



General Information

Group Fund Name:

Bureau Code:

Name of Group Fund Admin:

Address of Fund Admin:

Phone Number:

Email Address:

Give a brief description of Fund Members type of business or operation:

Audit Information

Names of participants in this Audit include:

(If you have more than 15, please attach a complete list with this worksheet.)

Name:

Position:

Number of Fund Members that have received Bureau of Workers' Compensation Workplace Safety Committee Certification:

Accident & Illness Prevention Service Provider Qualifications Review

Please provide a copy of each credential entered in this section.

(If you have more than 12, please attach a complete list with this worksheet.)

Name #1:

Status:

Credential:

Name #2:

Status:

Credential:

Name #3:

Status:

Credential:

Name #4:

Status:

Credential:

Name #5:

Status:

Credential:

Name #6:

Status:

Credential:

Accident & Illness Prevention Service Provider Qualifications Review (cont'd)

Please provide a copy of each credential entered in this section.

(If you have more than 12, please attach a complete list with this worksheet.)

Name #7:

Status:

Credential:

Name #8:

Status:

Credential:

Name #9:

Status:

Credential:

Name #10:

Status:

Credential:

Name #11:

Status:

Credential:

Name #12:

Status:

Credential:

Location Information

A list of all locations within the Commonwealth that are covered by self-Insurance under your Bureau Code:

(If you have more than 20, please attach a complete list with this worksheet.)

Business Name:

Contact Name:

Contact Email Address:

Services Information

Accident & Illness Prevention Services Commitment Determination Review:

Accident & Illness Prevention Services Program Effectiveness Review:

Injury & Illness Review:

Accident and Illness Prevention Required Program Elements Review

1) Safety program policy statement:

2) Safety program coordinator designated:

3) Safety program responsibility assignments:

4) Employee involvement methods:

5) Employee suggestion and communication program:

6) Accident investigation, reporting, and recordkeeping:

Accident and Illness Prevention Required Program Elements Review (cont'd)

7) Program goals and objectives:

Protocol and Standard Operating Procedure Review

i) Electrical safety:

ii) Machine safeguarding:

iii) Personal protective equipment:

Protocol and Standard Operating Procedure Review (cont'd)

iv) Sight conservation:

v) Hearing conservation:

vi) Lock-Out/Tag-Out procedures:

Protocol and Standard Operating Procedure Review (cont'd)

vii) Hazardous material handling, storage, and disposal procedures:

viii) Confined space entry procedure:

ix) Fire prevention and control practices:

Protocol and Standard Operating Procedure Review (cont'd)

x) Substance abuse awareness and prevention policies and procedures:

xi) Control of exposure to bloodborne pathogens:

xii) Preoperational procedure review:

Protocol and Standard Operating Procedure Review (cont'd)

xiii) Other protocols or standard operating procedures appropriate for member's workplace and worksite operations:

Services Requirements Review

1) On-site surveys:

2) Analysis of accident and illness:

3) Providing or proposing corrective action in the area of industrial hygiene services:

Services Requirements Review (cont'd)

4) Providing or proposing corrective action in the area of industrial health services:

5) Accident & illness prevention training programs:

6) Consultations regarding specific safety and health problems, and hazard abatement programs and techniques:

Services Requirements Review (cont'd)

7) Planned or newly introduced industrial materials, processes, equipment, layout, and techniques to identify potential hazards and to recommend methods to mitigate any hazards identified:

Record Keeping Review

1) Dates of request for services:

2) Services requested or problems presented:

3) Dates of the Trust Self-Insurance Fund's responses:

Record Keeping Review (cont'd)

4) Dates on which services were provided and member responses to proposed corrective action:

5) Number of hours expended providing services, including both on-site and preparatory time:

6) Final disposition of request:

Record Keeping Review (cont'd)

7) Number of service visits:

8) Other service visits, including proposed corrective action:

9) Results of industrial hygiene and industrial health surveys and consultations:

Record Keeping Review (cont'd)

10) Accident & illness prevention training conducted:

11) Safety-Related Materials Provided:

12) Member responses to trust self-insurance fund proposed corrective action:

Record Keeping Review (cont'd)

13) Self-Insurance Fund's annual solicitation of comments from fund members regarding the effectiveness of accident & illness prevention program provided by the self-insurance fund:

Additional Information

Evidence of records containing the dates of policyholder request for accident & illness prevention services:

Evidence of services requested or problems presented:

Evidence of reports from site inspections made (dates on which services were provided):

Additional Information (cont'd)

Evidence of other service reports, including corrective action and members responses to proposed actions:

Evidence of dates on which services were provided and the policyholder's responses to proposed corrective actions:

Evidence of records of results of industrial hygiene and health surveys and consultations:

Additional Information (cont'd)

Evidence of records of accident & illness prevention training conducted:

Evidence of documentation supporting the funds expended for the delivery of accident & illness prevention services:

Evidence of effectiveness and accomplishments of accident & illness prevention services:

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program