



Policy number	PDP+ program period	
Employer		
DBA	Telephone number ()	
Street address	E-mail address	
City	State	ZIP code
Employer printed name	Title	
Employer signature	Date	

_____ Full time ☐ Seasonal ☐ Non-seasonal _____ Part time ☐ Seasonal ☐ Non-seasonal _____ Temporary ☐ Seasonal ☐ Non-seasonal _____ Leased employees ☐ Seasonal ☐ Non-seasonal



10-Step Business Plan Plan of Action (POA)

	Employer	Policy number		
Step 1 – Visible, active senior management leadership	POA		Person responsible	Completion date
	Describe: a) Doing now	b) Improvements to be made		
a) Authorizing necessary resources for accident prevention				
b) Discussing safety processes and improvements regularly during staff or employee meetings				
c) Ensuring management is held accountable for accident-prevention activities and for managing accident-prevention processes				
d) Annually assessing the success of the safety process by using surveys, personal interviews and/or behavior sampling				
e) Encouraging employees to take an active part in maintaining a safe workplace				
BWC assessment Step 1			Date	Meets
				Below



10-Step Business Plan Plan of Action (POA)

	Employer	Policy number		
Step 2 – Employee involvement and recognition	POA		Person responsible	Completion date
	Describe:	a) Doing now		
a) Safety and health involvement teams, focus groups, or safety and health committees				
b) Accident investigations analysis and assessment				
c) Safety and health audits				
d) Acting as instructors for safety and health training programs				
Recognition opportunities can include:				
a) Recognizing employees for excellence in accident prevention;				
b) Recognizing employees for consistently high contribution to safety and health;				
c) Recognizing employees for their contributions to continuous improvement through participation in problem solving, decision making or perception surveys;				
d) Recognizing employees who suggest safety and health improvements or complete safety and health projects.				
BWC assessment Step 2			Date	Meets
				Below



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10-Step Business Plan Plan of Action (POA)

	Employer	Policy number		
Step 3 – Medical treatment and return to work practices	POA		Person responsible	Completion date
	Describe: a) Doing now	b) Improvements to be made		
a) Informing employees of procedures for obtaining medical treatment, including informing employees of the selected MCO				
b) Immediate reporting of injuries and illnesses to a supervisor				
c) Regular communication with injured or ill employees who are off work				
d) Investigation of all injuries or illnesses within 24 hours to identify process and corrective measures				
e) When not prohibited by labor agreement, a modified-duty or transitional-work program that allows employees to return to work in a productive capacity during the recuperative period				
BWC assessment Step 3			Date	Meets
				Below



10-Step Business Plan Plan of Action (POA)

	Employer	Policy number
Step 4 – Communication	POA	Person responsible
	Describe: a) Doing now	b) Improvements to be made
a) Quarterly written and/or verbal feedback to all employees on their accident-prevention performance		
b) A process for upward communication and downward communication throughout the organization, including obtaining and responding to employee suggestions		
c) Memos, bulletin boards, staff and general meetings		
d) Feedback should include the organization's overall safety and health performance		
BWC assessment Step 4		Date
		Meets
		Below



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Compensation

10-Step Business Plan Plan of Action (POA)

		Employer	Policy number		
Step 5 – Timely notification of claims		POA		Person responsible	Completion date
		Describe:	a) Doing now		
a)	Reports claims immediately to MCO				
b)	Verified MCO reports claim to BWC within 24 hours				
BWC assessment Step 5				Date	Meets
					Below



	Employer	Policy number		
Step 6 – Safety and health process coordination	POA		Person responsible	Completion date
	Describe:	a) Doing now b) Improvements to be made		
a) Helping management and employees identify accident prevention and safety and health training needs through perception surveys, interviews, behavior sampling or other similar methods				
b) Helping supervisors make changes or develop strategies that improve the organization's safety systems and processes				
c) Identifying and communicating new safety and health requirements				
d) Compiling injury and illness-related records				
e) Tracking progress on safety and health-related projects				
f) Working with employees to optimize safe work practices				
BWC assessment Step 6			Date	Meets
				Below



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Compensation

10-Step Business Plan Plan of Action (POA)

	Employer	Policy number		
Step 7 – Written orientation and training plan	POA		Person responsible	Completion date
	Describe: a) Doing now b) Improvements to be made			
Safety and health written orientation and training plan will include:				
a) Company safety and health policy statement;				
b) Employee responsibilities;				
c) Medical procedures, such as how and when to report injuries or illnesses;				
d) Actions to take in case of emergency;				
e) How to report unsafe practices and conditions;				
f) Return to work procedures.				



Safety and health training will include:				
a) Hazard communication;				
b) Bloodborne pathogens, if applicable;				
c) Specific job/task safe work practices and hazard recognition;				
d) Recordkeeping of employee training and sign-off of training.				
At a minimum, training must cover:				
a) Procedures for safe and efficient use of machinery and tools;				
b) Ergonomic risk factors, including the prevention of cumulative trauma disorders;				
c) Chemical hazards and how to prevent contact or exposure;				
d) If appropriate, procedures for lockout/tagout, hot work permits and confined-space entry.				
BWC assessment Step 7			Date	Meets
				Below



Bureau of Workers'
Compensation

10-Step Business Plan Plan of Action (POA)

	Employer	Policy number		
Step 8 – Written and communicated safe work practices	POA		Person responsible	Completion date
	Describe:	a) Doing now		
a) General safe work practices				
b) Job-specific safe work practices				
c) Employees sign statement that they understand and will follow safe work practices				
BWC assessment Step 8			Date	Meets
				Below



10-Step Business Plan Plan of Action (POA)

	Employer	Policy number
Step 9 – Written safety and health policy	POA	Person responsible
	Describe: a) Doing now	b) Improvements to be made
a) Chief executive officer's philosophy on safety and well-being of employees with his/her commitment to quality		
b) Managers, supervisors, team leaders and employees' responsibilities regarding the organization's commitment to workplace safety and health		
c) Commitment to return injured or ill employees to work at the earliest opportunity		
d) Communicated to employees verbally, posted on bulletin board, in employee handbook		
BWC assessment Step 9		Date
		Meets
		Below



10-Step Business Plan Plan of Action (POA)

	Employer	Policy number		
Step 10 – Recordkeeping and data analysis	POA		Person responsible	Completion date
	Describe:	a) Doing now b) Improvements to be made		
a) Identify safety and health process problems				
b) Help manage the compensation process				
c) Provide information necessary for developing solutions				
d) Linkage between accident prevention and profitability				
e) Specific costs associated with safety and health problems and accidents				
BWC assessment Step 10			Date	Meets
				Below