



BWC policy number

Employer name		Start date July 1,
Address		
Contact name	Contact phone number	
Contact e-mail address	Contact fax number	

Complete the self-assessment to show us how you met the requirements of the *10-Step Business Plan*. 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 need to attach an explanation.

The self-assessment is due **March 31** for start date **July 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. Yes No
 ▶ I have attached a copy of our safety and health statement to the self-assessment. Yes No
2. We discuss safety processes and improvements regularly during staff and/or employee meetings. Yes No
 ▶ I have attached one meeting agenda where we discussed safety with managers to the self-assessment. Yes No

Step 2 – Employee involvement and recognition

1. We provide employees with safety participation opportunities. Yes No
 ▶ I have attached one agenda and a sign-in sheet from an employee safety meeting to the self-assessment. Yes No

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. Yes No
 ▶ I have attached a copy of our written procedure to the self-assessment. Yes No
2. We have developed a written return-to-work policy or statement. Yes No
 ▶ I have attached our return-to-work policy or statement to the self-assessment. Yes No

Step 4 – Communication

1. Our company uses written safety communications to employees. (For example, company newsletter or payroll stuffer). Yes No

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. Yes No

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. Yes No

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. Yes No

Name _____

Title _____

2. Our accident-prevention coordinator has attended at least six hours of BWC-approved Step 6 classes for this participation year: Yes No

Attendee name	Class name	Date	Location

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. Yes No

- ▶ I have attached a training calendar with scheduled training dates to the self-assessment. Yes No

2. We train all employees on all relevant safety and health topics at least annually. Yes No

3. We document our safety training and maintain a signed list of attendees. Yes No

- ▶ I have attached one training sign-in sheet with the topic identified to the self-assessment. Yes No

Step 8 – Written and communicated safe work practices

1. We have developed general and job-specific safe work practices. Yes No

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. Yes No

- ▶ 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. Yes No



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 required March 31 deadline, BWC reserves the right to conduct a compliance audit.

I hereby certify that 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 that 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