1. Proposed fund name: 

2. Mailing address: (Street, P.O. Box, City, State, ZIP)
   Address (line 1)
   Address (line 2)
   City                                   State                   ZIP

3. Total number of members to be affiliated with the Group Self-Insurance Fund: 

4. What methods will be utilized for determining program services commitments [Check 3 that apply]:
   - Member Contribution (%)
   - Request
   - Request Only
   - Loss History
   - Incidence Rate
   - First Report Rate
   - In incurred Losses
   - Paid Losses
   - Fund Administrator Request
   - Annual Inspection
   - Other [Explain/Identify as Item 4(k) on additional sheets]

5. Accident & Illness Prevention program [check all that apply] NOTE: Item (1) through (8) are considered to be basic to any Accident & Illness Prevention Program. The A&IP Program must include Program elements 1-8 and must be in place as a pre-requisite for self-insurance. Items 9 (i) through (xi) are required when applicable to workplace and worksite environments. [Check 3 that apply]:
   - Safety Program Policy Statement
   - Designated A&IP program coordinator
   - Assignment of responsibilities for developing, implementing and evaluating the A&IP Program
   - A&IP Program goals and objectives
   - A&IP Program employee involvement
   - Employee A&IP suggestion and communication programs
   - Method(s) for accident investigation, reporting and recordkeeping
   - Method(s) for determining and evaluating A&IP Program effectiveness (must complete item 8)
   - Protocol or Standard Operating Procedures, when applicable to the workplace and worksite environments for:
     - Electrical and machine safeguarding
     - Personal protective equipment
     - Hearing and sight conservation
     - Lockout/tag out procedure
     - Hazardous material handling, storage and disposal
     - Confined space entry
     - Fire prevention and control
     - Substance abuse awareness and prevention policies and programs
     - Control of exposure to blood borne pathogens
     - Preoperational process review
     - Other protocols as may be appropriate for operations [Explain - Identify as item #5 (9, xi) on additional sheet.]
6. Indicate the number of qualified personnel the fund plans to utilize to provide Accident & Illness Prevention Program services:
   a. Employee A&IP Providers
   b. Contracted A&IP Providers

7. State the types of Accident & Illness Prevention materials that the fund intends to provide to its members: [Check 3 that apply]:
   a. Audiovisual materials
   b. Posters/payroll stuffers
   c. Booklets, brochures or pamphlets
   d. Regulations/standards
   e. Sample forms
   f. Sample programs
   g. Awards
   h. Other [Explain/identify as Item 7(h) on additional sheet]

8. Which of the following method(s) will be used to determine the effectiveness of the fund’s Accident and Illness Prevention Program? [Check 3 that apply]:
   I. OSHA/BLS Incidence Rate Comparison by Standard Industrial Classification (SIC) Code
   II. Comparison of statistics derived from “First Reports”
   III. Experience modification factor
   IV. Loss ratio
   V. Other method used by the Group Self-Insurance Fund deemed appropriate by the Bureau [Explain/identify as item 8(V) on additional sheet]

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 Crime Code, 18 Pa. C.S. Subsection 4904, relating to unsworn falsification to authorities.

Name/Contact (please print)**

Title

Email Address

Area Code + Telephone

Signature

Date

Send this completed report to:
Pennsylvania Bureau of Workers’ Compensation
Health & Safety Division, Room 324
1171 South Cameron Street
Harrisburg, PA 17104-2501
717.772.1636

(** Contact person name and telephone number of person signing this form are necessary in case additional information is needed.)

(Please attach additional sheets where necessary, labeled with appropriate form, section number and letter)

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program
This form must be submitted electronically with the Bureau of Workers’ Compensation, Health & Safety Division at the time Application is made for group self-insurance status.

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

**ITEM 1:** State the full name of the Group Self-Insurance Fund, as it will be registered with the Self-Insurance Division.

**ITEM 2:** Enter the address of the Group Self-Insurance Fund, as it will be registered with the Self-Insurance Division.

**ITEM 3:** Enter the total number of members affiliated with the fund at the time application is made to the Self-Insurance Division.

**ITEM 4:** Describe the method(s) that will be used in determining Accident & Illness Prevention Program Services commitment to fund members.

**ITEM 5:** Check the elements that will be contained within the Accident & Illness Prevention Program offered by the fund. Items (1) through (8) are considered to be the minimum acceptable elements that the fund is required to have for the fund members. Elements listed under (9) are required when applicable, based on workplace and worksite environments. The following definitions apply to specific program elements.

1. **Safety policy statement:** A written statement regarding the Accident & Illness Prevention Policy that contains the Self-Insured Group 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 should be communicated to all members.

2. **Designated A&IP program coordinator:** An individual(s) appointed by the group fund to coordinate the provision of the Accident & Illness Prevention Program by member location or on a fund-wide 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 members’ 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. **A&IP 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 specified period; while an objective could be the improvement of safety procedures related to a task or operation.

5. **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.

6. **Employee A&IP suggestion and communication programs:** A documented procedure...
ITEM 5: (Con’t.)

describing the process whereby employees can offer suggestions and communicate their concerns related to employee health and safety.

(7) **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.

(8) **Method(s) for determining and evaluating A&IP Program effectiveness (Must complete Item 8):** Documentation of the method(s) used for assuring the quality of the Accident & Illness Prevention Program.

(9) **Protocol or standard operating procedures, when applicable to the workplace and worksite environment:**

(i) **Electrical and machine safeguarding:** Systems, programs, procedures, 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.

(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.

(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:** Procedures developed and consisting of a control procedure 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 should 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:** A procedure that identifies and controls the receipt, handling, storage and disposal of hazardous chemicals and products that contain hazardous chemicals. Included are 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.
ITEM 5: (Con’t.)

(viii) **Substance abuse awareness and prevention policies and programs:** These policies and programs must include the employer’s methods 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 blood borne pathogens:** A program of requirements 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 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 6: State the number of **qualified** accident and illness prevention service providers, both employees of the Group Self-Insurance Fund and contracted personnel who will be directly involved in the delivery of Accident & Illness Prevention Services in locations within the Commonwealth of Pennsylvania.

ITEM 7: If Accident & Illness Prevention Materials will be provided to members, check (3) the types that are or will be available.

ITEM 8: Indicate the internal method(s) to be utilized in determining the effectiveness of the Accident & Illness Prevention Program.

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

II. **Comparison of the fund’s 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 the fund’s rate to the rates published in the current addition of Pennsylvania Work Injuries and Illnesses, Table 2, “Injury and Illness Rates in Selected Industries”; **OR**

III. State the experience modification factor; **OR**

IV. State the loss ratio.

V. If another method is utilized, please check (3) IV and attach a separate sheet identified as ITEM #8 (V), to describe the method.

**NOTE:** Since it may be necessary to clarify information reported, the person responsible for completing the report, or the person responsible for the operation of the fund’s Accident & Illness Prevention Program should be listed on the contact line and his/her telephone number included. Also, the person signing this report must be authorized to do so by an office of the fund. The fund Administrator assumes ultimate responsibility of the accuracy of responses contained herein.

*(PLEASE USE ADDITIONAL SHEETS WHERE NECESSARY)*


**Accident & Illness Prevention Service Provider Qualifications**

Under the Health and Safety Regulations of the Pennsylvania Workers’ Compensation Act, self-insured employers and insurance carriers licensed to write workers’ compensation insurance are required to either employ or contract with qualified accident and illness prevention services providers to deliver services to policyholders or to provide program services. The self-insured employer or licensed carrier is responsible for maintaining proof that a provider possesses a current qualification.

To be a qualified service provider within the meaning of Section 1001(a) of the Act (77 P.S. section 1038.1 (a)):

- Individuals must possess at least one current, bureau-recognized credential listed below AND have two years of acceptable safety experience as also defined below; or
- Be designated as an In Service provider. When filing their annual report of Accident and Illness Prevention Services/Program, a self-insured employer or insurer can request an In Service designation for a provider who does not yet hold a recognized credential but is working to earn one. An In Service provider has five years to obtain a recognized credential and must be under the direction of a fully qualified provider while in service.

Please note: qualified accident and illness prevention services providers are also qualified to deliver required training to workplace safety committee members under the state’s workplace safety committee certification program. Certification entitles insured employers to a 5 percent annual workers’ compensation premium discount.

To be qualified as an accident and 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. This experience 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 activities include: identifying hazards; conducting safety and health surveys; proposing corrective actions; analyzing accident causes; and, recommending or providing industrial hygiene and industrial health surveys and consultations.

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 Ergonomists (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).
24. Treecare: Certified Treecare Safety Professional (CTSP) granted by the Tree Care Industry Association, Inc.

*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.

**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.