



Instructions

- You may submit the completed form in one of three ways listed below.
Online: www.bwc.ohio.gov
Fax: 614-365-4971
Mail: Attention: Industry-Specific Safety Program
Ohio Bureau of Workers' Compensation
13430 Yarmouth Drive
Pickerington, OH 43147-8310

Form with fields: Company name, Policy number, Name of person completing the survey, Service date, Name of consultant who performed the on-site service

Did you receive a report related to the on-site consultation/training? [] Yes [] No
If you answered No, please wait until you have the consultant's report before completing this survey since several questions relate to the report you will receive.

Select one service
[] Company-specific safety training
[] Customer-safety team development
[] Ergonomics assessment
[] Industrial hygiene assessment
[] Safety-hazard assessment for construction
[] Safety-hazard assessment for general industry
[] Safety-management process evaluation
[] Safety program/process development

Table with 5 columns: Rating (Excellent, Good, Fair, Poor) and 6 rows of survey questions regarding report timeliness, quality, response, knowledge, likelihood of changes, and benefit.

Do you intend to use the Division of Safety & Hygiene for future on-site consultation/training? [] Yes [] No [] Maybe

Comments