



Safety Management

WRITTEN SAFETY POLICY STATEMENT *We endorse the need for a document issued to all employees stating management's commitment to the company's safety and loss control efforts.*

- The Policy Statement will be provided to all new and existing employees.
- The Policy Statement, signed and dated by a member of top management, will clearly indicate support of the safety objectives.

DESIGNATED SAFETY DIRECTOR / COORDINATOR *We endorse the appointing of a management or supervisory employee responsible for the development, implementation and ongoing management of safety policies and procedures.*

- Our Safety Director/Coordinator is _____.
- Adequate authority and time will be granted to the Safety Director/Coordinator to enforce safety rules, policies and procedures.
- The Safety Director/Coordinator is qualified for the position or is in the process of acquiring training.

WRITTEN SAFETY RULES AND REGULATIONS *We endorse the establishment of safety rules and regulations customized to the recognized safety hazards of our operation.*

- Appropriate safety rules and regulations will be established in writing and will be enforced by management.
- Safety rules and regulations will be reviewed with all new and existing employees. Adequate documentation of the rules review will be maintained on file by top management.

SAFETY TRAINING AND MEETINGS *We endorse the need for training and meetings designed to educate and promote employee involvement in the corporate safety program.*

- Safety meetings are conducted on a scheduled basis. Our frequency is _____.
- Adequate documentation or minutes will be maintained on file by top management.
- Employees and supervisors will receive safety training on a regular basis.

ACCIDENT INVESTIGATION AND LOSS ANALYSIS *We endorse the establishment of policies and procedures designed to identify the root cause of injury so that action can be taken to prevent reoccurrence.*

- Accident investigations are completed by _____.
- We will utilize and retain an Accident Investigation Form that identifies causative factors and recommends corrective action.
- Accident Investigation Forms will be reviewed by the Safety Director / Coordinator.
- Analysis of worker's compensation claims will be completed on at least an annual basis.

Please complete, sign and return to the address shown below for completion of the certification process.

_____ Signature	_____ Title
_____ Company	_____ Date

Serviced By
Employer's Claim Management, Inc.
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