

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'

Select the number of safety survey visits you want to have (Selection of the number of safety surveys for your project should take into consideration schedule, duration and scope. CSSI professionals recommend all applicants follow guidelines of one survey for every other month of the project. (Example: Project duration equals 12 months; then 6 surveys should be selected.)

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

Over 10 Visits
Indicate desired number of visits _____

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: (All kick-off meetings will be performed through Zoom)

Yes, please schedule a kick-off meeting as indicated below No, I am not interested in a kick-off meeting for this project

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.
- We agree CSSI reserves the right for unannounced visits.

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:

Attn: CSSI - WORKSAFE
4100 Westown Pkwy | West Des Moines, IA 50266
Email: WORKSAFE@lowaCSSI.com

For questions, please contact WORKSAFE at WORKSAFE@lowaCSSI.com / (515) 288-8904.

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 Division of Labor
OSHA Consultation & Education**

Mailing address: 1000 East Grand Avenue, Des Moines, IA 50319-0209
 Physical address: 150 Des Moines Street, Des Moines, IA 50309 (FedEx/UPS)
 Phone: 515-281-7629
 Fax: 515-281-5522
oshaconsultation@iwd.iowa.gov
www.iowaosha.gov

FOR OFFICE USE ONLY

Date received: _____
Date of visit: _____

Request for On-Site Visit

Business Name				
Site address		City	State	Zip
Mailing address		City	State	Zip
Contact Person		Title	Email address	
Phone number		Cell number	Fax number	
How did you learn of our services?				
What type of visit are you requesting? Safety Health Safety and Health				
Total number of employees at site:		Total number of employees controlled nationwide:		
NAICS code/Business type		Have you had an OSHA enforcement visit in the last 12 months? Yes No If yes, dates:		
Union Representation? Yes No		Union name (if applicable)		Phone number
Union address		City	State	Zip

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 an OSHA 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 an OSHA Compliance Officer.

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 walk through 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.

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.

Name of individual completing form	Signature	Title	Date
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