

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 ☐

Consultant's Name: _____

Mail Certificate etc. to Employer ☐

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

DART Rate Calculation			
Year	Hours Worked	Sum of Columns H and I¹	Rate
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			%
TRC Rate Calculation			
Year	Hours Worked	Sum of Columns H, I & J¹	Rate
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

Consultants Recommend SHARP

Yes ☐ **No** ☐

Safety Signature _____

Date _____

Comments:

Health Signature _____

Date _____

Comments:

Supervisor's Approval for SHARP: **Yes** ☐ **No** ☐

Signature: _____

Date _____

Comments:

*See BOP 4 On-site consultation for denial steps

Revised 8/31/2022

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.