NEW MEXICO OSHA CONSULTATION PROGRAM

GENERAL INDUSTRY



SAFETY AND HEALTH ACHIEVEMENT RECOGNITION PROGRAM (SHARP) PACKET

NEW MEXICO OSHA

The SHARP Program:

https://www.env.nm.gov/occupational_health_safety/consultation-sharp/

Revision Date: 8/28/2026

Dear Potential New Mexico SHARP General Industry Company:

Thank you for your interest in becoming a General Industry Safety and Health Achievement Recognition Program ('SHARP") company. The SHARP in New Mexico is administered by the New Mexico Environment Department's, Occupational Health and Safety Bureau's ("NMED/OHSB's" or "NM OSHA's") Consultation Program. The SHARP is one of the most prestigious safety and health designations available for those companies governed by the Occupational Safety and Health Administration ("OSHA"), 29 CFR 1910, General Industry Standards. The SHARP recognition is only available to those companies that maintain an exemplary safety and health management system and meet the requirements of program participation.

The following packet contains information about the SHARP application guidelines and the documents that the NM OSHA Consultation Program will use to evaluate and track the effectiveness of your company's safety and health management systems. Participation in the program demonstrates your commitment to the safety and health of your employees. As a SHARP company you will be recognized as an industry leader for providing a safe and healthy workplace.

We look forward to working with you through the SHARP process.

Respectfully,

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SHARP INTRODUCTION

The Safety and Health Achievement Recognition Program (SHARP) designation recognizes small employers who operate exemplary safety and health management systems. Acceptance into SHARP by NM OSHA is an achievement that will single you out among your business peers as a model for worksite safety and health management systems. Upon receiving the SHARP designation, your worksite will be deferred from NM OSHA's programmed inspection schedule during the period that your SHARP participation is valid. Initial approval for SHARP participation is valid for no longer than two (2) years. Subsequent renewals are valid for up to three (3) years. Your site will also receive a certificate and banner, as well as recognition on NM OSHA's and Federal OSHA's websites and publications.

ELIGIBILITY CRITERIA FOR SHARP

To apply for and be accepted into the SHARP program, your worksite must meet the following requirements:

☐Have a fixed worksite;
☐ Have at least one-year operating history; No open enforcement actions or Willful citations for 12 months; Not part of the State Plan Severe Violator Enforcement Program (SVEP);
☐ Employ less than 250 in New Mexico and less than 500 nationwide, the upper corporate size limit does not apply to individual franchisees;
☐ Have Days Away, Restricted, or Transferred (DART) and Total Recordable Case (TRC) rates below the national average for your industry;
☐ Request and receive a comprehensive safety and health consultation visit to include a complete safety and health hazard survey of all working conditions, equipment, processes, and OSHA or State Plan mandated safety and health programs at the worksite, and a comprehensive assessment of the worksite's safety and health management systems;
☐ Correct all hazards identified by the consultant(s) and within the agreed upon timeframe;
☐ Involve employees in the consultation process; Inform Union representatives of the intention to participate in SHARP;
☐ Implement and maintain a safety and health management system that addresses OSHA's 1989 Safety and Health Program Management Guidelines;
☐ Agree to notify NM OSHA's Consultation Program Manager (CPM) and request a subsequent on-site consultation visit when changes in working conditions or work processes occur that may introduce new hazards into the workplace;
☐ Implemented an antiretaliation discrimination program for Safety and Health, and not have incentive programs that discourage employee reporting work-related injuries and illnesses or safety and health hazards; and,
☐ Submit Appendix A and B, from the SHARP packet to NM OSHA's CPM.

After you satisfy all requirements to qualify for the SHARP, NM OSHA will formally recognize your worksite as a participant in the program.

REQUIREMENTS WHILE IN SHARP

As a SHARP worksite, you must meet the following requirements:

- Submit Annual Progress Reports to NM OSHA's SHARP Program Coordinator and the Consultation Program Manager (CPM).
- Implement Safety and Health Program measures including mutually agreed Action Plan. Correct all hazards identified by the consultant(s) and within the agreed timeframe.
- Report any new hazards or accidents that occurred onsite to NM OSHA's SHARP Program Coordinator and CPM.
- Report to NM OSHA's CPM when significant changes in working conditions or work processes occur that may introduce new hazards into the workplace;
- Submit a request for an on-site consultation visit 60 days prior to your one (1) year anniversary in the SHARP and each year thereafter when SHARP renewal visits are not conducted;
- Receive a comprehensive safety and health consultation visit to ensure that your safety and health management system has been effectively maintained and shows continual improvement;
- Have Days Away, Restricted, or Transferred (DART) and Total Recordable Case (TRC) rates below the national average for your industry;
- Within three (3) working days of receiving a whistleblower complaint regarding occupational safety and health issues, the employer must notify the CPM;
- Notify the CPM immediately in the case of an OSHA or State Plan enforcement inspection at the establishment. The employer must also notify the CPM immediately of a catastrophe, fatality or severe injury incident at the establishment;
- Notify the CPM when the employer plans to relocate the establishment, at least sixty (60) calendar days in advance of the relocation; and,
- The SHARP participation may be terminated if at any time the NM OSHA Consultation Program determines the organization no longer meets the SHARP requirements.

SHARP RENEWAL

Employers seeking renewal of their SHARP participation are required to do the following:

- Contact the NM OSHA's Consultation Program Manager (CPM) within 180 days prior to the expiration of the SHARP approved participation timeframe to request a SHARP renewal visit;
- Receive a comprehensive safety and health consultation visit to ensure that your safety and health management system has been effectively maintained and shows continual improvement;
- Continue to meet all eligibility criteria and program requirements;
- Have Days Away, Restricted, or Transferred (DART) and Total Recordable Case (TRC) rates below the national average for your industry; and,
- Correct all hazards identified by the consultant(s) and within the agreed timeframe.

NOT QUITE READY FOR SHARP?

The New Mexico OSHA Consultation Program Manager may approve an employer as a Pre-SHARP Participant if the employer does not meet all of the initial eligibility requirements for the SHARP status but demonstrates a reasonable potential for achieving the SHARP status within the timeframes agreed upon.

PRE-SHARP REQUIREMENTS

Initial requirements for Pre-SHARP participation must be met in order to be considered for Pre-SHARP approval. Employers seeking Pre-SHARP approval are required to:

- Receive a comprehensive safety and health consultation visit that provides a complete safety and health hazard survey of all working conditions, equipment, processes and OSHA-mandated safety and health programs at the worksite, including a comprehensive assessment of the worksite's safety and health management system.
- Post the list of hazards identified by the consultant(s).
- Provide information regarding all hazards identified by the consultant(s) to employees.
- Correct all hazards identified by the consultant(s).
- Submit hazard correction verification to the consultant(s)
- Inform employees of hazard correction(s).
- Provide evidence of having the foundation of a safety and health management system.

The Pre-SHARP participant status provides the employer with a deferral from NM OSHA's programmed inspections. The deferral time frame, including extensions, is up to 18 months from the expiration of the correction due date(s), provided the participant satisfactorily meets the following:

- An Action Plan approved by NM OSHA's Consultation Program Manager outlining the necessary achievements and time frames required for the employer to achieve the SHARP status;
- The employer is in the process of implementing an effective safety and health management system;
- Employees are involved in the safety and health management system, including the implementation of the Action Plan;
- The employer agrees to notify the Consultation Project Manager prior to making any changes in working conditions or work processes that might introduce new hazards into the workplace;
- The employer can meet the SHARP requirements during the deferral period; and,
- Receives a comprehensive safety and health consultation visit at the end of the Pre-SHARP deferral period, which initiates the SHARP application process.

OSHA SHARP PROGRAM CHECKLIST

Below is a list of items the consultant will ask the employer to have ready for review at the initial visit:

- ☐ Safety and health program and documentation of periodic review;
- ☐ Copies of OSHA 300 Logs (the log is a standard form for recording information about work related injury and illness cases) for preceding year and present year to date;
- ☐ First report of injuries for preceding calendar year;
- ☐ Total hours worked for all employees in preceding calendar year;
- ☐ Safety orientation and training records for supervisors and employees along with attendance records;
- ☐ Self-inspection records for preceding year;
- ☐ Minutes of safety meetings for preceding year;
- ☐ Accident/incident investigation records for preceding year;
- ☐ Documentation of employee reports on safety concerns and evidence of steps taken toward correction;
- ☐ Hazard analysis procedures and results with safe work procedures;
- ☐ Documentation of recent emergency evacuation drill along with attendance records;
- ☐ Injury/illness analysis (to analyze trends);
- ☐ Occupational medical program (Description of your on-site and off-site medical service, use of occupational health providers at your site; first aid program.);
- ☐ Preventive maintenance program for facility equipment and machinery;
- ☐ Any additional information that shows the quality of the company's safety program
- ☐ Written programs, procedures, and records, as applicable:
  - Hazard Communication Program
  - Lockout/Tagout procedures and annual review
  - Emergency Action Plan, Fire Prevention Program, , Fire Extinguisher & Training Records
  - Forklift Training Program
  - Confined Space Program
  - Electrical Safety-Related Work Practices
  - Slip, Trip, and Fall Prevention
  - Bloodborne Pathogen Exposure Control Plan
  - Hearing Conservation Program
  - Respiratory Protection Program
  - Process Safety Management
  - Personal Protective Equipment (PPE) Program and documentation of PPE hazard assessment and employee training
  - Regular and periodic overhead crane inspection records for previous year
  - Mechanical power press inspection records for previous year

To be considered for General Industry SHARP, please complete a request at: https://www.env.nm.gov/request-consultation-form/ and fill out all contents of Appendix A and B and return via email to: NMENV-OSHCON@state.nm.us

If you have any questions or need additional information, please contact our office.

Mailing Address: NM OSHA Consultation Program
5401 Watson Dr. SE
Albuquerque, NM 87106
505-846-8700

APPENDIX A: LETTER OF AGREEMENT

_____ is requesting approval for participation in the NM OSHA Consultation Program SHARP. We have reviewed and completed the SHARP packet and are prepared to fulfill the obligations of the SHARP by maintaining the required elements of the program at our worksite. We are submitting a SHARP Consultation Request Form (Appendix – A) for a full assessment of our eligibility for SHARP approval. In addition to this letter of agreement, we are also sending you our Initial Self-Assessment (Appendix – B) and OSHA 300 logs.

If approved for the SHARP program, we agree to the following conditions:

1) We will complete and submit to the NM OSHA's Consultation Program Manager our annual progress report (Appendix – C);

2) Report to NM OSHA's Consultation Program Manager when significant changes in working conditions, or work processes occur that may introduce new hazards into the workplace, and new hazards, or accidents that occurred on site;

3) NM OSHA's Consultation Program Manager reserves the right to conduct at least one announced or unannounced site visit annually during the initial two (2) year SHARP Certification, or two (2) years for each subsequent SHARP renewal to ensure compliance with the SHARP Certification;

4) We understand that the SHARP Certification status may be terminated if at any time the NM OSHA Consultation Program determines the organization no longer meets the SHARP requirements.

We are committed to the safety and health of our employees and successful participation in the SHARP.

Sincerely,

Signature:_____ Date:_____
Print Name: _____
Title: _____

APPENDIX B: INITIAL SELF ASSESMENT

The Initial Self-Assessment is submitted with this application.

Date: **Company Name:**

Worksite Location:

Site Manager/Company Official Signature:_____

Printed Name: _____**Title**: _____

Hazard Anticipation and Detection	
1	Describe the comprehensive baseline hazard surveys that have been conducted within the last five years? (Has anyone inspected your facility other than your employees?) Supporting Documentation: Yes ☐ No ☐
2	Describe the documented safety and health self-inspections. (Who performs safety and health inspections? How often? Are they documented? Are hazard corrections tracked?) Supporting Documentation: Yes ☐ No ☐
3	What hazard controls are in place? What kind of surveillance is conducted on hazard controls? Supporting Documentation: Yes ☐ No ☐
4	Describe the hazard reporting system. (How do employees report hazards? Are employees informed when a hazard is abated?) Supporting Documentation: Yes ☐ No ☐
5	Describe the management of change procedure and discuss how it works. Supporting Documentation: Yes ☐ No ☐
6	Describe the accidents investigation procedure. Are root causes determined? (If an accident occurs is an investigation performed? By whom? What type of things are you looking for during the investigation?) Supporting Documentation: Yes ☐ No ☐

7	Are Safety Data Sheets (SDS) used to reveal potential hazards associated with chemical products in the workplace? Who maintains the SDS? Where are the SDS located? Supporting Documentation: Yes ☐ No ☐
8	Discuss the job hazard analysis procedure? When and How is it done? Who does it? What tasks are covered? Supporting Documentation: Yes ☐ No ☐
9	Are experts ever used to perform hazard analysis? (Do you ever have anyone come in when new equipment is purchased to train employees? How about just for additional training?) Supporting Documentation: Yes ☐ No ☐
10	Describe the incidents investigation procedure. Are root causes determined? Is your incident procedure the same as your accident procedure? If not, please explain. Supporting Documentation: Yes ☐ No ☐
Hazard Prevention and Control	
11	What engineering controls in place? Are any others planned or needed? Supporting Documentation: Yes ☐ No ☐
12	What safety and health rules and work practices in place? Does the company have a safety slogan? Or main safety and health rules? Supporting Documentation: Yes ☐ No ☐
13	What OSHA mandated programs are in place? Supporting Documentation: Yes ☐ No ☐
14	What PPE is provided, required, and used? Supporting Documentation: Yes ☐ No ☐
15	Discuss the housekeeping procedure. Is it effective? (How often do the employees clean their workspaces?) Supporting Documentation: Yes ☐ No ☐

16	How is the organization prepared for emergencies? Have employees been trained on the evacuation procedures? Supporting Documentation: Yes ☐ No ☐
17	How is emergency medical care delivered? (Any first aid/CPR trained employees? Where are first-aid kits located? How far is the nearest hospital or urgent care clinic?) Supporting Documentation: Yes ☐ No ☐
18	Describe the Preventative Maintenance system? Who does it? Who tracks it? What is included? Supporting Documentation: Yes ☐ No ☐
19	How is hazard correction tracked? Supporting Documentation: Yes ☐ No ☐
	Planning and Evaluating
20	Who reviews your OSHA 300 logs? How often? Do you look for trends among injuries? Supporting Documentation: Yes ☐ No ☐
21	How is incidence data analyzed? Supporting Documentation: Yes ☐ No ☐
22	What are the facilities Safety and Health goals and supporting objectives? (Does your company make goals?) Supporting Documentation: Yes ☐ No ☐
23	What is the action plan for accomplishing safety and health objectives? (How do you plan to achieve your goals?) Supporting Documentation: Yes ☐ No ☐
24	Who reviews OSHA mandated programs? How often? Supporting Documentation: Yes ☐ No ☐
25	Who reviews the safety and health management system? How is it done? How often? Supporting Documentation: Yes ☐ No ☐

Administration and Supervision	
26	Who is assigned safety and health tasks? Supporting Documentation: Yes ☐ No ☐
27	How are safety assignments communicated? (Verbally, written, etc.?) Supporting Documentation: Yes ☐ No ☐
28	How is accountability ensured for safety and health assignments? (Is there a disciplinary policy in place?) Supporting Documentation: Yes ☐ No ☐
29	What training does the person(s) with safety and health responsibility have? Supporting Documentation: Yes ☐ No ☐
30	How much authority does the person with safety and health responsibility have to do their job? (Can you hire and fire? Can you purchase necessary resources?) Supporting Documentation: Yes ☐ No ☐
31	What resources does the person with safety and health responsibility have to do their job? (How much commitment does management provide to you for safety and health?) Supporting Documentation: Yes ☐ No ☐
32	What organizational policies promote safety and health responsibility? Supporting Documentation: Yes ☐ No ☐
33	What organizational policies promote correction of safety and health non-performance? (Disciplinary policy?) Supporting Documentation: Yes ☐ No ☐
	Safety and Health Training
34	What safety and health training do employees receive? Supporting Documentation: Yes ☐ No ☐

35	What safety and health training does new employee orientation include? Supporting Documentation: Yes ☐ No ☐
36	What safety and health training do supervisors receive? Supporting Documentation: Yes ☐ No ☐
37	Describe the training supervisors receive on dealing with the supervisory aspects of safety and health? Supporting Documentation: Yes ☐ No ☐
38	What safety and health training do managers receive safety and health? Supporting Documentation: Yes ☐ No ☐
39	What safety and health topics are integrated into management training? Supporting Documentation: Yes ☐ No ☐
	Management Leadership
40	What are the top management policies for safety and health? Supporting Documentation: Yes ☐ No ☐
41	Who does top management consider is responsible for safety and health? Supporting Documentation: Yes ☐ No ☐
42	What competent safety and health support does top management provide to line managers and supervisors? Supporting Documentation: Yes ☐ No ☐
43	Do managers personally follow safety and health rules? Supporting Documentation: Yes ☐ No ☐
44	What authority do managers delegate to the employees who are responsible for safety and health to accomplish their jobs? (Do employees have stop work authority?) Supporting Documentation: Yes ☐ No ☐

45	What resources do managers delegate to the employees who are responsible for safety and health to accomplish their jobs? Supporting Documentation: Yes ☐ No ☐
46	How do managers ensure safety and health training is provided? Supporting Documentation: Yes ☐ No ☐
47	Discuss the fairness and effectiveness of policies managers support to promote safety and health? Supporting Documentation: Yes ☐ No ☐
48	How is top management involved in planning and evaluating safety and health performance? Supporting Documentation: Yes ☐ No ☐
49	What kind of employee input does top management value into safety and health issues? Supporting Documentation: Yes ☐ No ☐
	Employee Participation
50	What process is used to involve employees in safety and health issues? (ex. Open door policy?)
	Supporting Documentation: Yes ☐ No ☐
51	What decisions are employees involved in concerning safety and health policy? (Do employees ever review company policies and make recommendations?) Supporting Documentation: Yes ☐ No ☐
52	What decisions are employees involved in concerning allocations of safety and health resources? (Can employees recommend better PPE? Make suggestions for safer equipment?) Supporting Documentation: Yes ☐ No ☐
53	What decisions are employees involved in concerning safety and health training? Supporting Documentation: Yes ☐ No ☐

54	How do employees participate in hazard detection activities? Supporting Documentation: Yes ☐ No ☐
55	How do employees participate in hazard prevention and control activities? Supporting Documentation: Yes ☐ No ☐
56	How do employees participate in safety and health training of coworkers? Supporting Documentation: Yes ☐ No ☐
57	How do employees participate in safety and health planning activities? Supporting Documentation: Yes ☐ No ☐
58	How do employees participate in safety and health program performance evaluation? Supporting Documentation: Yes ☐ No ☐

APPENDIX C: INTERIM YEAR SHARP SITE SELF-EVALUATION

Date: **Company Name**:

Worksite Location:

Site Manager/Company Official Signature: _____

Printed Name: **Title**:

Submit to NM OSHA's Consultant Program Manager the Annual Progress Report 30 days prior to your SHARP approval anniversary date. Include the following with the Annual Progress Report:

- Safety and Health Program Recommendations and Status
- Significant Events
- A copy of the worksite's OSHA 300 log and 300A summary;
- A copy of the worksite's injury and illness reports; and,
- Information regarding the completion of item(s) set forth in the Action Plan;

Safety and Health Program Recommendations and Status:
SHARP participants are committed to continue maintaining and improving their Safety and Health Programs. Please explain the systems you are working on to maintain or improve or any recommendations you are acting on, and any actions you have taken to improve your safety and health program in the past year.

Program:	Recommendations:	Status:

Significant Events:
Please discuss below any significant events that have occurred over the past year and the steps that you have taken to ensure that your safety and health program is operating effectively. (Include any fatalities, catastrophes, imminent danger incidents, recordable serious injuries and illnesses, complaints, OSHA enforcement inspections, and the results of all investigations and program changes made.)

A. Event:
Correction:

B. Event:
Correction:

DART Rate and TRC Requirements:

DART Rate Calculation			
Year	**Hours Worked**	**Sum of Columns H + I***	**Rate**
Employer's Two-Year or Three-Year Rate BLS Average for NAICS Percent Below the BLS Rate:			

***Form OSHA 300**

TRC Calculation			
Year	**Hours Worked**	**Sum of Columns H + I +J***	**Rate**
Employer's Two-Year or Three-Year Rate BLS Average for NAICS Percent Below the BLS Rate:			

***Form OSHA 300**

Other Safety and Health Program Improvements:

Please outline improvements that you have made or activities you have engaged in to improve your safety and health program.

Program:	Improvements Made:

Please provide accurate information. Submit a copy of your establishment's most recent OSHA Forms 300 and 300A as well as injury and illness incident reports with the self-evaluation. You must promptly correct any deficiencies noted by the Consultation program upon review.

APPENDIX D: OCCUPATIONAL SAFETY AND HEALTH PROGRAM ACTION PLAN

F-1: Action Plan Template for SHARP or Pre-SHARP Participation

Establishment Name:
Establishment Address:
Establishment NAICS:

Consultation Visit Number:
Consultation Visit Date(s):
Last Hazard Correction Due Date:

Safety and Health Program Goals

Management Leadership:
Goal 1:
Recommendations:
To be completed by:

Employee Participation:
Goal 1:
Recommendations:
To be completed by:

Hazard Identification and Assessment:
Goal 1:
Recommendations:
To be completed by:

Hazard Prevention and Control:
Goal 1:
Recommendations:
To be completed by:

Safety and Health Education and Training:
Goal 1:
Recommendations:
To be completed by:

Safety and Health Program Evaluation and Improvement:
Goal 1:
Recommendations:
To be completed by:

Total Recordable Case (TRC) and Days Away, Restricted, or Transferred (DART) Goals Incident Rate Reduction Goals

	TRC Rate	DART Rate
Current Employer's Incident Rate Data		
Bureau of Labor Statistics (BLS) Average Rates for the North American Industry Classification System (NAICS) Code:		
Percentage Above the BLS Rates for the NAICS Code		

Incident Rate Reduction Goals		

F-2: Optional Safety and Health Program Action Plan Tool for Implementation at Workplaces

Establishment Name: Address:
Visit Date(s): Last Hazard Correction Dur Date:

Goals (your overall aim)	**Objectives** (specific achievements to reach a goal)	**Action Item** (the tasks that you need to do, to meet your objectives)	**Employees Assigned to Tasks**	**Projected Completion Dates**	**Actual Completion Date**	**Resources Needed to Accomplish Goals**	**Status Updates**
1.							
2.							
3.							
(Add entries as needed)							

Estimate Cost of Injuries and Illnesses and Impact on Profitability (Use OSHA $afety Pays tool)
Direct Cost: _____ Indirection Cost:____ Total Cost:_____
Sales to Cover Indirect Cost: _____ Sales to Cover Total Cost:_____
Improving workplace safety and health will eventually result in cost savings for your business.