pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

COMMONWEALTH OF PENNSYLVANIA SELF-INSURED EMPLOYER'S INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM

This report must be submitted electronically to the Pennsylvania Bureau of Workers' Compensation Self-Insurance Division, in conjunction with the Employer's Initial Application for Self-Insurance.

(Please print or type all information. Before completing, please refer to the accompanying instructions regarding Items #I through #VI.)

Date Self-Insurance Initial Application was submitted to the Self-Insurance Division: _____, 20___.

Please Enter your Federal Employer Identification Number

FEIN: ☐☐ ■ ☐☐☐☐☐☐☐

I. Employer name: (Please see instructions on page 3)

II. Mailing address: Street, P. O. Box, City, State, ZIP

IIIa. Number of physical locations within the Commonwealth of Pennsylvania: ☐☐☐☐

IIIb. Total number of employees at all Pennsylvania physical locations: ☐☐☐☐

IV. State the elements contained within your Accident & Illness Prevention Program (A&IP) [check ( ) all that apply]:

(NOTE: Items (1) through (15) are considered to be basic to any Accident & Illness Prevention Program. **A&IP Programs shall include program elements 1-15 and <u>must be</u> in place as a pre-requisite for self-insurance.** Items (16) i through xi are required when applicable to the workplace and worksite environments. Check all that are in place at the time the Self-Insurance Application is submitted. (A&IP = Accident and Illness Prevention)

(☐) 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 actions for their mitigation.
(☐) 6. Industrial Hygiene Surveys (see instructions)
(☐) 7. Industrial Health Services (see instructions)
(☐) 8. A&IP orientation and training
(☐) 9. Regularly reviewed and updated emergency action plan
(☐) 10. Employee A&IP suggestion and communications programs
(☐) 11. A&IP Program Employee Involvement
(☐) 12. Established safety rules and methods for their enforcement
(☐) 13. Methods for accident investigation, reporting and recordkeeping.
(☐) 14. Prompt availability of first aid, CPR and other emergency treatments.
(☐) 15. Methods for determining and evaluating program

16. Protocol or Standard Operating Procedures, when applicable to the workplace and workplace environments for:

(☐) i. Electrical and Machine Safeguarding
(☐) ii. Personal Protective Equipment
(☐) iii. Hearing and Sight Conservation
(☐) iv. Lockout/Tag out Procedure
(☐) v. Hazardous Material Handling, Storage and Disposal Procedures
(☐) vi. Confined Space Entry
(☐) vii. Fire Prevention and Control
(☐) viii. Substance Abuse Awareness and Prevention Policies and Programs
(☐) ix. Control of Exposure to Bloodborne Pathogens
(☐) x. Preoperational Process Review
(☐) xi. Other protocols as may be appropriate for the individual self-insured employer's operations [Explain – Identify as Item #IV (16, xi) on additional sheet.]

V. Number of **Qualified** Accident & Illness Prevention Personnel involved with the Program: ***(See Instructions)***

a. Staff Personnel ☐☐☐☐ b. Contracted Personnel ☐☐☐☐

c. In-Service Status _____ d. Request for In-Service Status (Complete page 3) _____

VI. Which of the following method(s) are to be used to determine the effectiveness of the Accident & Illness Prevention Program [check ( ) method(s) to be used]:

For the method(s) indicated, (if available) please supply the requested information.

( ) **i. OSHA/BLS Incidence Rate Comparison by the North American Industry Classification (NAICS) number**
Please State Incidence Rate:

a. Prior fiscal year _____

b. One year prior to last fiscal year _____

c. Two years prior to last fiscal year _____

( ) **ii. Comparison of Statistics Derived from "First Reports"**
Please State your Injury and Illness Rate Using the FORMULA in the Instructions:

a. Prior fiscal year _____

b. One year prior to last fiscal year _____

c. Two years prior to last fiscal year _____

( ) **iii. Experience Modification Factor or Loss Ratio**

	E-MOD FACTOR	LOSS RATIO
a. Prior fiscal year		
b. One year prior to last fiscal year		
c. Two years prior to last fiscal year		

( ) **iv. Other** [any other methods used by the organization to determine the effectiveness of the Accident & Illness Prevention Program]

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.

Name/contact (typed/printed) _____ Title _____

Email address _____ Telephone _____

Signature _____ Date _____

Pennsylvania Bureau of Workers' Compensation
Health and Safety Division
Report Processing & Audit Section
1171 South Cameron Street, Room 324
Harrisburg, PA 17104-2501

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Equal Opportunity Employer/Program

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 Name M.I. Last Name

Is service provider an employee? or contracted?

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

MM - DD - YYYY

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 Name M.I. Last Name

Recognized Provider designation

Credential Code Experience Provider # E Employee Contracted

Instructions for Completing Form LIBC-221I

SELF-INSURED EMPLOYER'S INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM

This Self-Insured Employer's Initial Report of Accident & Illness Prevention Program Form must be submitted electronically with the Pennsylvania Department of Labor & Industry, Bureau of Workers' Compensation, Application for Self-Insurance Status.

As part of its application for individual self-insurance status submitted to the bureau, an applicant for individual self-insurance status shall provide the bureau with detailed information on its accident and illness prevention program.

As part of the process of granting individual self-insurance status, the bureau will use this information to determine whether to grant individual self-insurance status.

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.

FEIN: (Federal Employer Identification Number)

Enter the Federal Employers Identification Number (FEIN) assigned to your organization.

ITEM I: Enter the full name of the self-insured employer as it will be submitted with the request for self-insurance status.

ITEM II: Enter the address of the self-insured employer as it will be submitted with the request for self-insurance status.

ITEM IIIa: Enter the total number of locations, where employees are present on a daily basis, that are to operate by the self-insured employer within the Commonwealth of Pennsylvania.

ITEM IIIb: Enter the total number of employees at all locations reported in IIIa.

ITEM IV: Check ( ) the elements contained within the Accident & Illness Prevention Program developed, implemented and monitored by the Self-Insured Employer. Elements V (1) through (15) are **mandatory** by the Pennsylvania Workers' Compensation Act; while the protocols or standard operating procedures listed under 16 are applicable to the workplace and worksite environment.

The following definitions apply to the Accident & Illness Prevention Program Elements 1 through 15:

(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.

ITEM IV: (Con't.)

(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.

(6) Industrial Hygiene Surveys: 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) Industrial Health Services: 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) A&IP Orientation and Training: 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) Regularly Reviewed and Updated Emergency Action Plan: 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) Employee A&IP Suggestion and Communication Programs: A documented procedure describing the process whereby employees can offer suggestions and communicate their concerns related to employee A&IP.

(11) A&IP Program Employee Involvement: 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) Established Safety Rules and Methods for their Enforcement: Written safety rules and enforcement procedures that provides for a safe workplace environment.

(13) Methods for Accident Investigation, Reporting and Recordkeeping: 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) Availability of First Aid, CPR and Other Emergency Treatments: 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) Method(s) for Determining and Evaluating A&IP Program: Documentation of the method(s) used for assuring the quality of the Accident & Illness Prevention Program. Different than effectiveness measures, this element would involve actual review and critique of the program for the purpose of determining the strength(s) and weakness(es) of its components, as well as program areas that may require revision.

(16) Work Environment Procedures Relating to:

(i) Electrical and Machine Safeguarding: 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) Personal Protective Equipment: 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.

ITEM IV: (Con't.)

(iii) Hearing and sight conservation: Hearing conservation programs established to reduce, or eliminate where possible, the level of noise in the work environment to safe levels. Sight conservation programs established to safeguard the eyesight of employees in the work environment. Methods implemented in these programs may include, but not be limited to the use of personal protective equipment (safety glasses, goggles, face shields, personal hearing protection, etc.), point of operation equipment guards, non-hazardous tools, proper illumination, engineering controls and administrative controls.

(iv) Lockout/tag out procedures: 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.

(v) Hazardous material handling, storage, and disposal procedure: A procedure 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.

(vi) Confined space entry procedure: 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.

(vii) Fire prevention and control practices: 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.

(viii) Substance abuse awareness and prevention policies and programs: 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.

(ix) Control of exposure to bloodborne pathogens: 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.

(x) Pre-operational process review: 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.

(xi) Other protocols: Determined to be necessary for the protection of employees from injury and illness while in the employer's employment based on the type(s) of operation(s), workplace and work environments.

ITEM V:

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 Environmental, Safety & Health Trainer (CET) 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 health care safety professional (master level only) granted by the Board of Certified HealthCare Safety Management.
23. Construction: construction health and safety technician (CHST) granted by the Council on Certification of Health, Environmental and Safety Technologist.
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 to provide Accident & Illness Prevention Services and who does not 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.

New requests for in-service status must include their full name (to include full middle name/middle initial if applicable), date they began providing Accident & Illness Prevention Services, the primary service that they provide, and "New Requests for In-Service" marked under In-Service Status.

ITEM VI: Indicate the internal 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.
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 or Loss Ratio rate 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.

Select "Other" if any other methods are used by the organization to determine the effectiveness of the Accident & Illness Prevention Program.

NOTE: ***This report must be signed.*** **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.**

ALSO: **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, please print the name of the contact person where indicated.**