



7745 Carondelet Ave., Ste. 308, St. Louis, MO 63105 • P: 314.721.4106 • F: 314.721.6850

RSCA / OSHA Partnership Application Checklist

The information below details the RSCA / OSHA Partnership application process.

Please contact Mark Taliaferro, National Safety Consulting (NSC), at 314-267-1323 with any questions.

1. Review the RSCA / OSHA Partnership Application.
2. Gather all information detailed on the NSC Inspection Checklist. Once all of the information is available, contact NSC to schedule an office review. Please note that NSC's payment of \$80 will need to be paid in full before the audit begins and is non-refundable.
 - The review should take no more than two hours if all necessary information is provided to the reviewer.
 - All documentation must be present and verifiable. If the necessary documentation is not present, verbal verification is not acceptable.
 - NSC will use an audit form that corresponds to the checklist that is provided on the RSCA / OSHA Partnership Application.
 - Regardless of passing or failing, the company will receive a copy of the audit form.
 - If a company does not pass the audit, NSC will make the company aware they have not passed and will provide recommendations to the company so that when they re-apply the company will have a greater chance of passing the office review.
3. Companies that pass the office review will need to arrange field audits with NSC. Two (2) unscheduled field audits will be conducted by NSC to confirm that the information provided during the office review has been applied in the field. The two field audits will cost \$160. Please note that if your company has nine or fewer employees, the cost of the field audits will be reduced. NSC representatives will provide that information when payment is required. Please note that the payment must be made before the field audits will be conducted and is non-refundable.
4. Please complete the RSCA / OSHA Partnership Application and provide all documentation noted on the form. Please note that this includes the NSC approval of both the office review and field audits. There is a \$100 fee required in order to process the application. Fee should be made payable to RSCA, Inc. **Incomplete applications will be returned to the applicant for re-submittal. Only complete applications will be reviewed.**
5. Applications will be reviewed on a quarterly basis by the RSCA / OSHA Partnership Steering Committee. Once the committee has approved acceptance, you will receive written notification from the Regional OSHA Office. Your membership will be valid for one year from the date of approval. Please be aware that you will need to reapply for acceptance on a yearly basis.



Roofing & Siding Contractors Alliance, Inc.

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RSCA / OSHA Partnership Application

Company Name: _____
Company Owner: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Fax #: _____
E-mail Address: _____
Cell Phone # (optional): _____

Name of Designated Company Safety Person: _____
Mailing Address (if different from the company): _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Fax #: _____
E-mail Address: _____
Cell Phone # (optional): _____

Is the Company insured? Please attach current certificate of insurance.

Is the Company a member in good standing with RSCA? Are all dues and fees paid to date?

Have you attached the RSCA / OSHA Partnership Office Review and Field Audit Verification Form completed by National Safety Consulting (NSC)?

Have you attached a copy of your company Experience Modification Number showing a rate of 1.5 or less?

Have you attached the non-refundable \$100 processing fee made out to RSCA, Inc.?

Have you signed your application?

You will be notified in writing if you have been accepted into the RSCA / OSHA Partnership program. Your membership in the program will be valid for one year from the date of approval. You must re-apply 30 days in advance of your original acceptance date to remain a participant in the program. Initial, and subsequent, approvals will be granted only in consideration of the provisions contained in the most current version of the RSCA / OSHA Partnership Agreement in affect at the time of your application.

I have read and fully understand and agree to the rules of this RSCA / OSHA Partnership.

Signature of Applicant _____

Dated this ____ **day of** _____, **200**__.

Signature of RSCA / OSHA Partnership Steering Committee Representative _____

Approved by RSCA / OSHA Partnership Steering Committee this ____ **day of** _____, **200**__.