pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

**ANNUAL REPORT OF ACCIDENT &
ILLNESS PREVENTION PROGRAM STATUS
BY INDIVIDUAL SELF-INSURED EMPLOYERS**

Report LIBC-220E is to be returned to the address on page 12 by the <u>first</u> day of _____ , 20 __ .

This Report Covers the Most Recently Completed Fiscal Year PRIOR to the Current Renewal Date.

Date the report covers: ___/___/___ to ___/___/___

Bureau Code or Commonwealth #

ELECTRONIC FILING AVAILABLE!
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See enclosure for more information

Form *must* be completed in its entirety!

Please **print** legibly or type all information.

1. Employer Name and Address

2. Corrected Name and Mailing Address (if necessary):

Employer Name

Address (line 1)

Address (line 2)

City   State   Zip
                                                                                    -

3. Number of Physical Locations
   Within the Commonwealth of Pennsylvania:

4. Total Number of Employees at all
   Pennsylvania Physical Locations:

5. Accident & Illness Prevention Program (check all that are included in A&IP Program) NOTE: Items (1) through (15) are considered to be basic to any Accident and Illness Prevention Program and shall be included in the Accident & Illness Prevention Program. The A&IP Program must include Program elements 1 – 15 and **must be** in place as a pre-requisite for self-insurance. Items 16 (i) through (xii) are required when applicable to workplace and worksite environments. [Check all that apply]:

☐ 1. Safety Policy Statement
☐ 2. Designated A&IP Program Coordinator
☐ 3. Assignment of Responsibilities for Developing, Implementing, and Evaluating the A&IP Program
☐ 4. A&IP Program Goals and Objectives
☐ 5. Methods for Identifying and Evaluating Hazards and Developing Corrective Action for their Mitigation
☐ 6. Industrial Hygiene Surveys
☐ 7. Industrial Health Services
☐ 8. A&IP Orientation and Training
☐ 9. Regularly Reviewed and Updated Emergency Action Plan
☐ 10. Employee A&IP Suggestion and Communication Programs
☐ 11. A&IP Program Employee Involvement Methods
☐ 12. Established Safety Rules and methods for their Enforcement
☐ 13. Methods for Accident Investigation, Reporting and Record Keeping
☐ 14. Prompt Availability of First Aid, CPR, and Other Emergency Treatments

☐ 15. Method(s) for Determining and Evaluating A&IP Effectiveness
☐ 16. Protocol or Standard Operating Procedures, when applicable to the Workplace Environments for:
  ☐ i. Electrical and Machine Safeguarding
  ☐ ii. Personal Protective Equipment
  ☐ iii. Hearing Conservation
  ☐ iv. Sight Conservation
  ☐ v. Lockout/Tag out Procedure
  ☐ vi. Hazardous Material Handling, Storage and Disposal Procedures
  ☐ vii. Confined Space Entry Procedures
  ☐ viii. Fire Prevention and Control Practices
  ☐ ix. Substance Abuse Awareness and Program Prevention Policies and Programs
  ☐ x. Control of Exposure to Bloodborne Pathogens
  ☐ xi. Pre-operational Process Review
  ☐ xii. Other. Other protocols as may be appropriate for the individual self-insured employer's operations.*

Note: If you checked "Other" attach additional sheets describing protocols. Must be identified as Page 2, Item 16. xii. Other

6. Check the boxes of the methods used to determine the effectiveness of the Accident & Illness Prevention Program.

PRIOR FISCAL YEAR

☐ I. OSHA/BLS incidence rate comparison related to your Employer North American Industry Classification System (NAICS) Code

   Your North American Classification System (NAICS) Code:

   Incidence Rate Represents:
      Injuries & Illnesses:
      ☐ Total Recordable Cases
      ☐ Total cases with days away from work; job transfer or restriction
      ☐ Cases with or without job transfer or restriction
      ☐ Cases with job transfer or restriction
      ☐ Other recordable cases

   Please state your incidence rate:

☐ II. Comparison of Statistics Derived from "First Reports"
   Please state your injury and illness rate:

☐   III.   Experience Modification Factor
        Please state your experience modification factor:

☐   IV.   Loss Ratio
        Please state your loss ratio:

☐   V.   Other:

ONE YEAR PRIOR TO LAST FISCAL YEAR

☐   I.   OSHA/BLS incidence rate comparison related to your Employer North American Industry Classification System (NAICS) Code
        Your North American Classification System (NAICS) Code:

      Incidence Rate Represents:
        Injuries & Illnesses:
    ☐ Total Recordable Cases
    ☐ Total cases with days away from work; job transfer or restriction
    ☐ Cases with or without job transfer or restriction
    ☐ Cases with job transfer or restriction
    ☐ Other recordable cases
    Please state your incidence rate:

☐   II.   Comparison of Statistics Derived from "First Reports"
        Please state your injury and illness rate:

☐   III.   Experience Modification Factor
        Please state your experience modification factor:

☐   IV.   Loss Ratio
        Please state your loss ratio:

☐   V.   Other:

TWO YEARS PRIOR TO LAST FISCAL YEAR

☐   I.   OSHA/BLS incidence rate comparison related to your Employer North American Industry Classification System (NAICS) Code
        Your North American Classification System (NAICS) Code:

      Incidence Rate Represents:
        Injuries & Illnesses:
    ☐ Total Recordable Cases
    ☐ Total cases with days away from work; job transfer or restriction
    ☐ Cases with or without job transfer or restriction
    ☐ Cases with job transfer or restriction
    ☐ Other recordable cases
    Please state your incidence rate:

☐   II.   Comparison of Statistics Derived from "First Reports"
        Please state your injury and illness rate:

☐   III.   Experience Modification Factor
        Please state your experience modification factor:

☐   IV.   Loss Ratio
        Please state your loss ratio:

☐   V.   Other:

7. Accident & Illness Prevention Service Provider(s) verification information:

PROVIDER VERIFICATION

Provide the full name, hiring status and credential code for each individual. If the Provider **_does not_** have a credential code you **_must_** provide whether the provider has "In-Service" recognition **_or_** is recognize based on "Experience" for Accident & Illness Prevention Service Providers who provided Accident and Illness Prevention services during the reporting periods covered by this annual report. (**_see instructions_**) Use the following page to add additional Providers.

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code **_or_** Experience Provider # **_or_** In-Service Provider   Date In-Service was granted   Employee   Contracted
[ ][ ] [ ][ ][ ][ ] E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code **_or_** Experience Provider # **_or_** In-Service Provider   Date In-Service was granted   Employee   Contracted
[ ][ ] [ ][ ][ ][ ] E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code **_or_** Experience Provider # **_or_** In-Service Provider   Date In-Service was granted   Employee   Contracted
[ ][ ] [ ][ ][ ][ ] E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code **_or_** Experience Provider # **_or_** In-Service Provider   Date In-Service was granted   Employee   Contracted
[ ][ ] [ ][ ][ ][ ] E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code **_or_** Experience Provider # **_or_** In-Service Provider   Date In-Service was granted   Employee   Contracted
[ ][ ] [ ][ ][ ][ ] E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code **_or_** Experience Provider # **_or_** In-Service Provider   Date In-Service was granted   Employee   Contracted
[ ][ ] [ ][ ][ ][ ] E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code **_or_** Experience Provider # **_or_** In-Service Provider   Date In-Service was granted   Employee   Contracted
[ ][ ] [ ][ ][ ][ ] E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code *or* Experience Provider # *or* In-Service Provider Date In-Service was granted Employee Contracted

E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code *or* Experience Provider # *or* In-Service Provider Date In-Service was granted Employee Contracted

E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code *or* Experience Provider # *or* In-Service Provider Date In-Service was granted Employee Contracted

E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code *or* Experience Provider # *or* In-Service Provider Date In-Service was granted Employee Contracted

E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code *or* Experience Provider # *or* In-Service Provider Date In-Service was granted Employee Contracted

E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code *or* Experience Provider # *or* In-Service Provider Date In-Service was granted Employee Contracted

E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code *or* Experience Provider # *or* In-Service Provider Date In-Service was granted Employee Contracted

E

(Mr. Mrs. Ms.) First   Middle   Last Name

Credential Code *or* Experience Provider # *or* In-Service Provider Date In-Service was granted Employee Contracted

E

NOTE: Photocopy this page for additional requests.

8a. Accident & Illness Prevention Service provider(s) information:

REQUEST FOR INDIVIDUAL SERVICE PROVIDER IN-SERVICE STATUS

Please print or type the following information for all employees and/or contracted personnel that you are requesting In-Service for who **do not** possess a **current** approved designation and that have not previously been granted "In-Service" status.

(Mr. Mrs. Ms.) First   Middle   Last Name

Is service provider an employee? ☐   or contracted? ☐

What is the date above the service provider that began providing Accident & Illess Prevention Services?

_____ – ____ – _____
Month   Day   Year

b.   Accident & Illness Prevention Service provider(s) information with regard to In-Service status:

Name of recognized provider directing the above-mentioned in-service provider:

(Mr. Mrs. Ms.) First   Middle   Last Name

Recognized Provider designation

Credential Code	_or_	Experience Provider #	_or_	In-Service Provider	Date In-Service was granted	Employee	Contracted
☐☐		☐☐☐☐ E		☐		☐	☐

NOTE: Photocopy this page for additional requests.

9. Contact Person – Complete **only if different from authorized signatory in item Section 10.**
   Questions regarding this Annual Report will be directed to the signatory unless a contact person is designated below:

First

Middle

Last Name

Title

Email Address

Address (line 1)

Address (line 2)

City

State

Zip

10. Signatory Information - **The following _MUST_ be filled out; in its _entirety_, signed and dated. The signature must be original and not photocopied or stamped.**

First

Middle

Last Name

Title

Email Address

Address (line 1)

Address (line 2)

City

State

Zip

I, the undersigned, verify that the facts set forth in this report and any attachments are true and correct. This verification is made subject to the penalties of Section 4904 of the Crimes Code 18 PA.C.S. § 4904, relating to unsworn falsification to authorities. <u>The company or corporation assumes ultimate responsibility of the accuracy of responses contained herein.</u>

_____   _____
Signature   **Date**

PLEASE NOTE: IT IS NOT NECESSARY TO RETURN THE INSTRUCTIONS WITH YOUR HARD COPY.

<div style="border:1px solid black">

Instructions for Completing Form LIBC-220E
Self-Insured Employers Annual Report of Accident & Illness Prevention Program Status

</div>

This Self-Insured Employers Annual Report of Accident & Illness Prevention Program Status by individual Self-Insured Employers Form must be filed with the Pennsylvania Department of Labor and Industry, Bureau of Workers' Compensation, Health and Safety Division for the 12-month period _**prior**_ to the Self-Insured Employer's current renewal date.

NOTE: **The term Accident & Illness Prevention Services as described in the Pennsylvania Workers' Compensation Act is synonymous with the terms Safety and Health Program, and Loss Control Program.**

BC/ICC **(Bureau Code/Insurance Carrier Code)**

Enter the four digit Bureau Code/Self-Insurance Code assigned to you by the Bureau of Workers' Compensation.

ITEM I: Enter the full name and address of the self-insured employer as registered with the Self-Insurance Division, Bureau of Workers' Compensation

ITEM II: Provide any corrections or changes to the self-insured employers name and address since the submission of your last self-insured employer renewal application.

ITEM III: Enter the total number of physical locations, where employees are present on a daily basis, operated by the self-insured employer, within the Commonwealth of Pennsylvania, during the 12-month period prior to the Self-Insured Employers current renewal date.

ITEM IV: Enter the total number of employees at all locations physically located within Pennsylvania.

ITEM V: Check (v) the elements contained within the Accident & Illness Prevention Program developed, implemented and monitored by the Self-Insured Employer. Elements (1) through (15) are considered mandatory by the Pennsylvania Workers' Compensation Act, while (16) (i) through (xii) Protocol or Standard Operating Procedures are required when applicable to the Workplace and Workplace Environments based on the nature of the self-insured employers business or operations.

The following definitions apply to the Accident & Illness Prevention Program Elements:

(1) Safety Policy Statement: A written statement regarding the Accident & Illness Prevention Policy that contains the Self-Insured Employer's philosophy regarding accident and illness prevention. The Safety Program Policy statement serves as the foundation for all program activities. The statement should be signed by a Chief Executive Officer and is communicated to all employees.

(2) Designated A&IP Program Coordinator: An individual(s) appointed by the employer to coordinate the provision of the Accident & Illness Prevention Program, by location or on a companywide basis. Assignment of the Safety Program Coordinator must be documented and made part of the designated individual's duties and responsibilities.

(3) Assignment of responsibilities for developing, implementing and evaluating the A&IP Program: Assignment of Accident & Illness Prevention Program responsibilities, as they pertain to employees and staff, (includes contracted providers retained and responsible for certain program elements). The individual, position and/or title of the position, and the assignment of individual or position responsibilities must be documented.

(4) Program Goals and Objectives: A documented procedure explaining how Accident & Illness Prevention Program goal(s) and objective(s) are set. Example: a goal may be a 25% reduction in the number of recordable injuries (OSHA definition) during a specific period; while an objective could be the improvement of safety procedures related to a task or operation.

(5) Methods for identifying and evaluating hazards and developing corrective actions for their mitigation: Written procedures for identifying hazards, evaluating hazards, and developing corrective actions for their mitigation. The purpose is to eliminate or reduce occupational accidents, injuries, and illnesses. Activities may include, but not be limited to: providing solutions, explanations, resources, reference materials and referrals.

ITEM V:
(Con't.)

(6) <u>Industrial Hygiene Surveys:</u> Surveys required by the nature of the individual self-insured employer's workplace and worksite environments. These surveys may include suspected chemical, physical or biological exposures, and produce recommendations designed to control and/or prevent identified exposures.

(7) <u>Industrial Health Services:</u> Written policy providing for industrial health services required by the nature of the individual self-insured employer's workplace environment. These services should address the physical, mental and social well-being of employees in relation to their workplace environment. The results of these services may produce recommendations designed to identify, control and/or eliminate health hazards.

(8) <u>A&IP Orientation and Training:</u> A&IP orientation and training for the purpose of enhancing employees' knowledge, skills, attitudes and motivations concerning health and safety requirements relating to operations, processes and specific work environments.

(9) <u>Regularly Reviewed and Updated Emergency Action Plan:</u> A written plan designed to provide a quick and pre-planned response to emergency events that include, but are not limited to: fires, floods and/or gas leaks. The plan must include procedures for employee safety and accountability during unexpected emergency conditions.

(10) <u>Employee A&IP Suggestion and Communication Programs:</u> A documented procedure describing the process whereby employees can offer suggestions and communicate their concerns related to employee A&IP.

(11) <u>A&IP Program Employee Involvement:</u> Documentation of method(s) whereby employees have the opportunity to participate in Accident & Illness Prevention Program projects and activities, including assumption of certain program responsibilities, either on an assigned or voluntary basis.

(12) <u>Established Safety Rules and Methods for their Enforcement:</u> Written safety rules and enforcement procedures that provides for a safe workplace environment.

(13) <u>Methods for Accident Investigation, Reporting and Recordkeeping:</u> A written procedure explaining and providing for the timely investigation of accidents, completion of required reporting and recording, and recordkeeping. Information resulting from accident investigation, reporting and records may be used to prevent future employee risk, exposure and accidents.

(14) <u>Availability of First Aid, CPR and Other Emergency Treatments:</u> Documentation explaining how prompt availability of first aid, CPR and other emergency treatments are provided for injured or suddenly ill employees. These treatments include on-site services, as well as those provided by the medical community.

(15) <u>Method(s) for Determining and Evaluating A&IP Program Effectiveness</u> (Must Complete Item 4)

(16) Protocol or Standard Operating Procedures, When Applicable to the Workplace and Workplace Environments for:

 (i) <u>Electrical and Machine Safeguarding:</u> A procedure for the installation of systems, hardware and equipment installed upon, around, over or near any machine or electrical installation to eliminate accidental contact by any person with the hazardous mechanical or electrical components for the purpose of preventing injuries.

 (ii) <u>Personal Protective Equipment:</u> A program that addresses the selection, purchase, training of employees and enforcement of the use of devices and apparel determined necessary for employees to protect against hazards in the work environment.

 (iii) <u>Hearing Conservation:</u> Programs established to reduce or eliminate, if possible, the level of noise in the work environment to safe levels through engineering controls, administrative control and/or personal protective equipment. Methods may include personal protective equipment (mandatory hearing protection), point of operation equipment guards, non-hazardous tools, proper illumination and other similar engineering controls.

 (iv) <u>Sight Conservation:</u> Programs established to reduce or eliminate, if possible, hazard in the work environment to protect and conserve employee eye sight from equipment and any physical or environmental hazards to employees' eyes, through engineering controls, administrative control and/or personal protective equipment. Methods may include personal protective equipment (mandatory safety glasses, goggles, and face shields), point of

 (v) <u>Lockout/Tag out Procedures:</u> A procedure consisting of controls and employee training to ensure that machines, equipment, and/or piping are isolated, de-energized and completely inoperative (locked out) before servicing or maintenance is performed. This procedure shall also protect employees from the unexpected machine startup, release of unsafe liquid or gas or contact with electrical sources.

ITEM V:
(Con't.)

(vi) <u>Hazardous Material Handling, Storage, and Disposal Procedure:</u> A procedures that identifies and controls the receipt, handling, storage and disposal of hazardous chemicals and products containing hazardous chemicals. Included is the development of a chemical inventory, procurement of material safety data sheets (MSDS), training for employees in identifying hazardous materials, understanding possible exposures and routes of entry of the chemical into the body, knowledge of the signs and symptoms of overexposure, and recommended first-aid procedures.

(vii) <u>Confined Space Entry Procedure:</u> A procedure to follow when entering, for any reason, any area that has limited openings for entry and exit that would make escape difficult in an emergency, has a lack of ventilation, contains known and potential hazards, and/or is not intended or designed for continuous human occupancy.

(viii) <u>Fire Prevention and Control Practices:</u> Documented practices for the prevention and control of fires and their related cause factors. These practices also include methods for responding to fires should they occur, employee evacuation procedures, and other applicable techniques for protecting life.

(ix) <u>Substance Abuse Awareness and Prevention Policies and Programs:</u> These policies and programs must include the employer's methods that are implemented to inform employees of the hazards associated with the use of, or being under the influence of alcohol or other controlled substances in the workplace.

(x) <u>Control of exposure to Bloodborne Pathogens:</u> A program providing for protecting employees against the hazards related to exposure to blood or other potentially infectious body fluids. This also includes employee training and a procedure for implementing an immediate response should an exposure incident occur.

(xi) <u>Pre-Operational Process Review:</u> A procedure providing for the review of plans, drawings, diagrams and specifications for processes, equipment and machinery prior to their use and introduction into the workplace. This review is for the purpose of identifying and correcting hazardous conditions.

(xii) <u>Other:</u> Other protocols as may be appropriate for the individual self-insured employer's operations.

ITEM VI: Check the method or method(s) utilized to determine the effectiveness of the Accident & Illness Prevention Program. State your applicable rates for the current renewal year and each of the two years prior to the current renewal year, for the method indicated. ***You must check at least one item.***

Calculation methods include:

Section I: Comparisons of your incidence rate using the OSHA/Bureau of Labor Statistics (BLS) formula: **number of recordable injuries x 200,000 ÷ hours worked**, and then comparing your incidence rate to the OSHA/Bureau of Labor Statistics (BLS) published incidence rate for your business or industry; **OR**

Section II: Comparison of your injury and illness rate derived via the Employer's Report of Occupational Injury or Disease (Form LIBC-344, Rev. 8-93), using the formula: **number of "First Reports" filed x 1,000 ÷ average number of employees**, and then comparing your rate to the rates published in the current edition of Pennsylvania Work Injuries and Illnesses, Table 2, "Injury and Illness Rates in Selected Industries"; **OR**

Section III: State the experience modification factor and compare this rate to that for the previous two years; **OR**

Section IV: Other: Provide a written explanation of other method(s) used to determine the effectiveness of the Accident & Illness Prevention Program. Include in the explanation how it is calculated or derived, and how it is used to determine program effectiveness.

Section V: Other: Provide a written explanation of other method(s) used to determine the effectiveness of the Accident & Illness Prevention Program. Include in the explanation how it is calculated or derived, and how it is used to determine program effectiveness.

If another method is utilized, please attach written explanation and identify as Attachment 6V.

ITEM VII: **<u>Provider Verification</u>** - Please complete the information below for all <u>qualified</u> services providers who provided accident and illness prevention services during the current reporting period.

According to the regulations, to be qualified as an Accident and Illness Prevention Services Provider within the meaning of Section 1001 of the Act (&P.S. §+-1038.1(a), a person shall:

(a) hold a current, recognized credential (see credential listing below) **AND** possess at least two years of acceptable safety experience which must include current, full-time professional experience providing accident and illness prevention services which accounts for at least 60 percent of the individual's activities. Acceptable

ITEM VII: activities include: identifying hazards; conducting safety and health surveys; proposing corrective actions; analyzing
(Con't.) accident causes; and, recommending or providing industrial hygiene and industrial health surveys and consultations.
OR

(b) deemed qualified by the Bureau based upon experience in the health and safety field and were issued a unique, 4 digit provider number with an "E" suffix. (Note: Immediately after the enactment regulations, a limited number of individuals were, on a one-time only basis, granted qualification based upon their professional experience.) **OR**

(c) have been granted "In-Service" status meaning that the provider is in the process of obtaining a recognized credential and is currently operating under the direction of a fully qualified provider.

- Enter the Appropriate prefix, first, middle and last name;
- Enter the 2-digit credential code identifying the provider's credential; **OR**
- Enter the "Experience Provider Number" assigned by the Bureau; **OR**
- Check the "In-Service Provider" box and enter the "Date In-Service (status) was granted; **AND**
- Check the box indicating whether the provider is an "Employee" or "Contracted".

Note: <u>New</u> requests for "In-Service" Provider status can be made by completing sections 8 a. and 8 b.

Accident & Illness Prevention Service Provider Qualifications

To be qualified as an Accident & Illness Prevention Service Provider within the meaning of Section 1001 (a) and (b) of the Act (77 P.S. § 1038.1(a) and (b)) and this Chapter, a person shall obtain one or more of the following qualifications ***and have two years of acceptable safety experience.***

1. Certification as a medical doctor (M.D.) in occupational medicine granted by the American Board of Preventive Medicine (ABPM).
2. Certification as an industrial hygienist (CIH) granted by the American Board of Industrial Hygiene (ABIH).
3. Certification as a safety professional (CSP) granted by the Board of Certified Safety Professionals (BCSP).
4. Certification as an industrial hygienist in training (IHIT) granted by the American Board of Industrial Hygiene (ABIH).
5. Certification as an associate safety professional (ASP) granted by the Board of Certified Safety Professionals (BCSP).
6. A bachelor's degree, master's degree or doctoral degree in safety earned from an accredited program from an accredited college or university.
7. A bachelor's degree, master's degree, or doctoral degree in science or engineering with a major concentration in occupational/industrial safety and health from an accredited program within an accredited college or university.
8. Certification as an occupational health nurse (COHN) granted by the American Board for Occupational Health Nurse (ABOHN).
9. Certification as an Occupational Health & Safety Technologist (OHST) granted by the Board of Certified Safety Professionals (BCSP).
10. An advanced safety certificate earned from the National Safety Council's Safety Training Institute.
11. An associate in loss control management (ALCM) earned from the Insurance Institute of America (IIA).
12. An associate risk management (ARM) earned from the Insurance Institute of America (IIA).
13. Certification as a safety executive (WSO-CSE), safety manager (WSO-CSM) or safety specialist (WSO-CSS) granted by the World Safety Organization (WSO).
14. Certification as a professional ergonomist (CPE) granted by the Board of Certification of Professional Egonomists (BCPE).
15. Registered safety manager granted by the International Board of Environmental Health & Safety Inc. (IBOEHS).
16. Certification with a Certified Risk Managers (CRM) designation granted by The National Alliance for Insurance Education & Research.
17. Certified Safety and Health Managers (CSHM) granted by the Institute for Safety and Health Management.
18. Certification as a Certified Instructional Trainer (CIT) granted by the Board of Certified Safety Professionals (BCSP).
19. Certification as a Safety Trained Supervisor (STS) granted by the Board of Certified Safety Professionals (BCSP).

INDUSTRY-SPECIFIC QUALIFICATIONS:

20. Trucking: Certified Director of Safety (CDS) granted by the North American Transportation Management Institute (NATMI).
21. Trucking: Certified Safety Supervisor (CSS) granted by the North American Transportation Management Institute (NATMI).
22. Healthcare: Certified Healthcare Safety Professional (CHSP) granted by the International Board for Certification Services and Management (IBFCSM).
23. Construction: Construction Health and Safety Technician (CHST) granted by the Board of Certified Safety Professionals (BCSP).
24. Treecare: Certified Treecare Safety Professional (CTSP) granted by the Tree Care Industry Association, Inc.
25. Construction: Safety Trained Supervisor Construction (STSC) granted by the Board of Certified Safety Professionals (BCSP).
26. Hazardous Materials: Certified Hazardous Materials Manager (CHMM) granted by the Institute of Hazardous Materials Management (IHMM).
27. Hazardous Materials: Certified Dangerous Goods Trainer (CDGT) granted by the Institute of Hazardous Materials Management (IHMM).

Those who hold an industry specific qualification are only permitted to provide accident and illness prevention services within the designated industry.

In-Service Status: A person who is currently employed by an insurer, individual self-insured employer, or group self-insurance fund who provides Accident & Illness Prevention Services and who does not currently possess any Bureau recognized qualifications shall have five (5) years to meet one or more of the qualifications in order to continue to provide Accident & Illness Prevention Services for the current or subsequent insurer, self-insured employer, or group self-insurance fund. Individuals granted In-Service status are required to be under the direction of a service provider currently holding a recognized qualification during the five (5) year period in which a recognized credential is being earned. After that five (5) year period, any individual who has not obtained a recognized qualification and submitted acceptable proof to the Bureau will not be permitted to provide Accident & Illness Prevention Services for the current or any subsequent insurer, self-insured employer, or group self-insurance fund until a recognized qualification is obtained.

ITEM VIIIa: Section is to be completed for new request of In-Service Status. Provide the full and complete First name, Middle name and Last name. Indicate if Service Provider is an employee or contracted. Enter the date when the service provider began providing Accident & Illness Prevention Services. (This date should be the date the individual began employment in the Accident & Illness Prevention Field.

ITEM VIIIb: The activities of accident and illness prevention services providers for which in-service status is being requested shall be directed by a services provider who meets the requirements of a qualified accident and illness prevention services provider during the 5-year period in which a recognized credential is being earned and required experience is being obtained.

(i) Complete the name of the recognized provider to provide tutelage to above-mentioned in-service provider.

(ii) Indicate the qualification for the recognized provider by listing one of the above designation numbers. For example: a Certification as a Safety Professional would be "03."

ITEM IX: **Contact information. This section is to be filled out in the event it is different from the authorized Signatory.**

ITEM X: **Signatory Information. This report _must be_ signed and dated. If filing paper report an _original_ signature is required. Provide the first name, middle initial, last name, title and telephone number, of the person signing the report, and the date the report is signed. _The company or corporation assumes ultimate responsibility of the accuracy of responses contained herein._**

NOTE: Since it may be necessary to clarify information reported, if the person responsible for completing this report is different from the person signing the report, the Contact Person Information section should be completed.

Send the Completed Individual Self-Insured Employers
Accident & Illness Prevention Program Annual Report (LIBC-220E) to:

Pennsylvania Bureau of Workers' Compensation
Health & Safety Division
Audit & Report Processing Section
ra-libwc-rprts-audit@pa.gov
(717) 772-1636

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