

Safety Intervention Grants Program



Safety Intervention Grants Program

The purpose of the Safety Intervention Grants Program is to gather information about the effectiveness of safety interventions so that BWC may share the results with Ohio employers. Available to any Ohio state-fund or public employer, the program assists grantees with the purchase of equipment that will substantially reduce or eliminate injuries and illnesses associated with a particular task or operation. When they receive a safety grant, Ohio employers partner with BWC to establish safety intervention best practices for accident and injury prevention.



Table of Contents

Why you should apply for Safety Intervention SafetyGRANTS	1
Eligibility requirements	1
Program requirements	1
Employer responsibilities	1
Use of grant funds	2
Time of performance	3
Disqualification	3
Grant review process	4
Application	5-12

Safety Intervention SafetyGRANTS Program Procedural Guide

Why you should apply for a Safety Intervention SafetyGRANTS

BWC awards safety grants to employers for the purchase of ergonomic, safety and/or industrial equipment. Employers can use this equipment to help reduce or eliminate injuries and illnesses. This in turn can reduce the number and severity of injuries and illnesses.

BWC evaluates the research data from the safety grant program on a periodic basis. BWC publishes reports of the research to assist employers in preventing workplace injuries and illnesses. When determining whether to award a grant, BWC considers how much the intervention will advance research.

With the safety intervention grant, employers are eligible for a 2-to-1 matching grant, up to a maximum of \$40,000, meaning a total of \$60,000 – \$20,000 from the employer and \$40,000 from BWC.

Eligibility requirements

To be eligible for a safety intervention grant, you must:

- Be a state-fund employer;
- Maintain active coverage;
- Be current on all monies owed BWC;
- Demonstrate the need for safety intervention.

Program requirements

- Provide BWC documentation that may include but is not limited to original paid itemized invoices proof of payment, proof of employer contribution and canceled checks that demonstrates you spent and applied all funds issued by BWC toward the purchase of ergonomic, safety and/or industrial hygiene equipment.
- Provide BWC quarterly data reports electronically for two years, which detail the hours worked by the affected population and list claim numbers affected by the intervention, if any. You must enter these reports within 30 days of the reporting period.
- Provide BWC a case study report electronically at one year from the intervention. You must submit this report within 30 days of the reporting period.
- Allow BWC staff access to the work site to observe, photograph, and/or videotape affected processes before and after the intervention.
- Allow BWC staff access to the work site to perform a comprehensive safety assessment of the organization. The overall safety assessment provides BWC with a more comprehensive look at the applicant's overall safety practices, which

could help assess the cost effectiveness of providing a safety grant. BWC will also conduct a five-year claims history review.

- Cooperate with BWC by providing access to information to help it measure the effectiveness of the intervention.
- Allow BWC to publish safety intervention grant results, including but not limited to data, videos, specifications, and/or photos for the purposes of illustrating, educating, and training employers and employees.
- Pursuant to Ohio Revised Code 125.112 (F), BWC is required to post to the BWC website names of grant recipients and dollar amounts awarded.
- BWC must issue an IRS 1099 form to you for all unused and/or unverified funds. Acceptable verification is your original paid invoice(s) and copies of canceled check(s) to verify payment. If you fail to submit all documentation in accordance with the terms of the SafetyGRANTS Program, and/or you have not verified how you spent the funds by Dec. 31 of a given year, the award could be considered income received and may be taxable. (Note: The issuance of a 1099 form does not preclude BWC from seeking administrative, civil and/or criminal sanctions if you do not reimburse the bureau all unused grant money and/or funds deemed misappropriated.)

Employer responsibilities

- **Consultant visit:** You must contact your local BWC customer service office to schedule a visit by a BWC safety consultant prior to completing the safety intervention grant application. The BWC safety consultant will complete a comprehensive safety report and risk factor assessment.
- **List of claims:** A claim is not required for program eligibility; however, if an injury occurred as a result of the task the intervention will affect, then you may report it.
- **No job elimination:** You must agree you will eliminate no jobs due to the proposed intervention. You should further consider that BWC will require you to reimburse it, up to the full amount of the grant should you fail to adhere to the regulations, terms and/or conditions of the award.
- **Proof of spending:** Should BWC approve your application, you must make your purchases within three months of BWC issuing the check.
 - Rentals or leases are not allowed under the safety grants program
 - Within 30 days after the three-month implementation has expired, you must provide BWC

with a copy of the originally approved budget, original paid invoice(s) pertaining to all equipment purchased, and copies of all canceled check(s) or online bank statements, issued that demonstrate all invoices associated with the intervention were paid in full, and all BWC and employer contributions were fully used in the manner intended. (Note: You must include a description of the item(s) purchased with all invoices.)

- BWC recommends you keep copies of all documentation submitted for your files.

- **Reporting to BWC:** All grant recipients are required to submit a baseline report with their grant application and must file quarterly data reports electronically through BWC's Web site at ohiobwc.com. You can access the SafetyGRANTS by clicking on:
 - Ohio employers;
 - Safety services;
 - SafetyGRANTS.

You must file quarterly data reports electronically for two years, which detail the hours worked by the affected population and list claim numbers affected by the intervention, if any.

BWC requires you to provide a case study one year from the intervention date; two and three year case study reports are optional. BWC will provide a case study report template if it approves your application.

Submit both quarterly data reports and annual report within 30 days of the reporting period. BWC will require employers who fail to adhere to the reporting requirements to reimburse it up to the full amount of the grant.

- **Addendum to application:** The BWC SafetyGRANTS Review Board must approve all changes **prior** to implementation. You must submit requests for changes and/or modifications in writing, as an addendum to your application, and provide BWC with an amended budget and itemized expense report. If you have any questions, please call SafetyGRANTS at 1-800-OHIOBWC.
- **Return unused funds:** You must reimburse BWC for funds you did not use from the SafetyGRANT program within 30 days after the three-month

expiration date. Failure to repay BWC all unused portions of the grant may result in administrative, civil and/or criminal sanctions.

- **BWC-sponsored programs:** Employers who participate in a group-rating program or are involved in other BWC-sponsored programs may apply for a safety grant.

Professional Employer Organizations

- State-fund employers who are in a professional employer organization (PEO)/client relationship are eligible to apply for a safety intervention grant. The client employer must apply under its own BWC policy number and will be responsible for obtaining all claims data from their PEO as required for participation in the safety grant program. This claims data includes a five-year claims history and follow-up claims data reported quarterly to BWC for a two-year period. In addition, the employer must provide a case study on the effectiveness of the intervention.
- PEOs are eligible for safety grants under their own policy number. These grants can only be used for operations owned/operated by the PEO and not for any client employer.

Use of grant funds

- **Approved purchases:** You may only use the safety intervention grant to purchase ergonomic, safety and/or industrial hygiene equipment to substantially reduce or eliminate workplace injuries and illnesses. BWC will hold a company responsible for using the grant in the intended manner, and the company may face administrative, civil and/or criminal sanctions should it misappropriate funds.
- **Unapproved purchases:**
Interventions not covered include:
 - rented or leased equipment;
 - personal protective equipment;
 - back belts;
 - wrist splints;
 - safe-lifting training;
 - routine office interventions;
 - interventions used solely for rehabilitative purposes;
 - routine equipment replacement;
 - equipment related to capital improvement projects already underway.

BWC reserves the right to approve or deny any application based upon research needs, program needs and/or intervention effectiveness. The safety grant review board may deny grant applications for interventions for which BWC has already collected enough research information or for interventions which are outside the scope of the research program. These interventions appear on the moratorium list found on our web site, ohiobwc.com. You may also contact the SafetyGRANTS program at 1-800-OHIOBWC.

- **Purchases:** As previously stated, you may only use the safety intervention grant to purchase ergonomic, safety and/or industrial hygiene equipment to substantially reduce or eliminate workplace injuries and illnesses. You may not use SafetyGRANTS for salaries, wages, internal labor and the cost of preparing the application. You must complete purchases within three months of receipt of grant award.
- **Multiple grants:** You may apply for grant money more than once, not to exceed the maximum total amounts as allowed per employer.
- **Prior purchases:** You may not use grant money for safety interventions you have already purchased. This includes any or all of the following: ordered equipment, received equipment or paid equipment. If you make the purchase/payment prior to receipt of the grant check, BWC will consider the purchase retroactive and it will request return of the funds.
- **Testing equipment:** Employers may test equipment before applying for a safety grant. BWC grant funds will not be used to cover the cost of testing. Therefore, the agreement for the testing period is between the employer and the vendor. If the employer decides to test equipment and applies for grant funds to purchase the equipment, the baseline data must be the two-year period prior to the test period.
- **External consultants:** You may not use the grant money for external consultant fees.

Time of performance

- **Making the purchase:** Employers must make equipment purchases within three months of BWC issuing the grant check. BWC will consider allowing additional time, up to a maximum of three months, upon the request of the employer. You must make the extension request within the initial three month period.
- **When to purchase:** You may not make the purchase and then request reimbursement. If approved,

BWC will issue the check approximately three weeks after approval. Upon receipt of your grant check, you may make your purchase. You can't order or purchase approved safety intervention equipment prior to receipt of the grant check.

- **When a 1099 is issued:** If you do not spend the funds within three months of BWC issuing the check and/or prior to Dec. 31 of a given year (whichever comes first), BWC will issue your company a federal 1099 tax form. BWC will further issue a 1099 form to companies that fail to abide by the program reporting requirements.

Note: The issuance of a 1099 form will not preclude BWC from seeking civil and/or criminal sanctions, if you do not reimburse it all unused grant money and/or if funds deemed misappropriated.

Disqualification

- **Disqualification from program:** If for any reason the employer participating in the safety intervention grant program fails to satisfy one or more of the criteria established in the application and instructions, Ohio Administrative Code (OAC) 4123-17-56, and the following agreement, including but not limited to the requirement of maintaining active coverage, timely payments therefore, and the obligations described in the Employer Responsibilities and Time of Performance sections, BWC may disqualify the employer from the program. Disqualification will result in termination of BWC's obligations under this agreement, and BWC reserves the right to recover grant monies by one or more of the following methods: billing the employer for the grant money received, forwarding to the Office of the Attorney General of Ohio for collection, set-off, recoupment, or other civil and/or legal remedy.

If the employer merges or combines its business after receiving a grant but before completing the two years of measurement reporting, the BWC Successorship Liability Policy will go into effect.

The grant/predecessor employer is responsible for notifying the successor employer of the obligations under the Safety Intervention Grant program.

The successor employer may be liable to repay any and all previously paid grant monies if these obligations are not met.

Safety Intervention SafetyGRANTS Program Procedural Guide

Grant review process

- When BWC receives the completed application, it will review it to ensure you have addressed all questions and completed all forms. BWC then sends the application to the Safety Intervention Review Board for a technical review of the application. The board evaluates the applications individually, approving or denying the applications based upon their merit. If approved, it will forward your application to BWC's finance department to issue the check. If denied, BWC will return the application to you with a letter of explanation. You may re-apply for grant money.
- **Signature on application and agreement:** Private employers are required to sign the application and agreement, signifying that they are either the owner, chief executive officer, chief financial officer, plant manager or other person having fiduciary responsibilities with the employer; and the

employer agrees the signer or his or her successor will have the authority to oversee the carrying out of the employer's responsibilities for two years after the implementation of the intervention. The signer's authority will continue until the employer notifies BWC of the name of the successor.

Public employers are required to sign the application and agreement, signifying that they have primary fiduciary responsibilities under the public employer's BWC policy number; and the employer agrees the signer or his or her successor will have the authority to oversee the carrying out of the employer's responsibilities for two years after the implementation of the intervention.

- **Multiple grants:** You may apply for grant money more than once, but the total of all grants submitted cannot exceed the maximum total amount associated with the SafetyGRANT program.

Steps to apply

Simply complete the application that follows, providing all the information requested; BWC will return incomplete applications.

Employers applying for a safety intervention safety grant must answer all questions, and complete the agreement, W-9 (located in the back of this book) and the Vendor Information Form. All signatures must be original. A BWC safety consultant must review and sign your application prior to mailing. To schedule a consultant to review your application, please contact BWC's Division of Safety & Hygiene at 1-800-OHIOBWC, and listen to the prompts.

Mail the completed application and supporting documentation to:

Ohio Bureau of Workers' Compensation
SafetyGRANTS
13430 Yarmouth Drive
Pickerington, OH 43147-8310



Safety Intervention SafetyGRANT Application

4. BWC claim numbers – List only the BWC claim numbers for claims that would have been affected by the intervention(s) that were filed during the reporting period. Do not list claims that were filed by employees who will not be affected by the intervention. If a list of BWC claim numbers for your company is not readily available to you, you may use our Web site, ohiobwc.com, to obtain a list of claim numbers. If you use the Web site for the first time, you will need to create a user account. It takes less than five minutes to create a user account, which you will need to provide follow-up data later should your grant application be approved. **Claims are not a requirement for program participation.**

1	
2	
3	
4	
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7	
8	
9	
10	

Attach additional sheets if necessary.

BWC safety consultant signature

(Does not imply grant approval)

Date

Section III: Description of the problem

1. Provide a brief explanation of your organization and a description of the current situation, e.g. tasks involved and process.
2. **Loss Experience** – Quantify the loss experience for the area affected by your proposal. Supporting information should include:
 - Injury/illness incidence rates;
 - Injury/illness severity rates;
 - Monetary impact of injuries/illnesses;
 - Types of injuries/illnesses;
 - Body parts affected;
 - Employee turnover rates.
3. **Exposure** – Quantify the exposure/risk factors for the tasks which will be affected by your proposal. Supporting information should include:
 - Videos, photographs, or drawings of the affected operation;
 - Description of risk factors associated with affected tasks;
 - Exposure levels of chemical or physical hazards;
 - Pertinent job analyses, including check lists and exposure assessments.

Section IV: Proposed intervention

1. **Description** – Provide a description of the intervention.
A thorough description should include:
 - A description of how the intervention works.
Supporting materials could include diagrams, photographs, videos, brochures and links to Web sites;
 - Training requirements.
 - Does the proposed intervention create any additional risks/hazards to the task or operation. If yes, how will these hazards be addressed?
2. **Safety** - Describe specifically, how the intervention will eliminate or substantially reduce the risk of injury.
3. **Productivity/quality** – Describe the impact, in quantitative terms, that your proposed intervention will have on productivity and quality of the operation.
4. **Cost effectiveness** – Describe how cost-effective the proposed solution will be. Supporting materials could include a cost/benefit analysis or return on investment calculation. This analysis should include injury prevention.

Section V: Implementation, measurement and reporting

1. **Implementation plan** – Describe your plan to implement the solution. Please include:
 - The person responsible for the implementation;
 - The timetable for completion. Supporting materials could include a timeline or Gant chart.
2. **Case Study Report** – All safety grant recipients are required to submit an electronic case study describing the intervention effectiveness at one year from the date of implementation. If program participation is approved a case study template will be provided for your completion. Data elements expected include, but are not limited to the following:
 - A description of your company
 - A description before the intervention
 - A description after the intervention
 - Pictures/video of task being performed before intervention
 - Pictures/video of task being performed after intervention
 - Pre and Post intervention risk assessment
 - Productivity data for affected intervention
 - Quality data for affected intervention
 - Cost benefit analysis
 - Other pertinent info

Section VI: Research/Program needs

Applicability to other situations – “Safety grants are awarded to purchase equipment for prevention of injuries and illnesses to reduce the number and severity of workplace injuries and illnesses. The BWC evaluates the research data from the safety grant program on a periodic basis. BWC publishes reports of the research to assist employers in preventing workplace injuries and illnesses. When determining whether to award a grant consideration is given to how much the intervention will advance research.” Please describe how the information gained from your proposed intervention and the resulting case study you submit could benefit other employers in Ohio. Discuss the applicability to other companies in your industry class and to other types of industries.

Safety Intervention SafetyGRANT Application

Disclaimer — If implemented correctly by the employer, the goal of the safety intervention grant program is to substantially reduce or eliminate injury and illness in the workplace and, hence, claims associated with the affected processes. BWC does not guarantee or warrant that the implementation of such a plan will result in a substantial reduction or elimination of injuries and illnesses in the workplace. In the event of an injury or occupational disease arising from the implementation of the program, the employer and the employee's sole and exclusive remedy shall be pursuant to workers' compensation laws of the appropriate jurisdiction. In no event, shall BWC be liable for any damages in contract or in tort.

Ohio elections law: Grantee hereby certifies that no applicable party listed in Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13 has made contributions in excess of the limitations specified under Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13

Conflicts of interest and ethics compliance certification: Grantee affirms that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict, in any manner or degree, with the performance of services which are required to be performed under any resulting Contract. In addition, Grantee affirms that a person who is or may become an agent of Grantee, not having such interest upon execution of this Contract shall likewise advise the Bureau in the event it acquires such interest during the course of this Contract.

Grantee agrees to adhere to all ethics laws contained in Chapters 102 and 2921 of the Ohio Revised Code governing ethical behavior, understands that such provisions apply to persons doing or seeking to do business with the Bureau, and agrees to act in accordance with the requirements of such provisions; and warrants that it has not paid and will not pay, has not given and will not give, any remuneration or thing of value directly or indirectly to the Bureau or any of its board members, officers, employees, or agents, or any third party in any of the engagements of this Agreement or otherwise, including, but not limited to a finder's fee, cash solicitation fee, or a fee for consulting, lobbying or otherwise.

In accordance with Executive Order 2007-01S, Grantee, by signature on this document, certifies: (1) it has reviewed and understands Executive Order 2007-01S, (2) has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) will take no action inconsistent with those laws and this order. The Vendor or Grantee understands that failure to comply with Executive Order 2007-01S is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the State of Ohio.

Non-Discrimination and Equal Employment Opportunity: The Grantee will comply with all state and federal laws regarding equal employment opportunity and fair labor and employment practices, including Ohio Revised Code Section 125.111 and all related Executive Orders. The State encourages the Grantee to purchase goods and services from Minority Business Enterprise (MBE) and Encouraging Diversity, Growth and Equity (EDGE) vendors.

Authority — The person signing below for the employer states that he or she is either the owner, chief executive officer, chief financial officer, plant manager or other person having fiduciary responsibilities with the employer; and the employer agrees that that the signer or his, or her successor, will have the authority to oversee the carrying out the employer's responsibilities for two years after BWC issues the grant check. The signer's authority shall continue until the employer notifies BWC of the name of the successor.

initials

By initialing this box, the employer agrees that prior purchases have not been made. The employer also confirms understanding that any changes to the original intervention requested must receive prior BWC approval.

By my signature, I agree to fully comply with the terms and conditions of this agreement and the program and to use all monies solely for the purposes intended. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and misleading or fraudulent statements made and/or if funds are not used, or are misused, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved budget and/or itemized proposal submitted.

Modifications: The parties may, in writing and by mutual agreement, amend, modify, supplement or rescind the terms of this agreement.

In witness whereof, the parties hereunto affix their signatures this day of _____, 20____.

Employer's full legal name _____

Federal tax I.D. _____

Title _____

Name (please print) _____

Signature _____

State of Ohio, Bureau of Workers' Compensation
SafetyGrant Safety Intervention RSP January 1, 2011



VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor. **Incomplete forms will be returned.** The information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

- NEW **(W-9 OR W-8ECI FORM ATTACHED)** CHANGE OF CONTACT PERSON/INFORMATON
- ADDITIONAL ADDRESS – (**A COPY OF AN INVOICE OR A LETTER INCLUDING THE ADDRESS IS REQUIRED**)
- CHANGE OF ADDRESS – (**PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER**)
- ADDRESS TO BE REPLACED:
- CHANGE OF TIN **(W-9 & LETTER OF CLARIFICATION OF CHANGE, WHICH INCLUDES NEW & OLD TIN IS REQUIRED)**
- CHANGE OF NAME **(W-9 & LETTER OF CLARIFICATION OF CHANGE, MUST INCLUDES NEW & OLD NAME IS REQUIRED)**
- CHANGE OF PAY TERMS CHANGE OF PO DISPATCH METHOD OTHER_____

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN):

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SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS

ADDRESS:		COUNTY:
CITY:	STATE:	ZIP CODE:

SECTION 4 – ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, PLEASE INCLUDE A SEPARATE SHEET)

ADDRESS:		COUNTY:
CITY:	STATE:	ZIP CODE:

SECTION 5 – CONTACT INFORMATION & PERSON TO RECEIVE PURCHASE ORDER		
NAME:		
WEBSITE:		
PHONE:	FAX:	EMAIL:
PREFERRED METHOD OF BEING CONTACTED: (CHECK ONE) <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL		
SECTION 6 – INDIVIDUAL TO RECEIVE EMAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE EMAIL ADDRESS BELOW		
NAME:		
EMAIL:	PHONE:	
TO ADD AN ADDITIONAL OR REPLACE A STRATEGIC SOURCING CONTACT PERSON <input type="checkbox"/> ADDITIONAL CONTACT PERSON <input type="checkbox"/> REPLACE CONTACT PERSON (WILL BE MARKED INACTIVE)		
NAME:		
EMAIL:	PHONE:	
SECTION 7 – PAYMENT TERMS (PLEASE CHECK ONE – IF NONE IS SELECTED THEN NET 30 WILL APPLY)		
<input type="checkbox"/> 2/10 NET 30 <input type="checkbox"/> NET 30 <input type="checkbox"/> NET 45 <input type="checkbox"/> NET 60 <input type="checkbox"/> NET 90		
SECTION 8 – PURCHASE ORDER DISTRIBUTION – OTHER THAN USPS MAIL		
EMAIL <u>OR</u> FAX:		
SECTION 9 – PLEASE SIGN & DATE		
PRINT NAME:		
SIGNATURE:	(DIGITAL SIGNATURES NOT ACCEPTED AT THIS TIME)	DATE:
SECTION 10 – STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)		
AGENCY CONTACT NAME/EMAIL/PHONE:		

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.

SUBMIT FORM TO: Mail: Ohio Shared Services Attn: Vendor Maintenance P.O. Box 182880 Cols., OH 43218-2880 Email: vendor@ohio.gov Fax: 1 (614) 485-1052	QUESTIONS? PLEASE CONTACT: Phone: 1 (877) OHIO - SS1 (1-877-644-6771) 1 (614) 338-4781 Website: www.ohiosharedservices.ohio.gov/ Email: vendor@ohio.gov
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Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)		
	Business name, if different from above		
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
	City, state, and ZIP code		
	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

CTD Risk Factor Assessment Form

Check box if Baseline Report

Check box if Follow-up Report

BWC Policy Number _____

Company: _____

Task Title: _____

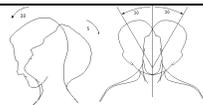
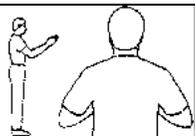
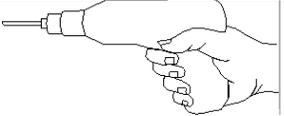
Name of Analyst: _____

Evaluation Date: _____

Brief Task Description: _____

Amount of time per day task is performed by one person: _____

Upper Extremity					
A	B	C	D	E	F
Risk Factor Category	Risk Factors	Up to 4 Hours	4+ to 8 Hours	8+ Hours <i>Add 0.5 per hour</i>	Score
Repetition (Finger, Wrist, Elbow, Shoulder, or Neck Motions)	1. Identical or Similar Motions Performed Every Few Seconds <i>Motions or motion patterns that are repeated every 15 seconds or less. (Keyboard use is scored below as a separate risk factor.)</i>	1	3		
	2. Intensive Keying <i>Scored separately from other repetitive tasks in the repetition category; includes steady pace, as in data entry.</i>	1	3		
	3. Intermittent Keying <i>Scored separately from other repetitive tasks. Keyboard or other input activity is regularly alternated with other activities for 50 to 75 percent of the work.</i>	0	1		
Hand Force (Repetitive or Static)	1. Grip More Than 10-Pound Load <i>Holding an object weighing more than 10 pounds or squeezing hard with hand in a power grip.</i> 	1	3		
	2. Pinch More Than 2 Pounds <i>Pinch force of 2+ pounds as in the pinch used to open a small binder clip with the tips of fingers.</i> 	2	3		

Upper Extremity					
A	B	C	D	E	F
Risk Factor Category	Risk Factors	Up to 4 Hours	4+ to 8 Hours	8+ Hours Add 0.5 per hour	Score
Awkward Postures	1. Neck: Twist / Bend <i>Twisting neck to either side more than 20°, bending neck forward more than 20° as in viewing a monitor, or bending neck backward more than 5°.</i> 	1	2		
	2. Shoulder: Unsupported Arm or Elbow Above Mid-Torso Height <i>Arm is unsupported if there is not an arm rest when doing precision finger work, or when the elbow is above mid-torso height.</i> 	2	3		
	3. Forearm: Rapid Rotation <i>Rotating the forearm or resisting rotation from a tool. An example of forearm rotation is using a manual screwdriver.</i>	1	2		
	4. Wrist: Bend / Deviate <i>Wrist bends that involve more than 20° of flexion (bending the wrist palm down) or more than 30° of extension (bending the wrist back). Bending can occur during manual assembly and data entry.</i>	2	3		
	5. Fingers <i>Forceful gripping to control or hold an object, such as click-and-drag operations with a computer mouse or deboning with a knife.</i>	0	1		
	6. Extended arm reaches	1	2		
	7. Reaching overhead (above shoulder level)	1	2		
	8. Reaching behind the torso	1	2		
Contact Stress	1. Hard/Sharp Objects Press Into Skin <i>Includes contact of the palm, fingers, wrist, elbow, or armpit.</i>	1	2		
	2. Using the Palm of the Hand as a Hammer	2	3		
Vibration	1. Localized Vibration <i>Vibration from contact between the hand and a vibrating object, such as a power tool.</i> 	1	2		
Total Upper Extremity Score:					

Back and Legs					
A	B	C	D	E	F
Risk Factor Category	Risk Factors	Up to 4 Hours	4+ to 8 Hours	8+ Hours <i>Add 0.5 per hour</i>	Score
Awkward Postures (Repetitive or Static)	1. Mild Forward or Lateral Bending of Torso More Than 20° But Less Than 45° 	1	2		
	2. Severe Forward Bending of Torso More Than 45°	2	3		
	3. Backward Bending of Torso	1	2		
	4. Twisting Torso	2	3		
	5. Prolonged Sitting Without Adequate Back Support <i>Back is not firmly supported by a back rest for an extended period</i>	1	2		
	6. Standing Stationary or Inadequate Foot Support While Seated <i>Stand in one place (an assembly line or check stand) without sit/stand option or walking, or feet are not firmly supported when sitting.</i>	0	1		
	7. Kneeling / Squatting	2	3		
	8. Repetitive Ankle Extension / Flexion <i>Using a foot pedal to start or stop a machine cycling (as in sewing machine operations).</i>	1	2		
Contact Stress	1. Hard / Sharp Objects Press into Skin <i>Includes contact against the leg.</i>	1	2		
	2. Using the Knee as a Hammer or Kicker	2	3		
Vibration	1. Sitting/Standing on Vibrating Surface (Without Vibration Dampening) 	1	2		
Push/Pull	1. Moderate Load <i>Force needed to push / pull a shopping cart full of apples.</i>	1	2		
	2. Heavy Load <i>Force need to push / pull a two-drawer, full file cabinet across a carpeted room.</i>	2	3		



Back and Legs (continued)					
A	B	C	D	E	F
Risk Factor Category	Risk Factors	Up to 4 Hours	4+ to 8 Hours	8+ Hours Add 0.5 per hour	Score
Manual Materials Handling - Load	1. Weight <i>Load being handled is more than 20 pounds. (Write actual weight of maximum load in box to right.)</i>	Actual Weight (lbs.) _____	2	3	
	2. Distance <i>Horizontal distance from the mid-point between the ankles to center of the hand is greater than 10 inches. (Write actual maximum distance in box to right.)</i>	Actual Distance (in.) _____	2	3	
Manual Materials Handling - Frequency	1. Lifting Frequency <i>Lifting frequency is between 1 and 5 times per minute. (Write actual lifting frequency in the box to right.)</i>	Lifting Frequency _____	1	1	
	2. Lifting Frequency <i>Lifting frequency is 5 or more times per minute.</i>		2	3	
TOTAL BACK AND LEGS SCORE:					
Environmental Worksheet					
A	B	C	D	E	F
Risk Factor Category	Risk Factors	2 to 4 Hours	4+ to 8 Hours	8+ Hours Add 0.5 per hour	Score
Environment	1. Lighting (Poor Illumination / Glare) <i>Inability to see clearly (e.g. glare on a computer monitor).</i>	0	1		
	2. Cold Temperature <i>Air temperature less than 60°F for sedentary work, 40°F for light work, 20°F for moderate/heavy work; cold exhaust blowing on hands.</i>	0	1		
TOTAL ENVIRONMENTAL SCORE:					
Total Score: (Upper Extremity + Back and Legs + Environmental)					