

Blue Zones Worksite Pledge Validation Form

Thank you for completing your Blue Zones Project® Pledge and Assessment to transform your worksite into a designated Blue Zones Worksite®. The next step in this process is to complete this Pledge Validation Form and share with the Blue Zones Project team all the great efforts you have completed at your worksite. Please follow these instructions carefully and contact your Blue Zones Project representative if you have questions.

Instructions:

- Complete this validation form for all pledge actions that you have selected as “currently doing.”
- Short answers can be completed directly next to the question. Otherwise, use the space provided to give more details (if you even need additional space for your answers, please feel free to use the back of the form or attach additional pages). When writing additional descriptions, please respond in the appropriate category and list the number of the pledge action item.
- Attach any necessary supporting documents/pictures as required in the criteria. If a document such as an employee manual can support more than one criterion, you will only need to attach **one copy** and just note or flag the appropriate page number.
- Be as thorough as you can and take credit for all the hard work you have done to improve your worksite!

Next Steps:

- Please send this completed packet with all supporting documents to your Blue Zones Project representative.
- Once we have validated that each pledge item has been satisfactorily completed, you will be sent a link to the Brand Guidelines and a licensing agreement requiring your electronic signature.
- When we have received your signed licensing agreement, you will be awarded a Blue Zones Project designation and corresponding certificate and granted access to our online marketing center. This website features communications you can use to promote the Blue Zones Project within your organization.

Worksite Information:

Employer Name: _____

Name of Submitter: _____

Title of Submitter: _____

Phone Number: _____

Email Address: _____

Employer Address: _____

City/State/Zip Code: _____

Date Validation Form Completed: _____

Category: Leadership	Point Value	Verification of Criteria Met	Check Box if Criteria Met	Description or Name of Partner if Applicable
1. Communicate aggregate company well-being metrics to all employees annually.	3	Copy of communication to employees		
2. Support an employee led well-being advisory committee (meets regularly at least four times a year).	3	Copy of agenda and minutes from one or more meetings		
3. Offer to all employees a personality assessment (i.e. Myers-Briggs, True Colors, Strength Finders) to support communication between management and employees.	3	Copy of the communication to employees offering the personality assessment and copy of the personality assessment offered. Describe how the assessment is being utilized and indicate the total number of employees in the organization that completed it		
4. Train leaders to encourage the use of walking and/or standing meetings (one-on-one meetings and larger group meetings when possible).	2	Description of training leaders receive to encourage the use of walking and/or standing meetings or provide the formal policy encouraging walking and/or standing meetings.		

Category: Leadership

Please list the pledge action number with your longer descriptions below. If you have attached support documents to fulfill a category requirement you do not need to write anything here.

Category: Purpose	Point Value	Verification of Criteria Met	Check Box if Criteria Met	Description or Name of Partner if Applicable
5. Prominently display the organization's vision, mission and values in a public place, include it in the employee handbook, and communicate it to employees at least once a year.	3	Picture OR Description		
6. Organize or promote a purpose workshop that supports employees to articulate and connect with their own personal purpose.	3	Description of purpose workshop with dates and number of employees attending		
7. Adopt a formal policy that supports employee volunteer activities within the community they live (both during work and outside of work hours).	2	Copy of policy		

Category: Purpose
Please list the pledge action number with your longer descriptions below. If you have attached support documents to fulfill a category requirement you do not need to write anything here.

Category: Habitat/Physical Environment	Point Value	Verification of Criteria Met	Check Box if Criteria Met	Description or Name of Partner if Applicable
8. Improve the cafeteria food environment by completing 50 percent of the points possible in the Blue Zones Restaurant Pledge.	5	Confirmation by Blue Zones Project team that the cafeteria completed 50% of points from the Blue Zones Restaurant Pledge		
9. Ensure that at least 50 percent of food and beverages options in vending machines meet the Blue Zones Guidelines for Healthy Foods and Beverages for Adults.	3	Description AND Picture of vending machines		
10. Complete the Ergonomic Checklist to ensure that office and non-office-based employees have safe and comfortable ergonomic equipment.	3	Copy of completed Ergonomic Checklist for all employees		
11. Ensure that meeting rooms, workstations, and private office furniture provides flexibility to choose to stand or sit and work.	2	Description OR Picture		
12. Support micro-breaks to stretch every hour either prompted by software or other workplace cues.	2	Description OR Software name		
13. Designate a quiet space in the office where employees can downshift/meditate.	2	Description AND Picture		
14. Adopt a policy that provides space and time for breastfeeding during work hours.	2	Copy of policy		
15. Offer and publish walking routes that include number of steps/distance markers throughout internal work environment and external campus /parking areas.	2	Walking route documents being distributed AND/OR Picture of signage		
16. Provide secure bicycle storage (lockers or racks) for 5 percent or more of all employees.	2	Picture of bicycle storage and number of bicycle		

Category: Habitat/Physical Environment	Point Value	Verification of Criteria Met	Check Box if Criteria Met	Description or Name of Partner if Applicable
		storage facilities as percentage of employee population		
17. Provide showers and changing facilities with lockers to employees.	2	Picture of showers and changing facilities, number of showers and FTE employees		
18. Offer employer sanctioned fitness activities (e.g., yoga, kickball, ping pong, fitness classes, walking clubs) and allow participation during work hours.	2	Description		
19. Create an employee garden.	2	Picture of garden		
20. Encourage use of existing stairwells by using signage to prompt their use, keeping them well-lit, and decorating them with art or music to increase aesthetic appeal.	2	Picture of stairwells		
21. Offer wireless headsets to employees who spend most of the day on the phone.	1	Description with brand name OR Picture of headsets		
22. Allow employees to have control over their individual workspace to add family photos, plants, or other personally meaningful items.	1	Copy of policy allowing employees control over their workspace AND/OR Pictures of several individual workspaces that have been personalized.		

Category: Habitat/Environment

Please list the pledge action number with your longer descriptions below. If you have attached support documents to fulfill a category requirement – you do not need to write anything here.

Category: Engagement/Creation of Social Networks	Point Value	Verification of Criteria Met	Check Box if Criteria Met	Description or Name of Partner if Applicable
23. Develop an engagement plan with a communication strategy; specific, defined objectives; metrics for measuring progress; a calendar of social events to encourage employee well-being; and incentives designed to promote participation.	9	Copy of Engagement Plan that includes all required components		
24. Organize Blue Zones Moais® (purpose, potluck, walking) for employees and contractors.	4	Description of Moais organized including type and number of Moais formed and/or total number of employees/contractors who participated		
25. Host plant-based cooking classes.	3	Description of plant-based cooking classes including number of classes and/or total number of employees/contractors participating in classes		
26. Host “Lunch with a Co-worker” program and/or lunchtime walking groups.	3	Description		
27. Create a pervasive brand for your health and well-being program.	3	Sample of branded material OR Description of brand		
28. Share updates on program participation levels and positive experiences and outcomes including testimonials with all employees.	2	Description OR Copy of updates distributed		

<p>29. Effectively use “place-based media” to communicate well-being messages (e.g., using stairwells, elevators, restrooms, etc., for location-appropriate messages).</p>	<p>2</p>	<p>Description AND Copy of signage</p>		
<p>30. Contact at least 50% of independently owned restaurants within walking distance of the worksite and encourage them to take the Blue Zones Restaurant Pledge.</p>	<p>2</p>	<p>Copy of communication to restaurant owners</p>		

Category: Engagement/Creation of Social Network

Please list the pledge action number with your longer descriptions below. If you have attached support documents to fulfill a category requirement – you do not need to write anything here.

Category: Policies & Benefits	Point Value	Verification of Criteria Met	Check Box if Criteria Met	Description or Name of Partner if Applicable
31. Make health benefits available for full-time employees and family members (full time considered 30+ hours).	3	Copy of policy offering benefits		
32. Benefits designed to promote prevention (e.g., Flu shots, immunizations, and preventive screenings that are 100 percent covered).	3	Description of preventive benefits		
33. Establish a campus-wide tobacco free worksite (inside property and on company grounds).	3	Copy of Policy		
34. Establish a policy to only offer foods that meet the Blue Zones Guidelines for Healthy Foods and Beverages for Adults at meetings and special events.	3	Copy of Policy		
35. Regularly encourage employees to commute to work via walking, biking, or public transit.	1	Description of efforts to promote walking, biking, and public transit use to commute to work		
36. Create Blue Zones Project parking spaces furthest away from the workplace entrance(s).	1	Picture of signage or description of where signage is placed		
37. Allow flexible work schedules for all employees.	1	Copy of policy		
38. Incorporate paid time off bank (instead of separate sick/vacation/personal time).	1	Copy of policy		

Category: Policies & Benefits

Please list the pledge action number with your longer descriptions below. If you have attached support documents to fulfill a category requirement – you do not need to write anything here.

Category: Well-Being Solutions	Point Value	Verification of Criteria Met	Check Box if Criteria Met	Description or Name of Partner if Applicable
Preventive Services				
39. Provide on-site/available biometric screening for employees.	3	Description of Event/Dates AND Name of Vendor		
Additional Services				
40. Offer Employee Assistance Programs (EAP). -Includes Financial Education/Planning Assistance -Includes Stress/Depression Management	1 1 1	Description AND Name of Vendor		
41. Offer 24/7 Nurse-Line and/or Decision Support Tools.	1	Description AND Name of Vendor		
Awareness/Education				
42. Offer a Health Risk Assessment such as the Healthways Well-Being Assessment annually.	2	Copy of health risk assessment, or if using Healthways Well-Being Assessment, note this		
Coaching (telephonic/onsite/web-based)				
43. Offer Weight Management and/or Nutrition Coaching. - Includes Weight Management programs or subsidies (e.g., Weight Watchers)	1 1	Description AND Name of Vendor for weight management and/or nutrition coaching Description for weight management programs and/or subsidies		
44. Offer Tobacco Cessation Coaching and Nicotine Replacement Therapy (NRT).	3	Description AND Name of Vendor		

<p>45. Offer physical activity coaching.</p> <p>- Includes on-site fitness center or subsidies to local fitness center</p>	<p>1</p> <p>1</p>	<p>Description AND Name of Vendor for physical activity coaching</p> <p>Description for on-site fitness center or subsidies to local fitness center</p>		
<p>46. Offer chronic condition management with coaching.</p>	<p>2</p>	<p>Description AND Name of Vendor</p>		

Category: Well-Being Solutions

Please list the pledge action number with your longer descriptions below. If you have attached support documents to fulfill a category requirement – you do not need to write anything here.

TOTAL POINTS ACHIEVED: _____

Must be 72 points or greater to become a Blue Zones Worksite