*WRT Delivery SAFETY GRANT$ -- Phase VI*

1 Year Case Study Reporting Form

|  |  |
| --- | --- |
| Company: |  |
| Policy Number: |  |
| Safety Grant Number: |  |
| Employer Contact Name: |  |

Please provide the following:

1. A description of your company.
2. A description of the situation before the intervention(s).
3. A description of the situation after the intervention(s).
4. Picture(s) and video of the employees performing the work before implementation of the intervention(s).
5. Picture(s) and video of the employees performing the work after implementation of the intervention(s).
6. Attach a pre-intervention and a post-intervention risk assessment(s) (i.e. job safety analysis, ergonomic analysis, industrial hygiene assessment) to demonstrate if risk potential was improved by the intervention(s).
7. For **processes affected by the intervention**, please complete the following table for each time period:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Performance Measure** | | **Before Intervention** | | | | **With Intervention** | | | |
| Months 10-12 | Months 7-9 | Months 4-6 | Months 1-3 | Months 1-3 | Months 4-6 | Months 7-9 | Months 10-12 |
| # affected employees | |  |  |  |  |  |  |  |  |
| # hours worked | |  |  |  |  |  |  |  |  |
| # of deliveries/ service calls | |  |  |  |  |  |  |  |  |
| # workers compensation claims | |  |  |  |  |  |  |  |  |
| Turnover | # of employee separations (voluntary) |  |  |  |  |  |  |  |  |
| # of employee separations (non-voluntary) |  |  |  |  |  |  |  |  |
| Absenteeism | # of employee unplanned absences (sick leave, AWOL, family responsibility etc.) |  |  |  |  |  |  |  |  |
| # of *hours* of employee unplanned absences (sick leave, AWOL, family responsibility etc.) |  |  |  |  |  |  |  |  |
| Quality | # of damaged goods during delivery or service calls |  |  |  |  |  |  |  |  |
| Productivity | # deliveries or service calls divided by deliveries or service calls scheduled |  |  |  |  |  |  |  |  |

1. Other Productivity data for affected intervention(s) (i.e. other pertinent measures for your company/ industry). Attach any additional sheets or supporting documentation. This data should compare productivity before and after the intervention(s).
2. Other Quality data for affected intervention(s) (i.e. other pertinent measures for your company/industry). Attach any additional sheets or supporting documentation. This data should compare quality before and after the intervention(s).
3. Cost benefit analysis.

***Please refer to the BWC SafetyGrants website for this reporting form. Complete and attach to your case study when submitting.***

This analysis should include money spent (i.e. cost of intervention, cost of training, etc.) and money saved (i.e. injury reduction/avoidance, production savings, quality savings, absenteeism savings, etc.)

1. Any other important information to share.