



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

Briefly describe the product or service your business provides.

How many full and part-time employees do you have in Ohio? (If seasonal, please indicate vs. non-seasonal)

\_\_\_\_\_ 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)

| Step 1 – Visible, active senior management leadership  | Employer  | Policy number      |                            |       |
|--|-----------|--------------------|----------------------------|-------|
|  | 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 |



|   | Employer  | Policy number |                    |                 |
|---|-----------|---------------|--------------------|-----------------|
| <b>Step 2 – Employee involvement and recognition</b>  | 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           |



|   | Employer  | Policy number |                            |                    |                 |
|---|-----------|---------------|----------------------------|--------------------|-----------------|
| <b>Step 3 – Medical treatment and return to work practices</b>  | 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           |



|  | Employer  | Policy number |                    |                 |
|--|-----------|---------------|--------------------|-----------------|
| <b>Step 4 – Communication</b>  | POA       |               | Person responsible | Completion date |
|  | Describe: | a) Doing now  |                    |                 |
| 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           |



|   |   | Employer     | Policy number              |                    |                 |
|---|---|--------------|----------------------------|--------------------|-----------------|
| <b>Step 5 – Timely notification of claims</b> |   | POA          |                            | Person responsible | Completion date |
| Describe:                                     |   | a) Doing now | b) Improvements to be made |                    |                 |
| 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              |                    |                 |
|--|------------------------|----------------------------|--------------------|-----------------|
| <b>Step 7 – Written orientation and training plan</b>                        | 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 |



# 10-Step Business Plan Plan of Action (POA)

| Step 8 – Written and communicated safe work practices                                | Employer     |                            | Policy number      |                 |
|--|--------------|----------------------------|--------------------|-----------------|
|  | Describe:    | POA                        | Person responsible | Completion date |
| a) General safe work practices   | a) Doing now | b) Improvements to be made |                    |                 |
| 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           |



|   | Employer  | Policy number |                            |                    |                 |
|---|-----------|---------------|----------------------------|--------------------|-----------------|
| <b>Step 9 – Written safety and health policy</b>  | POA       |               |                            | Person responsible | Completion date |
|   | 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  |                    |                 |
| 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           |