

**ANNUAL REPORT OF
ACCIDENT & ILLNESS PREVENTION
PROGRAM STATUS BY GROUP
SELF-INSURANCE FUNDS**

For fund year - - To - -
MM DD YYYY MM DD YYYY

Insurer code

Form *must be* completed in its entirety!

Please make necessary corrections to Item #1a in Item 1b

1a. Fund name and address

Fund name

Address (line 1)

Address (line 2)

City

State

ZIP

 -

1b. Corrected Name and Mailing Address (if necessary):

Fund name

Address (line 1)

Address (line 2)

City

State

ZIP

 -

**2a. Total Number of Members
Affiliated with the Group
Self-Insurance Fund:**

**2b. Total Number of Members
Receiving Accident & Illness
Prevention Services:**

**2c. Total Amount Spent on
Accident & Illness
Program Services:**

\$

**3a. Total Number of Requests
for Program Services
Received:**

**3b. Total Number of Requests
for Services that were
Fulfilled:**

**3c. Number of Member Service
Requests Fulfilled Via
Service Visits:**

If 3a is less than 3b, please attach an explanation labeled item 3.

4. Method(s) Utilized for Determining Program Services Commitments [Mark with an (x) all that apply]:

- | | |
|---|---|
| <input type="checkbox"/> a. Member Contribution (%) | <input type="checkbox"/> f. Incurred Losses |
| <input type="checkbox"/> b. Member Request | <input type="checkbox"/> g. Paid Losses |
| <input type="checkbox"/> c. Loss History | <input type="checkbox"/> h. Fund Administrator Request |
| <input type="checkbox"/> d. Incidence Rate | <input type="checkbox"/> i. Annual Inspection |
| <input type="checkbox"/> e. First Report Rate | <input type="checkbox"/> j. Other [Explain as Item #4j on additional sheet] |

5. Number of On-Site Inspections performed:

6. State the Elements/Services Contained within your Accident & Illness Prevention Program [mark with an (x) all that apply]:

- | | |
|--|---|
| <input type="checkbox"/> 1. Safety Policy Statement | 14. Protocol or Standard Operating Procedures, when applicable to the Workplace and Workplace Environments for: |
| <input type="checkbox"/> 2. Designated A&IP Program Coordinator | <input type="checkbox"/> i. Electrical and Machine Safeguarding |
| <input type="checkbox"/> 3. Assignment of Responsibilities for Developing, Implementing and Evaluating the A&IP Program | <input type="checkbox"/> ii. Personal Protective Equipment |
| <input type="checkbox"/> 4. Program Goals and Objectives | <input type="checkbox"/> iii. Hearing and Sight Conservation |
| <input type="checkbox"/> 5. Employee Involvement Methods | <input type="checkbox"/> iv. Lockout/Tagout Procedure |
| <input type="checkbox"/> 6. Employee Accident & Illness Prevention Suggestion and Communications Program | <input type="checkbox"/> v. Hazardous Material Handling, Storage and Disposal Procedures |
| <input type="checkbox"/> 7. Methods for Accident Investigation and Reporting and Recordkeeping | <input type="checkbox"/> vi. Confined Space Entry Procedures |
| <input type="checkbox"/> 8. Onsite Surveys to identify existing or potential accident and illness hazards or safety program deficiencies | <input type="checkbox"/> vii. Fire Prevention and Control |
| <input type="checkbox"/> 9. Analyses of the causes of accidents and illnesses at the members' worksite | <input type="checkbox"/> viii. Substance Abuse Awareness and Prevention Policies and Programs |
| <input type="checkbox"/> 10. Providing or proposing corrective actions in the area of industrial hygiene services | <input type="checkbox"/> ix. Control of Exposure to Bloodborne Pathogens |
| <input type="checkbox"/> 11. Providing or proposing corrective actions in the area of industrial health services | <input type="checkbox"/> x. Preoperational Process Review |
| <input type="checkbox"/> 12. Accident and illness prevention-training programs | <input type="checkbox"/> xi. Other Protocols as may be Appropriate for the Group Self-Insurance Fund's Operations |
| <input type="checkbox"/> 13. Consultations regarding specific safety and health problems and hazard abatement programs and techniques | [Explain – Identify as Item #14xi on additional sheet] |

7. State the Types of Accident & Illness Prevention Materials Provided to Members: [Mark with an (x) the types of Materials provided]:

- | | |
|--|---|
| <input type="checkbox"/> a. Audio-visual material | <input type="checkbox"/> f. Sample programs |
| <input type="checkbox"/> b. Posters/Payroll stuffers | <input type="checkbox"/> g. Awards |
| <input type="checkbox"/> c. Booklets, Brochures, Pamphlets | <input type="checkbox"/> h. Other [Explain – identify as item #7h on additional sheets] |
| <input type="checkbox"/> d. Regulations/Standards | <input type="checkbox"/> i. Optional: What is the cost of these Materials |
| <input type="checkbox"/> e. Sample Forms | |

\$

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

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

Check the category which the 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 rates for:

Prior fiscal year .

One year prior to last fiscal year .

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 for:

Prior fiscal year .

One year prior to last fiscal year .

Two years prior to last fiscal year .

- ☐ III. Experience Modification Factor
Please state your experience modification factor as per the instructions for:

E-MOD FACTOR

Prior fiscal year .

One year prior to last fiscal year .

Two years prior to last fiscal year .

- ☐ IV. Loss Ratio
Please state your loss ratio as per the instructions for:

LOSS RATIO

Prior fiscal year .

One year prior to last fiscal year .

Two years prior to last fiscal year .

- ☐ V. Other:
Provide an 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. Identify as item 8V. Other.

9. 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 recognized 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

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

Credential code ***or*** Experience provider # ***or*** In-service provider Date in-service was granted Employee Contracted

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

Credential code ***or*** Experience provider # ***or*** In-service provider Date in-service was granted Employee Contracted

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

Credential code ***or*** Experience provider # ***or*** In-service provider Date in-service was granted Employee Contracted

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

Credential code ***or*** Experience provider # ***or*** In-service provider Date in-service was granted Employee Contracted

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

Credential code ***or*** Experience provider # ***or*** In-service provider Date in-service was granted Employee Contracted

9. (con't) Accident & Illness Prevention Service Provider(s) information:

(Mr. Mrs. Ms.)	First		Middle		Last name	
Credential code	or	Experience provider #	or	In-service provider	Date in-service was granted	Employee Contracted

(Mr. Mrs. Ms.)	First		Middle		Last name	
Credential code	or	Experience provider #	or	In-service provider	Date in-service was granted	Employee Contracted

(Mr. Mrs. Ms.)	First		Middle		Last name	
Credential code	or	Experience provider #	or	In-service provider	Date in-service was granted	Employee Contracted

(Mr. Mrs. Ms.)	First		Middle		Last name	
Credential code	or	Experience provider #	or	In-service provider	Date in-service was granted	Employee Contracted

(Mr. Mrs. Ms.)	First		Middle		Last name	
Credential code	or	Experience provider #	or	In-service provider	Date in-service was granted	Employee Contracted

(Mr. Mrs. Ms.)	First		Middle		Last name	
Credential code	or	Experience provider #	or	In-service provider	Date in-service was granted	Employee Contracted

(Mr. Mrs. Ms.)	First		Middle		Last name	
Credential code	or	Experience provider #	or	In-service provider	Date in-service was granted	Employee Contracted

(Mr. Mrs. Ms.)	First		Middle		Last name	
Credential code	or	Experience provider #	or	In-service provider	Date in-service was granted	Employee Contracted

10a. 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 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

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 M.I. Last name

Recognized Provider designation

Credential code Experience provider # Employee Contracted
 E ☐ ☐

11. Contact Person – Complete **only if different from authorized signatory in item Section 12.** Questions regarding this Annual Report will be directed to the signatory unless a contact person is designated.

First name	M.I.	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Email address	
<input type="text"/>	<input type="text"/>	
Address (line 1)		
<input type="text"/>		
Address (line 2)		
<input type="text"/>		
City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Telephone	Extension	Fax
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

12. 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 name	M.I.	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Email address	
<input type="text"/>	<input type="text"/>	
Address (line 1)		
<input type="text"/>		
Address (line 2)		
<input type="text"/>		
City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Telephone	Extension	Fax
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

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. The company or corporation assumes ultimate responsibility of the accuracy of responses contained herein.

Signature

Date

Bureau contact information:

Pennsylvania Bureau of Workers' Compensation
Health & Safety Division
Report Processing & Audit Section
1171 South Cameron Street, Room 324
Harrisburg, PA 17104-2501
717.772.1636



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

Instructions for Completing Form LIBC-230G

GROUP SELF-INSURANCE FUND'S ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM STATUS

This Group Self-Insurance Funds Annual Report of Accident & Illness Prevention Program Status must be submitted electronically with the Pennsylvania Department of Labor and Industry, Bureau of Workers' Compensation, Self-Insurance Division for the Fund year represented by your Self-Insurance Fund annual report for Self-Insurance purposes.

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*.

Enter the four digit Insurer Code assigned to you by the Bureau of Workers' Compensation.

ITEM 1a: Enter the full name and address of the Group Self-Insurance Fund as registered with the Self-Insurance Division, Bureau of Workers' Compensation.

ITEM 1b: Provide any corrections or changes to the group self-insurance fund's name and/or address since the submission of your last group self-insurance fund annual report.

ITEM 2a: Enter the total number of members affiliated with the Group Self-Insurance Fund.

ITEM 2b: Enter the total number of members who have received Accident & Illness Prevention Services during the Fund Year.

ITEM 2c: Enter the amount spent for providing Accident & Illness Prevention Program Services during the Fund year. Include costs associated with preparation, travel, on-site inspections, including hazard identification and correction recommendations, accident cause analysis, Accident & Illness Prevention Program evaluation, industrial hygiene and industrial health services, member personnel training, safety committee certification training, telephone consultation, pre-operational/process reviews, report development, follow-up and provision of materials. DO NOT include overhead costs such as fund or contracted personnel training, or other expenses involved with member recruitment, financial management, or claims handling services.

ITEM 3a: Enter the total number of requests for Accident & Illness Prevention Program Services that the Fund has received from Fund members during the Fund Year.

ITEM 3b: Enter the total number of requests for Accident & Illness Prevention Program Services that were fulfilled during the Fund Year.

ITEM 3c: Enter the total number of requests for Accident & Illness Prevention Program Services that were fulfilled via service visits.

ITEM 4: Mark an (x) indicating which of the method(s) the Fund utilized for determining program services commitments. Methods could include, but not be limited to, (a) basis as a percentage of individual member's contributions to the fund; (b) Member request; (c) loss history, i.e., summary of types and frequency of accidents that have occurred during the fund year and previous years, and planning services to address these type(s) of accidents; (d) incidence rate using the OSHA/Bureau of Labor Statistics (BLS) formula (number of recordable injuries x 200,000 + number of hours worked); (e) comparison of the member'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 member rate to the rates published in the current edition of Pennsylvania Work Injuries and Illnesses, table 2, "Injury and Illness Rates Total", (f) incurred losses: losses paid plus change in outstanding loss reserves; (g) paid losses; (h) requests by Fund Administrator as a condition of membership; (i) an annual inspection as required by the Fund; or (j) other method, describe using an attached sheet identified as ITEM 4j.

ITEM 5: Enter the number of On-Site Inspections that were performed during the Fund Year. Include follow-up inspections performed.

ITEM 6:

Mark with an (x) those elements contained within your Accident & Illness Prevention Program that are developed, implemented, and monitored by the Fund. Elements 7 (1) through (14) are considered mandatory by the Pennsylvania Workers' Compensation Act, while the procedures and activities described in 7 (15 i through x) are applicable only on an individual employer need basis.

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 Group Self-Insurance Fund'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 should be 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 corporate 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) Employee Involvement Methods: Written procedures for identifying hazards, evaluating hazards, and developing corrective actions for their mitigation. The purpose being 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) Employee Accident & Illness Prevention Suggestion and Communication Programs: A documented procedure describing the process whereby employees can offer suggestions and communicate their concerns related to employee A&IP.
- (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) Onsite Surveys to Identify Existing or Potential Accident and Illness Hazards or Safety Program Deficiencies:
- (9) Analyses of the Causes of Accidents and Illnesses at the Members' Worksite:
- (10) Providing or proposing corrective actions in the area of industrial hygiene services: Surveys required by the nature of the member'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.
- (11) Providing or proposing corrective actions in the area of industrial health services: Written policy providing for industrial health services required by the nature of the member'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.
- (12) Accident and Illness prevention training programs:

- (13) Consultations regarding specific safety and health problems and hazard abatement programs and techniques:
- (14) 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.
 - (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 that contain hazardous chemicals. Included are the development of a chemical inventory, procurement of material safety data sheets (MSDS) or soon to be safety data sheets (SDS), 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) Preoperational 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 7: If Accident & Illness Prevention Materials are provided to Members, mark with an (x) the type(s) that are available. You may include the cost of these materials as an option.

ITEM 8: 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 divided by 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* using the formula: **number of "First Reports" filed x 1,000 divided by 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: State the loss ratio and compare this ratio to that for the previous two years; **OR**

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 Section V. Other is utilized, please attach a written explanation and identify as ITEM 8(V. Other).

ITEM 9: **Provider Verification** - Please complete the information for all qualified 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 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. **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: New requests for "In-Service" Provider status can be made by completing sections 10 a. and 10b.

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.**

- (01) Certification as a Medical Doctor (M.D.) in Occupational Medicine granted by the American Board of Preventive Medicine (ABPM).
- (02) Certification as an Industrial Hygienist (CIH) granted by the American Board of Industrial Hygiene (ABIH).
- (03) Certification as a Safety Professional (CSP) granted by the Board of Certified Safety Professionals (BCSP).
- (04) Certification as an Industrial Hygienist in Training (IHIT) granted by the American Board of Industrial Hygiene (ABIH).
- (05) Certification as an Associate Safety Professional (ASP) granted by the Board of Certified Safety Professionals (BCSP).
- (06) A Bachelor's Degree, Master's Degree or Doctoral Degree in safety earned from an accredited program from an accredited college or university.
- (07) 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.
- (08) Certification as an Occupational Health Nurse (COHN) granted by the American Board for Occupational Health Nurse (ABOHN).
- (09) Certification as an Occupational Health and Safety Technologist (COHST) granted by the Council on Certification of Health, Environmental and Safety Technologists (CCHST) formerly the American Board of Industrial Hygiene (ABIH)/Board of Certified Safety Professional (BCSP) Joint Committee.
- (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. (IBOEHHS).
- (16) Certification with a Certified Risk Managers (CRM) designation granted by The National Alliance for Insurance Education & Research. ****

INDUSTRY-SPECIFIC QUALIFICATIONS:

- (17) Trucking: Certified Director of Safety (CDS) granted by the North American Transportation Management Institute (NATMI).
- (18) Trucking: Certified Safety Supervisor (CSS) granted by the North American Transportation Management Institute (NATMI).
- (19) Healthcare: Certified HealthCare Safety Professional (**MASTER LEVEL ONLY!!**) granted by the Board of Certified HealthCare Safety Management.
- (20) Construction: Construction Health and Safety Technician (CHST) granted by the Council on Certification of Health, Environmental and Safety Technologist.

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, their primary service that they provide, and "New Requests for In-Service" marked under In-Service Status.

ITEM 10a: 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 10b: 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.

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

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

ITEM 12: **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.

Bureau contact information:

**Pennsylvania Bureau of Workers' Compensation
Health & Safety Division
Report Processing & Audit Section
1171 South Cameron Street, Room 324
Harrisburg, PA 17104-2501
717.772.1636**