

**ALABAMA COMMUNITY COLLEGE SYSTEM**  
**Existing Industry Training Program**  
**– Company Specific / Standard Application –**

**This Application is for the purpose of providing training for one specific company.**

***All sections must be completed prior to submitting application. Incomplete applications will be returned.***

Project Title: Critical Error Reduction Training

Amount Requested: \$15,000 (\$15,000 max amount)

College Project Contact Name, Title, E-mail Address, Telephone #:

David Cooper,

Director

dcooper@atn.org

(205) 901-7908

**Section I: Business Information**

Name and Address (include **County**) of Company Requesting Training for their Employees:

SSAB Alabama Inc.  
12400 Highway 43 North  
Axis, Alabama 36505  
63-1215922  
Mobile County

Physical Address of Training (if same as above, indicate SAME):  
SAME

Parent Company Information (if company is a subsidiary of another company):

SSAB U.S. Holding Inc.  
801 Warrenville Road, Suite 800  
Lisle, Illinois 60532  
DuPage County

Headquartered in Stockholm, Sweden, SSAB employs approximately 9,000 persons in 45 countries. SSAB is a leading producer of high strength steel. The company has a 6 million tonne capacity for crude steel. The company's sale of high strength steels amounts to approximately 38% of the total sales. The remaining sales volumes are ordinary steel products. SSAB has production plants in Sweden and the United States. High strength steel made by SSAB is sold all over the world. The high strength steels contribute to lighter weight of

the end product, as compared to the use of ordinary steel. High strength steels also increase strength and longevity. The SSAB Enterprises facility is located in Axis, Alabama with 581 employees.

Company Contact Name, Title, E-Mail Address, Telephone #, Company Web Site:

Laura Norek  
Manager, Organizational Development  
[Laura.Norek@ssab.com](mailto:Laura.Norek@ssab.com)  
(630) 810-4820  
[www.ssab.us](http://www.ssab.us)

Description of Business (products or services):

SSAB is a leading producer of high strength steel producing carbon steel slabs, hot rolled discrete plate and coil, and round billets; heat treated and normalized plate; cut-to-length plate; and a range of casing, tubing, large and small diameter line pipe and industrial pipe.

Years in Business:   39   Years in Business in Alabama:   19  

Total Number of Full-Time Employees at Location of Where Training is Being Requested:  
581

Legal Structure of Business (sole proprietor, partnership, corporation):  
Corporate

Tax Status of Business (for profit, not for profit, other):  
For profit.

Is the Company Current on all Local, State, and Federal Taxes? Yes / No (if No, please explain)  
Yes

Is the Company Subject to a Collective Union Bargaining Agreement? Yes / No (if Yes, attach endorsement from Union official)  
No

## **Section II: Previously Awarded IWTP Funds**

Previously Received Training Grant(s) from State or Federal Sources: Yes X / No

If Yes, Describe for Each the Following (Funding Source, Amount, Beginning Date(s), Ending Date(s), Type of Training, Summary of Outcomes, etc.): \$30,000 awarded in 2014 with ADECA Beginning Date 6/1/14 to 5/31/15 Contract #3A118601 Third Party Training in Civil Treatment, Hydraulics, Cash flow Training, Furnace Operator and Maintenance Training, Leadership Coaching, and Team Building Reimbursed \$24,338.85

## **Section III: Training Plan for this Application:**

Training Start Date:   April, 2017   Training End Date:   September, 2017

Number of Employees to be Trained: 56 (Based on \$267/person)  
(count each person one time and only those trained in the grant period using EITP grant funds)

Description of the Need for the Training Requested (indicate if this training is needed to avert a layoff):  
The SSAB Alabama plant conducted a knowledge/training assessment over a year ago of its workforce. This year SSAB will put a high priority on critical error reduction skills focusing on the foundation of why accidents and mistakes are made and to prevent them before happening. By addressing and training on how to improve this, quality will be improved, production will go up, costs will be lowered, there will be less shut downs due to mistakes and it will help keep employees safe. Both short term and long term viability will be affected by the training.

Without the skills needed to do the job, employees have been and will make critical errors which will create miss opportunities to reduce costs, the company will run the risk of increased loss time injuries, and quality of product and productivity (efficiency and output) will suffer. The Company would become less competitive and would allow competitors to take away customers and company revenue. Safety is a priority at SSAB and the company wants to prevent injuries for employee well-being and morale. Additionally, injuries could lead to an increase in insurance claims and potentially lawsuits, both of which can hinder the company's profitability. Although the company is growing and new jobs are expected, this could cost company jobs if not addressed.

Narrative Summary of Training (detailed course description):

The purpose of SafeStart: Critical Error Reduction Techniques training is to introduce the SafeStart concepts (four states, four critical errors, the sources of unexpected, the state-to-error risk pattern) and four critical error reduction techniques (CERTs) in order to demonstrate how the mistakes and errors we never intended to make can be reduced or eliminated.

- 1) There are four main sections during the Critical Error Reduction Techniques: Introduction & Overview, Eyes on Task, Mind on Task, Line-of-Fire, Balance/Traction/Grip, and Rushing, Frustration, Fatigue, Complacency
- 2) There are six main sections during the Critical Decisions Training: Using CERT to Prevent Sprains and Strains, Mind on Task, Safety Systems and Recognizing Change, Deliberate Risk and Error Training, Risk, Error and Redundancy Training, Anticipating Error Training, and Complacency and the Other Guy, Other States Training

Minimum and Maximum Number of Participants Needed to Make Each Class: 56 (Based on \$267/person) (56 for Customized Critical Error Reduction Training)

Training Schedule (provide number of days per week, number of hours per day, total hours per class):  
12 hours per course – conducted 2 hours for each session – 6 days – depending on the workload at the time the grant is approved, the training may be conducted either 6 days in succession or 1 day per week for 6 weeks

If Multiple Modules, Number to be Trained in Each Module:

**Customized Critical Error Reduction Training / Quality Training**

Number of Students – 56

Number of Hours – 12 hours per session; 6 sessions

Department – All Departments, Production/Operations, Maintenance, HR, Engineering, IT, Environmental, Financial, Purchasing, Transportation, Safety, Quality, Administrative

Trainees per Session – 8-10 per session

Training Provider - Vendor and Internal – Electrolab Limited

Training Costs - \$267.00 per student – 14,952.00 total  
Timeframe – June or July 2017

#### **Section IV: Training Provider**

Name and Address of Training Provider (if requesting an out-of-state provider, give justification):

Safestart a division of Electrolab Ltd.  
631 College St. E  
Belleville, ON  
Canada K8N 0A3  
(613)962-9577

Training Provider Contact Name, Title, E-mail Address, Company Web Site:

Kara Hepburn  
<http://safestart.com/>

Name and Qualifications of Instructor for Each Component:

Bryan Glossop, 32 years management experience in Safety and Training Management  
Joe Tantarelli – 40 years experience in heavy equipment construction as operator, manager and training specialist

#### **Section V: Training Outcomes**

Describe in Detail the Benefit(s) that the Applicant will Realize for Each Component of Training:

**Outcome for Participants** – This course is designed for a range of employees, including MO's, MOD's, Operation Assistants, Inside Sales Representatives, Buyers, Engineers, and Quality Assurance Coordinators across all departments. The purpose of *Critical Error Reduction Techniques* training is to introduce the program concepts (four states, four critical errors, the sources of the unexpected, the state-to-error-risk pattern) and four critical error reduction techniques (CERTs) in order to demonstrate how the mistakes and errors that are never intended to be made can be reduced or eliminated. To keep the eyes on the task and the mind on the task, avoid line-of-fire and balance, traction or grip problems, reduce or stop mistakes when they are rushing, frustrated, tired or complacent and learn critical error reduction techniques.

Clearly Describe the Goals and Outcomes that the Employer Wishes to Achieve and how Successes will be Measured:

**Outcome for Company** – This training is intended to reduce errors and incidents that may become legal or safety issues at SSAB and will provide a better work environment where employees are kept safe. The main goal is to improve productivity and efficiency as well as profits so that the company can continue to grow and thrive. Reducing errors in production and maintenance will increase production and help reduce costs and mistakes that could irritate customers. Incidents, production and productivity are evaluated on a monthly basis so the company will be able to review the results of training.

Describe the Effect(s) the Proposed Training will have for both the Employer and the Employees:

**Effect for Employees** – Training of employees to improve their on-the-job critical thinking skills and reduce mistakes, accidents, improve efficiency and productivity. Enhanced production skills will provide higher volume, fewer errors, and improved efficiency. There will be more job satisfaction and opportunity for employee advancement as company numbers improve. Less accidents should occur which will keep employees safe.

**Effect for Employer** - Training of employees to improve their on-the-job critical thinking skills will improve efficiency and productivity as less errors occur during production, paperwork and dealing customers. This will reduce costs and provide higher profitability as well as higher customer satisfaction.

Will the employees who Complete the Training Receive a Pay Increase? If yes, give amount:  
Yes, approximately 3% or \$.57 an hour for Mechanics and Electricians. Other Production employees will have a similar increase of 3%, if not more. Increased skills allow the employee to advance which will also provide an increase in wages.

**Section VI: Regional Workforce Development Council Certification**

I certify that this application for Existing Industry Training addresses a priority need and that the Region \_\_\_\_ Workforce Development Council has reviewed the project application and recommends funding the proposed activities **at the following Priority Ranking** \_\_\_\_\_.

NOTE: There is no limit to the number of EITP grant applications that can be submitted each funding cycle; however, **only one application shall receive a #5 priority**. Applications are prioritized in descending order of necessity. The most critical application submitted will be assigned a #5, the highest priority; the next most critical application submitted will be assigned a #4 priority; the next a #3 priority; and so on.

*Laura*      3.21.17  
*Norek*

\_\_\_\_\_  
Printed Name and Date

\_\_\_\_\_  
Signature *Regional Workforce Development Council Chair or Designee (must be voting member of the regional council)*

**Section VII: Budget**

The applicant should apply only for the amount of funds needed to meet the immediate training needs. The budget must clearly support the training plan. All proposed expenses must be allowable, reasonable, and necessary. The applicant must provide a monetary value on the company/employer contributions that will be made during the training. These contributions may be in-kind, cash, etc.

<b>Budget Category</b>	<b>Requested Funds</b>	<b>Non-Requested Employer Contribution (in-kind, cash, etc., shown in \$)</b>	<b>Explanation/Description</b>
Tuition and Fees	<b>\$15000</b>	<b>\$45,075</b>	<b>Total of 185 employees trained @ \$267/person</b>
Instructor Wages			
Instructor Travel, Food, Lodging (non-requested, in-kind)			
Books/Manuals (itemize)			
Training Certifications, Credentials, Licenses			
Materials and Supplies			
Training Equipment Cost (non-requested, in-kind)			
On-site Facility Usage (non-requested, in-kind)			
Trainee Travel, Food, Lodging (can be company, in-kind)			
Trainee Wages (non-requested, in-kind)		\$44,447.04	= \$20.13/hr * 12 hours/session x 56 = \$13,527.36 + = \$20.13/hr * 12 hours/session x 128 = \$30,919.68. Average wage of \$20.13 is used
Other			
<b>Total Funds</b>	<b>\$ 15,000</b>	<b>\$89,522.04</b>	

**Section VIII: Budget Backup** (Use this page to explain and/or itemize entries in the preceding budget page.)

Tuition and Fees: 56 employees @\$267/person = \$15,000 for grant + 128 additional employees @\$267/person = \$45,075.00 for company match

Instructor Wages:

Instructor Travel, Food, Lodging (non-requested, in-kind):

Books/Manuals (Itemize):

Training Certifications, Credentials, Licenses:

Materials and Supplies:

Training Equipment Cost (non-requested, in-kind):

On-site Facility Usage (non-requested, in-kind):

Trainee Travel, Food, Lodging (can be company, in-kind):

Trainee Wages (non-requested, in-kind):

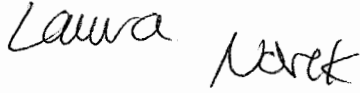
= \$20.13/hr \* 12 hours/session x 56 = \$13,527.36 + = \$20.13/hr \* 12 hours/session x 128 = \$30,919.68. Average wage of \$20.13 is used

Other (other items and related costs not included in the above line items that are required to implement the project included as a grant-funded item in the budget page):

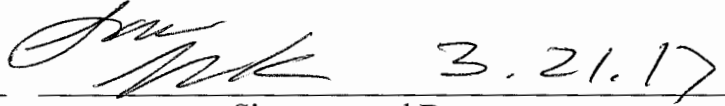
**SIGNATURE PAGE**

**Section IX: Business Authentication**

As the person authorized to act on behalf of the **business requesting training**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved I will ensure that the proposed activities will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.



Laura Norek, Manager Organizational Development



Signature and Date

**Section X: Fiscal Agent for Funds (must be an Alabama Community College System (ACCS) entity)**

ACCS Entity and Mailing Address:  
Alabama Technology Network

Montgomery, Alabama

Project Contact Name, Title, E-mail Address, Telephone #:

David Cooper

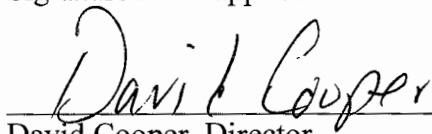
Director

[dcooper@atn.org](mailto:dcooper@atn.org)

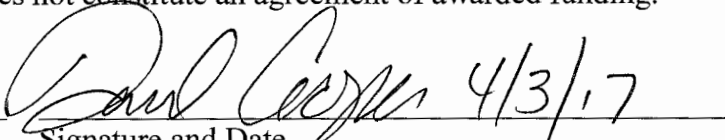
(205) 901-7908

**Fiscal Agent Authentication:**

As the institution President or person authorized to act on behalf of the **fiscal agent**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved I will ensure that the proposed activities will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.



David Cooper, Director



Signature and Date

**Section XI: Training Provider Authentication (if different from Fiscal Agent for Funds)**

As the person authorized to sign on behalf of the **training service provider**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved I will ensure that the proposed activities as stated will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

Project Contact Name, Title, E-mail Address, Telephone #:

Laura Norek, Manager Organizational Development

[Laura.norek@ssabinc.com](mailto:Laura.norek@ssabinc.com)



Laura Norek

*[Handwritten Signature]*

3.21.17

Laura Norek, Manager Organizational Development

Signature and Date

**ALABAMA COMMUNITY COLLEGE SYSTEM**  
**Existing Industry Training Program**  
**– Open Enrollment / Scholarship Application –**

**This Application is for the purpose of requesting training for Employees of Eligible Business or Industry in the Region for Open Enrollment Scholarships.**

**Sections I - VI (below) must be filled out by the Training Provider, one time only for each Open Enrollment course being proposed in the Region.**

**Section VII (below) must be completed by the Fiscal Agent.**

**Sections VIII - XI (below) must be filled out by each Company wishing to nominate employees for training scholarships.**

**Section I: Training Provider**

Course Title: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Name and Address of Training Provider (if requesting an out-of-state provider, give justification):

Training Provider Contact Name, Title, E-mail Address, Telephone #, Company Web Site:

Name and Qualifications of Instructor for Each Component:

**Section II: Training Component**

Course Title: \_\_\_\_\_ Cost of Each Scholarship: \$ \_\_\_\_\_

Training Start Date(s): \_\_\_\_\_ Training End Date(s): \_\_\_\_\_

Minimum and Maximum Number of Participants Needed to Make Each Class:

Training Course Description and Objectives:

Training Schedule (provide number of days per week, number of hours per day, total hours per class):

Number to be Trained Each Module:

Location(s) of Training: