



General Information

Insurance Company Name:

NAIC#:

Address:

Total number of certified safety committees for this NAIC Code:

Names of participants in this audit include:

Annual Report Review

- 1) **Date of the last annual report:**
- 2) **Total number of workers' compensation policyholders in PA:**
- 3) **Total written direct premiums:**
- 4) **Number of policyholders that have received accident & illness prevention program services:**
 - a. **Less than \$25,000:**
 - b. **\$25,000 to \$100,000:**
 - c. **\$100,000 or more:**
- 5) **Amount spent on accident & illness prevention services:**
- 6) **Do you charge for accident & illness prevention services which exceed such expenses included in a policyholder's standard premium?**
- 7) **Number of requests for accident & illness prevention services received:**
- 8) **Number of requests for accident & illness prevention services fulfilled:**

Explanation if #8 is less than #7:

- 9a) **Does a notice of accident & illness prevention services required by Article X accompany each workers' compensation insurance policy delivered or issued?**
- 9b) **Does the notice appear in no less than ten-point bold type?**

Annual Report Review (cont'd)

10) Method(s) utilized for determining accident & illness prevention services commitments:

Policyholder Request

Loss History

Loss Ratio

Incurred Losses

Paid Losses

Underwriter Request

Broker Request

NAICS Code

Experience Modification Factor

Other

Explanation if "Other" is selected:

11) Column I indicates the type(s) of accident & illness prevention services that are maintained or provided for policyholders. Column II indicates the number of each service provided during the period covered by this report.

	<u>Column I</u>	<u>Column II</u>
	Service	Number of Services Provided
a. On-site surveys/recommendations		
b. Analysis of accident & illness prevention evaluation		
c. Accident & illness prevention evaluation		
d. Industrial hygiene services		
e. Industrial health services		
f. Accident & illness prevention training		
g. Consultations		
h. Pre-operational process reviews		
i. Safety committee training		

Annual Report Review (cont'd)

12) Method(s) used to determine the effectiveness and accomplishments of your accident & illness prevention services:

Incidence Rate

Recommendations Closed

Incurred Losses

Satisfaction Surveys

Loss Ratio

Experience Mod

Other

Explanation if "Other" is selected:

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:

Name #7:

Status:

Credential:

Accident and 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 #8:

Status:

Credential:

Name #9:

Status:

Credential:

Name #10:

Status:

Credential:

Name #11:

Status:

Credential:

Name #12:

Status:

Credential:

Accident and Illness Prevention Services and Policyholder Review

Method used to determine accident & illness prevention services commitment review:

Accident & illness prevention services effectiveness evaluation review:

Insurer's policyholder notification review:

Recordkeeping Requirements Review

1) Evidence of records containing the dates of policyholder request for accident & illness prevention services: *dates of request for services; services requested; proposed corrective actions*

2) Evidence of services requested or problems presented: *reports from site inspections performed*

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

Record Keeping Requirements Review (cont'd)

4) Evidence of other service reports, including corrective action:

policyholder's responses to proposed corrective actions

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

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

results of industrial hygiene; health surveys; consultations

Record Keeping Requirements Review (cont'd)

7) Evidence of records of accident & illness prevention training:

accident & illness prevention training conducted

8) Evidence of documentation supporting the funds expended for the delivery of accident &

illness prevention services: *funds expended for the delivery of accident & illness prevention services*

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

effectiveness and accomplishments of accident & illness prevention services

Accident & Illness Prevention Services Verification

Please upload the reports or documentation of services provided for each of the elements listed:

- a. On-site surveys/recommendations**
- b. Analysis of accident causes**
- c. Accident & illness prevention evaluation**
- d. Industrial hygiene services**
- e. Industrial health services**
- f. Accident & illness prevention training**
- g. Consultations**
- h. Pre-operational process reviews**
- i. Safety committee training**

(If you have more than 13, please attach a complete list with this worksheet.)

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

Policyholder:

Date Requested:

Date Provided:

Provider Name:

On-Site Surveys/Recommendations:

Analysis of Accident Causes:

Accident & Illness Prevention Evaluations:

Industrial Hygiene:

Industrial Occupational/Health:

Accident/Illness Prevention Training:

Consultations:

Pre-Operational Process Reviews:

Safety Committee Training:

Recommendations Made:

Safety Committee Certified:

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