

PHCC Georgia Safety R.O.P.E.S.

R = Recognizing
O = Outstanding
P = Proactive
E = Efforts *in*
S = Safety



Working with PHCC Contractors to...

- *Assess Your Company's Safety Processes and Improve Our Overall Industry's Safety Culture.*
- *Increase Awareness of Federal and State OSHA Requirements.*
- *Ensure the Health & Safety of Your Employees and Customers.*
- *Recognize Our Members' Exemplary Safety Procedures*





PHCC Georgia Safety ROPES Program...

- Designed for All PHCC GA Contractor Members
- Residential & Commercial | Service and Construction
- No Cost for Participation
- Annual Recognition
- Use in Your Marketing & Promotional Campaigns
- Resulting in Profitable Value-Added Business Practices

Apply Now...



Member Login

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- Education
- Events
- Membership
- Partnership
- CE Transcript
- Safety Program



PLUMBING-HEATING-COOLING CONTRACTORS ASSOCIATION OF GEORGIA
Best People. Best Practices.™

Recognizing Outstanding Proactive Efforts in Safety

Company _____
Address _____
City _____
State _____

I am a Sole Proprietor with no employees.
 Company has _____ employees.

All Contractor Members please complete this section.

	YES	NO
Do you inspect your tools and equipment on a regular and frequent basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are these inspections documented?	<input type="checkbox"/>	<input type="checkbox"/>
Do you inspect your Personal Protective Equipment (PPE) on a regular and frequent basis?	<input type="checkbox"/>	<input type="checkbox"/>
Are these inspections documented?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain Safety Data Sheets (SDS) on materials you use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you update these SDSs to remain current?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received Safety training this year? (examples - Fall Protection, Confined Space, Excavation, Ladders, Scaffolding etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Please list the Safety training topics received this year.

All Contractor Members who are Sole Proprietor with no employees, you have completed the survey.

All Contractor Members who have at least one employee, please continue with the survey.

	YES	NO
Do you have required OSHA posters in place?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Safety Program / Manual?	<input type="checkbox"/>	<input type="checkbox"/>
Is this updated annually?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Drug Free Workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Fleet, Driving Program, which includes inspection check list?	<input type="checkbox"/>	<input type="checkbox"/>
How often do you inspect vehicles and trailers?	_____	
Do you have a Distracted Driving Policy and driver training?	<input type="checkbox"/>	<input type="checkbox"/>
Is this training documented?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have regular Safety Meetings / Tool Box Talks?	<input type="checkbox"/>	<input type="checkbox"/>
Are these documented with attendees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide Safety Training for your employees? (examples - Fall Protection, Confined Space, Excavation, Ladders, Scaffolding etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Please list the Safety training topics received this year.	_____	
Do you maintain records of this training?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current trained 1st Aid / CPR Trained employee? (with a recertification program) Certified by AHA (American Heart Association) or similar?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a New Hire Safety Orientation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have OSHA 10 Hour trained employees? (Construction / General Industry)	<input type="checkbox"/>	<input type="checkbox"/>
What percentage of your workforce has received OSHA 10 training?	_____	
Are accidents investigated to determine the Root Cause, to improve Safety Program?	<input type="checkbox"/>	<input type="checkbox"/>

All Contractor Members who with fewer than 10 employees, you have completed the survey. Thank You

All Contractor Members who have 10 or more employees, please continue with the survey.

	YES	NO
Do you hold weekly Tool Box Talks with workforce?	<input type="checkbox"/>	<input type="checkbox"/>
Are these documented?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an OSHA 30 Hour trained employees? (Construction / General Industry)	<input type="checkbox"/>	<input type="checkbox"/>
What percentage of your workforce has received OSHA 30 training?	_____	
Do you have an OSHA #510 Trained employee?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an OSHA #511 Trained employee?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an active Safety Committee, or Safety Technician?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have and use Job Hazard Analysis (JHA)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you track and use Near-Miss /Near-Hit reports to improve Safety Program?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain an OSHA 300 log and 300A summary? (Applies to a company that employed more than 10 employees during any point during a 12 months period)	<input type="checkbox"/>	<input type="checkbox"/>
What is your company's Experience Modification Rate (EMR)? (Information from your insurance company)	_____	
What is your company's Dart Rate? (Dart Rate Calculator... creativesafetysupply.com)	_____	
What is your company's Total Recordable Incident Rate? (Total Recordable Incident Rate calculator ...safetymanualtoday.com)	_____	

Thank you for taking time to complete this survey.

To PARTICIPATE...

Complete the Application:

<https://www.phccga.org/safety-program>

Contact the PHCC Georgia Office:

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PHCC OF GEORGIA ACADEMY SAFETY R.O.P.E.S. PROGRAM

*Recognizing Outstanding
Proactive Efforts in Safety*

