



*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:**

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**Name #2:**

**Status:**

**Credential:**

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**Name #3:**

**Status:**

**Credential:**

---

**Name #4:**

**Status:**

**Credential:**

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**Name #5:**

**Status:**

**Credential:**

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**Name #6:**

**Status:**

**Credential:**

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**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:**

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**Name #9:**

**Status:**

**Credential:**

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**Name #10:**

**Status:**

**Credential:**

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**Name #11:**

**Status:**

**Credential:**

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**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**

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*(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:**

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**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:**

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**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:**

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**Policyholder:**

**Date Requested:**

**Date Provided:**

**Provider Name:**

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**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:**

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**Safety Committee Certified:**

**Policyholder:**

**Date Requested:**

**Date Provided:**

**Provider Name:**

**On-Site Surveys/Recommendations:**

**Analysis of Accident Causes:**

**Accident & Illness Prevention Evaluations:**

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**Provider Name:**

**On-Site Surveys/Recommendations:**

**Analysis of Accident Causes:**

**Accident & Illness Prevention Evaluations:**

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**Safety Committee Certified:**

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**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