

# WORKSAFE Application

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Duration: \_\_\_\_\_ -- \_\_\_\_\_ Owner: \_\_\_\_\_  
Start Date Completion Date

Brief Project Description: \_\_\_\_\_

General Contractor or Construction Manager Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Project Manager Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Superintendent Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Safety Director Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Select what size banner you want to display:  10' x 4'  5' x 2'

We choose to additionally enroll this project in the Tiered Program selected below:

Select Tier:  Bronze Level (Required 4 Visits- additional \$200)  Silver Level (Required 6 Visits - additional \$400)  Gold Level (Required 9 Visits - additional \$600)

Select the number of safety survey visits you want to have (please refer to the WORKSAFE Package Pricing Page):

- 3 Safety Survey Visits - \$1,525  6 Safety Survey Visits - \$2,575  9 Safety Survey Visits - \$3,420  
 4 Safety Survey Visits - \$1,900  7 Safety Survey Visits - \$2,875  10 Safety Survey Visits - \$3,675  
 5 Safety Survey Visits - \$2,250  8 Safety Survey Visits - \$3,250

**INCLUDES:** The number of visits selected (minimum of three) with detailed report; 24/7 consultation services; contact cards; hard hat stickers and a WORKSAFE banner.

**EXCLUSIONS:** Training, beyond what takes place during site visits; providing PPE of any kind; enforcement, of any kind, towards personnel.

### Kick-Off Meeting:

- Yes, please schedule a kick-off meeting as indicated below  No, I am not interested in a kick-off meeting for this project  
 Prior to the start of construction  Prior to the start of interior work  Both prior to construction and the start of interior work (There is an additional \$100 charge for the additional kick-off meeting)

Do you desire to have an audit(s) unannounced? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many of the safety audits should be unannounced? \_\_\_\_\_

**\*\* Effective November 1, 2019, CSSI will conduct at least one unannounced site survey on applicable Regents institutions projects. \*\***

### WORKSAFE Qualifications:

- We agree to request a safety and health visit from IOSHA Consultation for the above project. - No Fee  
 We agree to retain CSSI to assist in developing safety best practices for the project and to conduct at least two site safety surveys.

**PAYMENT AND SCHEDULING:** Upon receipt of the application, CSSI will invoice client for the applicable number of safety surveys. Please note, no safety survey will occur until contract invoice is paid in full. CSSI will obtain the project schedule and work with the appropriate client representative to select acceptable timeframes for safety surveys. If CSSI is not able to conduct safety surveys within the agreed to timeframes, CSSI will make a reasonable effort to conduct the safety survey at a later date. However, if, at no fault of CSSI, reasonable timeframes cannot be identified and/or safety surveys are refused by the client, CSSI reserves the right to retain a portion, if not all, WORKSAFE enrollment fees associated with the project.

Signed By: \_\_\_\_\_

Signature

Date

### Please return completed form to:

CSSI, Attn: Mark Wieland  
PO Box 695 | Des Moines, Iowa 50306  
Email: Mark@IowaCSSI.com

For questions, please contact Mark Wieland at Mark@IowaCSSI.com / (515) 577-7622.

*It is understood that the WORKSAFE program does not provide immunity of any kind (implied or explicit) from the issuance of citations by IOSHA enforcement for violations on the designated work sites.*

*It is also understood that CSSI has no enforcement ability or authority, and that any work performed or comments provided are merely suggestions and that applicant is solely responsible for any and all actions or inactions taken on site, including compliance with any applicable regulation, statute, or law. Further, by signing above, applicant agrees that CSSI shall have no liability or responsibility of any kind arising from or relating to the provision of any services to applicant or the correction of any item or issue suggested. Further, applicant shall indemnify, defend, and hold CSSI, and its officers, directors, agents and employees, harmless from and against any claims, expenses, fines, losses or other damages incurred, including attorney fees, whether they arise out of or result from CSSI's provision of services and/or arise out of or result from any action, inaction, negligence or misconduct of the applicant or any of its agents, employees, officers, directors, subcontractors, or anyone else for whom applicant is responsible, including any violations, citations, fines, penalties or other claims or damages issued, asserted or incurred.*

### Iowa Safety and Health Consultation Request for On-Site Visit

<b>Company Name</b>			
<b>Site Address (If different from above) - Street</b>		<b>City</b>	<b>State</b>
<b>Company Mailing Address - Street</b>		<b>City</b>	<b>State</b>
<b>Contact Person</b>		<b>Title</b>	
<b>Telephone Number</b>	<b>Email</b>	<b>Fax Number</b>	
<b>How did you learn of our service?</b>			
<b>What type of visit are you requesting? (Please check appropriate box)</b>			
<input type="checkbox"/> Health Visit <input type="checkbox"/> Safety Visit <input type="checkbox"/> Both Safety and Health			
<b>Number of employees at site</b>		<b>Number of total employees in company</b>	
<b>Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) Code (if known)</b>		<b>Have you had an OSHA Compliance visit in the last 12 months?</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>I understand that consultation services are made available to me at no cost through Federal and State funds. I further understand that, following the on-site survey, I will receive a written report and that the Consultant will preserve in confidentiality all information obtained as a result of the survey. There will be no penalties or fines assessed. The results and recommendations in this report are based on the conditions that were present during our survey and on the best information available to the consultant at the time of the survey, and do not replace any other needed or required safety or health monitoring for your facility. The advice and written report of the Consultant will not be binding on a Compliance Officer in the event of an inspection, nor shall the failure of the Consultant to identify a specific hazard affect the regular conduct of a Compliance Officer.</p> <p>I agree to correct all serious hazards, which are identified by the Consultant, and to allow the Consultant to confer with individual employees, as necessary during the course of the visit, in order to identify and judge the nature and extent of particular hazards. If there is a recognized employee representative, I agree to allow that representative the opportunity to participate in the opening and closing conference and to accompany the consultant and the employer's representative during the physical inspection of the workplace. In the event that serious hazards are identified in the written report, I agree to post, unedited, the List of Hazards at a prominent location where it is readily observable by all employees for three working days or until the hazard has been corrected, whichever is later.</p> <p>If difficulties are encountered in correcting serious hazards within the established time frame, an extension may be granted. These extensions must be requested in writing on or before the correction due date along with an explanation of the interim protection taken to prevent injuries or illnesses. A form for that purpose is included in the written report.</p>			
Signature _____		Title _____	
Date _____			