

**SHARP APPROVAL FORM**

SHARP Category: General Industry  Public Sector  Construction

SHARP Visit: Initial  Renewal

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Bureau Chief's Approval for SHARP Status: Yes  No  Signature/Date: \_\_\_\_\_

SHARP Exemption Dates: \_\_\_\_\_

Certificate # \_\_\_\_\_ Request # \_\_\_\_\_

Visit Containing Form 33 \_\_\_\_\_ Other Visit # \_\_\_\_\_

Mail Certificate etc. to Consultant

Mail Certificate etc. to Employer

Consultant's Name: \_\_\_\_\_

Employer's Contact Name: \_\_\_\_\_

Mail Certificate etc. to Supervisor

Need SHARP flag? Yes  No

SHARP Request Date: \_\_\_\_\_

Full Services SHARP Safety and Health Visit Date:

(Safety) \_\_\_\_\_ (Health) \_\_\_\_\_

Safety Consultant: \_\_\_\_\_

Date Last Hazard Corrected: \_\_\_\_\_

Safety Hazards: Serious \_\_\_\_\_

Other: \_\_\_\_\_

Health Consultant: \_\_\_\_\_

Date Last Hazard Corrected: \_\_\_\_\_

Health Hazards: Serious \_\_\_\_\_

Other: \_\_\_\_\_

Original Form 33 \_\_\_\_\_

Revised Results: \_\_\_\_\_

Dart: 1-Year  3-Year  \_\_\_\_\_

TRC: 1-Year  3-Year  \_\_\_\_\_

Safety Consultant Follow Up Visit(s)? No  Yes  Date: \_\_\_\_\_

Health Consultant Follow Up Visit(s)? No  Yes  Date: \_\_\_\_\_

Safety Consultant Training and Assistance Visit(s)? No  Yes  Date: \_\_\_\_\_

Health Consultant Training and Assistance Visit(s)? No  Yes  Date: \_\_\_\_\_

## CALCULATION TABLES

<b>DART Rate Calculation</b>			
<b>Year</b>	<b>Hours Worked</b>	<b>Sum of Columns H and I<sup>1</sup></b>	<b>Rate</b>
Employer's 1-Year <input type="checkbox"/> or 3- Year Rate <input type="checkbox"/>			
BLS/*PSIM Average for NAICS _____			
Employer's Rate /BLS Rate x 100			%
<b>TRC Rate Calculation</b>			
<b>Year</b>	<b>Hours Worked</b>	<b>Sum of Columns H, I &amp; J<sup>1</sup></b>	<b>Rate</b>
Employer's 1-Year <input type="checkbox"/> or 3-Year Rate <input type="checkbox"/>			
BLS/*PSIM Average for NAICS _____			
Employer's Rate /BLS Rate x 100			%

\*PSIM Averages for SHARP Public Sector Only.

1 From OSHA FORM 300

Used when applicant's one-year injury/illness rates exceed the BLS average and the employer has three years of data



## **Guidelines for Completing SHARP Renewal Evaluation and Approval Record**

**This form is to be completed by the Consultant closing their file last. The Consultants will make a final joint recommendation and forward that recommendation to the supervisor, who makes a recommendation and forwards the file to the Bureau Chief.**

**Site Name & Address:** Consultant completes Establishment Name and Address for Site that is being recommended for SHARP renewal. Supervisor verifies information.

**Bureau Chiefs Approval for SHARP Renewal:** The Bureau Chief completes this section.

Yes or No: Check, Sign and Date

**SHARP Renewal Exemption Date:** Enter beginning and ending date of SHARP renewal to be typed on certificate.

**Certificate Number:** A unique number recorded on certificate. The number is two-digit fiscal year, the quarter, and consecutive number representing number of SHARPs granted in that fiscal year. (i.e.: 20-1-03 represents FY2020, first quarter (October through December), third SHARP of the FY).

**Comments:** Bureau Chief enters any comments for the file.

**Request Date:** Record Date of Request.

**Full Service SHARP Safety and Health Visit Date:** Record the date(s) that each comprehensive safety and health visit for SHARP was completed.

**Consultants:** Record the names of the safety and health consultants that conducted the comprehensive safety and health SHARP visits.

**Safety Hazards Corrected:** Record date last safety hazard confirmed corrected.

**Health Hazards Corrected:** Record date last health hazard confirmed corrected.

**Form 33 Score:** Record Form 33 score on joint SHARP visit.

**DART rate:** Record DART and TRC for the last one or three calendar years prior to joint SHARP visit.

**Other Visits:** List dates (using numerical date) of all other related visits since joint SHARP visit, type of visit and consultant name.