Complete the self-assessment to show us how you met the requirements of the 10-Step Business Plan for Safety. You must complete the steps required for your participation year. If you check the no □ in response to any of the questions regarding the steps required for your participation year, you must attach an explanation.

The self-assessment is due **March 31** for start date **July 1**, and **Sept. 30** for start date **Jan. 1**.

Please send this form and attachments via fax to BWC at 614-365-4976.

Please answer each of the statements below by checking the appropriate Yes/No box □, and if requested, provide additional information and attachments.

### Step 1 – Visible, active senior management leadership

1. Our company has a safety policy statement signed by top management.  
   - I have attached a copy of our safety and health statement to the self-assessment.

2. We discuss safety processes and improvements regularly during staff and/or employee meetings.  
   - I have attached one meeting agenda where we discussed safety with managers to the self-assessment.

### Step 2 – Employee involvement and recognition

1. We provide employees with safety participation opportunities.  
   - I have attached one agenda and a sign-in sheet from an employee safety meeting to the self-assessment.

### Step 3 – Medical treatment and return-to-work practices

1. We have developed a written procedure for reporting accidents within a specified time frame and for obtaining medical treatment after a workplace injury.  
   - I have attached a copy of our written procedure to the self-assessment.

2. We have developed a written return-to-work policy or statement.  
   - I have attached our return-to-work policy or statement to the self-assessment.
**Step 4 – Communication**

1. Our company uses written safety communications to employees. (For example, company newsletter or payroll stuffer).
   List the types of written safety communications that you use within your company.

   ▶ I have attached a sample of one of our written safety communications to employees to the self-assessment.

**Step 5 – Timely notification of claims**

1. When an employee notifies us of an occupational injury or illness, we report the claim to the managed claim organization immediately.

**Step 6 – Safety and health process coordination and employer education**

1. We have designated an employee as accident-prevention coordinator who will work with employees and management to implement safety strategies.

   Name: 
   Title: 

2. Our accident-prevention coordinator has attended at least six hours of BWC-approved Step 6 classes for this participation year:

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<thead>
<tr>
<th>Attendee name</th>
<th>Class name</th>
<th>Date</th>
<th>Location</th>
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**Step 7 – Written orientation and training plan**

1. We have developed a written safety and health training plan that documents specific training objectives and instructional procedures.

   ▶ I have attached a training calendar with scheduled training dates to the self-assessment.

2. We train all employees on all relevant safety and health topics at least annually.

3. We document our safety training and maintain a signed list of attendees.

   ▶ I have attached one training sign-in sheet with the topic identified to the self-assessment.

**Step 8 – Written and communicated safe work practices**

1. We have developed general and job-specific safe work practices.

2. We provide employees with a copy of the safe work practices, and they sign a statement indicating they have read the rules and understand their responsibilities.

   ▶ I have attached a copy of a sign-off sheet where the employee has signified that he/she has read the rules and understand his/her responsibilities.
Step 9 – Written safety and health policy

1. We have developed a written safety and health statement signed by the top company official, which includes the responsibilities of all employees to maintain a safe workplace.  
   Yes ☐ No ☐

2. We review our safety and health policy with all employees at least once a year.  
   Yes ☐ No ☐

Step 10 – Recordkeeping and data analysis

1. We keep records of workplace accidents and near-miss incidents.  
   Yes ☐ No ☐
   ▶ I have attached a record of accidents and incidents over the last 12 months to the self-assessment.  
   Yes ☐ No ☐

2. We manage injuries by identifying accident causes and controlling or eliminating them.  
   Yes ☐ No ☐

Your signature below, as the designated representative for this employer, signifies you have submitted a complete and accurate report. If your company fails to submit a fully completed self-assessment and required attachments by the appropriate deadline, BWC reserves the right to conduct a compliance audit.

I hereby certify my organization has implemented all components of our 10-Step Business Plan for safety in accordance with the requirements specified for our year of participation. I understand my signature constitutes my company’s certification of compliance with BWC’s requirements and – if this self-assessment and/or any attachments are not accurate – that this is a fraudulent representation that may lead to legal action under the applicable fraud statutes as well as taking back discounts and removal from current and/or future participation.

_________________________________________  _________________________________
Signature of designated management representative submitting report                       Date of submission

_________________________________________  _________________________________
Printed name of designated management representative signing above                       Report due date