use only below this line)

ABC Safety Committee Representative Name _____

Signature _____

Date _____



- 1) Develop and implement a comprehensive written safety and health program based on the ANSI A10.38-2000 Guidelines or the OSHA 1989 Safety and Health Program Management Guidelines; it must include a written A Workplace Accident and Injury Reduction (AWAIR) program and Employee Right-to-Know (ERTK) program. The written program shall incorporate in its entirety 29 CFR 1926 Subpart C of the General Safety & Health Provisions. For the purpose of evaluating the implementation of safety programs for existing and prospective program participants, this program allows MN ABC designated representative(s) access to project sites throughout Minnesota. Coordination for visits will be made initially with the contractor's partnership contact and, thereafter, with the project superintendent and/or foreman.
- 2) Assign at least *one trained person* with responsibility for employee safety to administer the participant's safety and health program and to conduct documented safety and health inspections of ongoing work. A trained employee is one who has completed a 30-hour construction training course or safety training equivalent to the 30-hour course. This employee must be dedicated to safety for at least 50 percent of their time; documented ongoing use of a safety consultant may satisfy this requirement.
- 3) Conduct an orientation of all new employees in the safety and health program of the company and show evidence of effective employee training for avoidance of hazards specific to the contractor's worksite(s); for example, pairing veteran workers (as mentors) with workers new to the construction industry.
- 4) Conduct and document weekly employee safety meetings.
- 5) Conduct and document site safety inspections. Site safety inspections must be conducted as often as needed to assure safety, but for the purposes of this partnership, audits must be documented on at least a weekly basis. The size of the job will dictate whether more frequent documentation is needed. This requirement applies to the general contractor, subcontractor and tier subcontractors.
- 6) Develop, implement and maintain a prohibited substance policy and testing program that complies with applicable laws, statutes and agreements. A state-licensed employee assistance program shall be available to any employee covered by the testing program.
- 7) Implement a six-foot fall-protection policy for all subparts/exposures from the OSHA 1926 standard.
- 8) Have no willful violations that became final in the past three years.
- 9) Have no repeat violations that became final in the past three years.
- 10) Have no fatalities or catastrophes within the past three years that resulted in serious or willful citations related to the incident.
- 11) Receive a qualifying inspection of at least one representative jobsite by the MN ABC association representative(s).
- 12) Show documentation of employee involvement in the safety and health program. A safety committee, comprising company employees and management, or participation of employees in self-audits, site inspections, job hazard analysis, safety and health program reviews, safety training and incident near-miss or accident investigations would be acceptable.
- 13) Maintain a total case injury/illness incidence rate (three-year average) that is below the most current Bureau of Labor Statistics, state of Minnesota rate for the applicant's three-digit North American Industrial Classification System (NAICS) code. The most recent numbers will usually be those from the previous calendar year.
- 14) Train all *field construction supervisory personnel* (defined as anyone in the field who is authorized to assign or make decisions about the work). All personnel meeting this definition must complete the OSHA 10-hour course in construction or equivalent.
- 15) Submit annual activity reports to MN ABC.



MN/ND ABC & MNOSHA Partnership – Annual Activity Report

Company_____

Company Address (street, city, state, zip)_____

Primary Contact_____

Telephone Number_____ Fax_____

Email Address_____

Signature_____ Date_____

- 1.) When was your company's last visit and/or contact with OSHA?

- 2.) What type(s) of safety training does your company have in place?

- 3.) Have you updated your safety program in the last 1-3 years? If so, what?

- 4.) Has your company had any major safety issues in the past year? If so, please explain.

- 5.) Is there anything that ABC can do to help you with your safety program?

(ABC use only below this line)

ABC Safety Committee Representative Name_____

ABC Safety Committee Representative Signature_____

Date_____