FEIN: _____
Applicant/Employer Name: _____

Initial Application for Safety Committee Certification (LIBC-372)

pennsylvania

DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF WORKERS' COMPENSATION

www.dli.state.pa.us

Health and Safety Division

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

General Information

This application is used to seek certification of a workplace safety committee under section 1002(a) of the Pennsylvania Workers' Compensation Act (Act), 77 P.S. § 1038.2(a). Each workplace, Federal Employer Identification Number (FEIN), and workers' compensation insurance policy used by the organization will relate to one of three types of safety committee structures (Single, Centralized or Multiple). To qualify for the 5% discount(s), all of an applicant/employer's Pennsylvania workplaces associated with the FEIN number(s) provided must be represented by a valid safety committee(s), and the applicant/employer's application must incorporate all of its applicable workplaces within the commonwealth. For additional committee configuration information, refer to Section 2 – Committee Structure Information Instructions.

Sections 1 – 5 create a general overview of the organization and its safety committee(s) structure. Section 1 defines the organization's primary business name, Federal Employer Identification Number (FEIN), North American Industry Classification System (NAICS), address, and contact details; Section 2 identifies the type of committee structure; Section 3 identifies the organization's FEINs, and Section 4 identifies workers' compensation insurance policies. Section 5 (Workplace Details) details each workplace's address, identity and workers' compensation policy information. Sections 6 – 11 address safety committee eligibility, training, membership, responsibilities, and meeting information. If the applicant/employer's safety committee structure is "Multiple," you will have to duplicate and complete Sections 6 – 11 for each safety committee. Finally, Sections 12 and 13 seek general organizational information—accident and illness prevention program effectiveness, acknowledgements, agreements, and signature.

Section 1. Applicant/Employer Information Instructions

Complete each area in this section using the organization's primary business identifiers. If this section is not completed in its entirety, the application cannot be processed and will be returned.

FEIN (Federal Employer Identification Number)
Enter the organization's primary FEIN. The FEIN reported in Section 1 will be used by the Health & Safety system to identify your organization. If there are additional or secondary FEINs, they will be recorded in Section 3.

NAICS (North American Industry Classification System)
Enter the North American Industry Classification System (NAICS) code that identifies the organization's primary type of business (e.g., manufacturing, education, transportation). NAICS information can be obtained at: www.census.gov/epcd/naics02/, on your workers' compensation insurance policy declaration page, or by contacting your workers' compensation insurance carrier.

Applicant/Employer Name
Enter the legal entity name for the organization's primary FEIN. Do not enter a fictitious "Doing Business As" (dba) company name.

Address, City, State, Zip Code
Enter the complete street address for the organization, including P.O. Box if appropriate.

Contact Information
Enter the first name, last name, e-mail address, telephone number, and fax number of the organization's designated contact. Health & Safety will communicate with this individual regarding updates or clarifications to the status of this application.

Yes / No Questions

- ❑ Collective Bargaining—if the applicant/employer or any of its worksites or employees is subject to a Collective Bargaining Agreement, select Yes; otherwise select No.
- ❑ Self-Insured—if the applicant has been approved by the Bureau of Workers' Compensation as a Self-Insured employer and assigned a Bureau Code, select Yes; otherwise select No.
- ❑ Self-Insurance Group Fund—if the applicant is a member of an approved Self-Insurance Group Fund (recognized by the Bureau of Workers' Compensation and assigned a Bureau Code), select Yes; otherwise select No.

pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

Initial Application for Safety Committee Certification

FEIN: _____
Applicant/Employer Name: _____

(See page 2 for instructions)

Section 1. Applicant/Employer Information

An applicant/employer desiring to apply for certification of its workplace safety committee shall file an Initial Application inclusive of all Pennsylvania workplaces represented by the workplace safety committee(s).

FEIN

NAICS

Applicant/Employer Name

Address Line 1

Address Line 2

City

State

ZIP -

Contact Information:

Prefix

First Name

Last Name

E-mail Address

Phone

Extension

Fax

Yes / No

☐ ☐ Is Applicant/Employer covered by Collective Bargaining?

☐ ☐ Is Applicant/Employer Self-Insured?

☐ ☐ Is Applicant/Employer a member of a Self-Insurance Group Fund?

Section 2. Committee Structure Information Instructions

Businesses with a single location must conform to a Single Committee structure. Businesses with more than one location may use either a Centralized or a Multiple Committee structure, but may not use more than one type of Committee structure. To qualify for the 5% discount(s), all of an applicant/employer's Pennsylvania workplaces associated with the FEIN number(s) provided must be represented by a valid safety committee(s).

Select from one of three committee structure types:

- ❑ Single Committee—one workplace safety committee representing one workplace. The single committee represents the safety interests of all employees at the single location within the commonwealth under the listed FEIN(s).

- ❑ Centralized Committee—one workplace safety committee, organized centrally, representing multiple employer workplaces. The centralized committee represents the safety interests of all employees at all locations within the commonwealth under the listed FEIN(s).

- ❑ Multiple (separate and individual) Committee—multiple workplace safety committees, organized separately and individually, representing multiple workplaces of a single applicant/employer. The number of committees is exactly equal to the number of PA workplaces. The multiple committees represent the safety interests of all employees at all locations within the commonwealth under the listed FEIN(s).

Organizations with Centralized or Multiple safety committees must also indicate the total number of workplaces represented. This information must match what is reported in Section 5 (Workplace Details).

Section 3. FEIN Details Instructions

If the organization only has one FEIN (reported in Section 1 as the primary FEIN), that information will be reentered in Section 3. If the organization has more than one FEIN, the secondary FEIN(s) must also be recorded in Section 3. All FEINs used by the organization for all of that applicant/employer's PA workplaces represented by a committee must be listed in order to accurately report eligibility for the 5% discount.

Each FEIN must be unique, listed only once, and show the official Entity Name. At least one FEIN is required in this section. If more space is needed, duplicate the FEIN Details sheet as necessary to capture all FEINs.

FEIN: _____
Applicant/Employer Name: _____

Section 2. Committee Structure Information

Indicate which type of safety committee is in effect.
The safety committee structure must conform to one of the following types:

☐ **Single**—one workplace within the commonwealth represented by a *Single* workplace safety committee at that workplace.

☐ **Centralized**—The safety committee structure is *Centralized*. The number of workplaces covered by the Central workplace safety committee is:

☐ **Multiple**—The safety committee structure is *Multiple*. The number of workplaces covered by Multiple (separate and individual) workplace safety committees is:

Section 3. FEIN Details

General Instructions: Document all FEINs in use by the applicant/employer for each of the PA workplaces covered by the safety committee(s). Each FEIN must be listed only once and must show the official Entity Name used by each FEIN.

If more space is needed, duplicate this sheet as necessary to capture all of the FEINs.

	FEIN Number	Entity Name
1.		
2.		
3.		
4.		
5.		

Section 4. Current Workers' Compensation Insurance Policy Details Instructions

All workers' compensation insurance policies must be entered in Section 4. This information will be associated to the FEIN(s) from Section 3 and Section 5 to relate FEINs and workplaces to workers' compensation policies.

Only list policies that are in effect as of the date the application is signed. The current policy period From/To dates are used to determine if the application has been timely filed. Initial applications for certification may only be filed between 90 and 30 calendar days before the next annual policy renewal date.

For example, if the current policy period is January 1 to December 31, the initial application may be filed as early as October 1 (90 days before renewal) but no later than December 1 (30 days before renewal). As long as the application is filed and approved within this timeframe, the 5% discount will be effective upon the upcoming annual renewal period.

For each unique policy, enter the following information:

- Workers' compensation insurance policy number.
- Current policy period – From date.
- Insurance carrier name.
- Current policy period – To date.

Self-Insured Employers should enter their Bureau Code as their policy number, enter "Self-Insured" as the insurance carrier name, and list their current annual fiscal year for policy period From/To dates.

Applicants who are members of a group self-insurance fund should enter the fund's Bureau Code as their policy number and the complete official name of the fund as the insurance carrier name. For current policy periods, enter the From/To dates of the current annual fund year.

More than one workers' compensation insurance policy can be entered in this section and each policy number must be unique; however, at least one policy is required.

Space is provided for up to five policies. If more space is needed, duplicate this sheet as necessary to capture all policies.

Current Workers' Compensation Policy Number(s) and Current Insurance Carrier Name(s)
Enter each insurance policy number and carrier providing workers' compensation coverage for each workplace(s) represented by a safety committee(s). Do not enter brokers, agents or third-party administrators (TPAs).

Current Policy Period
For each policy, enter the current From/To dates in effect on the date the application is being signed. Provide complete month, day and year.

FEIN: _____
Applicant/Employer Name: _____

Section 4. Current Workers' Compensation Insurance Policy Details

General Instructions: Document all workers' compensation policies in use by the applicant/employer for each PA workplace covered by a safety committee(s). Each policy should be listed only once and must show the **current** carrier name, **current** policy number and the **current** policy period dates.

If additional space is needed, duplicate this sheet as necessary to capture all policies.

Current Workers' Compensation Insurance Policy Number(s) | Current Insurance Carrier Name(s)

1. _____ _____

Current Policy Period

Dates From: Month __ - Day __ - Year ____ To: Month __ - Day __ - Year ____

2. _____ _____

Dates From: __ - __ - ____ To: __ - __ - ____

3. _____ _____

Dates From: __ - __ - ____ To: __ - __ - ____

4. _____ _____

Dates From: __ - __ - ____ To: __ - __ - ____

5. _____ _____

Dates From: __ - __ - ____ To: __ - __ - ____

Section 5. Workplace Details Instructions

This section captures facts about workplaces and relates them to specific FEIN and insurance policy details. For organizations with Centralized or Multiple committees, the number of workplaces listed in Section 5 must match exactly the number of workplaces reported in Section 2. Subject to approval, completion of this section enables Health & Safety to accurately report the organization's entitlement to the 5% discount.

Using information from Section 3 (FEIN Details) and Section 4 (Policy Details), list the FEINs and policy number(s) used by each workplace. Repeat this process for each PA workplace represented by the committee(s).

List each FEIN and policy in pairs across the line. For example:

FEIN(s) for this Workplace		**Current Workers' Compensation Policy Number(s) for this Workplace**
1 2 3 4 5 6 7 8 9	Belongs with	P A W S C 4 5 6
2 3 4 5 6 7 8 9 0	Belongs with	P A W S C 7 8 9

Notes:

- Each workplace must include at least one FEIN/policy pair.
- Any FEIN can be related to any policy and vice versa; however, each FEIN must be related to at least one policy, and each policy must be related to at least one FEIN.

If more space is needed, duplicate the Workplace Details section as necessary to document all workplaces.

Workplace Name

Designate a name for each workplace. All workplace names must be unique within this section. For purposes of certification, a workplace is a permanent Pennsylvania location where full-time or permanent part-time workers perform their job duties or where job assignments are made and administrative controls are exercised. A **workplace** is distinguished from a **worksite,** which is defined as a temporary location at which full-time, or part-time workers perform their job duties for a limited period of time. **Do not list the temporary work site(s).** Attach additional sheets as necessary.

Workplace Address

Enter the complete street/location address, city, state and zip code for each Pennsylvania workplace.

Number of Employees

Enter the total number of permanent full- and part-time personnel at each workplace. Only direct employees of the applicant company should be listed. Guests, consultants and sub-contracted employees should not be listed.

FEINs for this Workplace

Enter one or more FEINs associated with this workplace. Only enter FEINs previously entered in Section 3. Each workplace must list at least one FEIN.

Current Workers' Compensation Insurance Policy Number(s) for this Workplace

Enter the workers' compensation insurance policy number(s) associated with this workplace. Only use policy numbers previously entered in Section 4. Each workplace must list at least one workers' compensation insurance policy number.

FEIN: _____
Applicant/Employer Name: _____

Section 5. Workplace Details

General Instructions: For each PA workplace covered by the workplace safety committee(s), enter the workplace name, address, and number of employees.

Enter at least one FEIN from Section 3 and one workers' compensation policy number from Section 4 for each individual workplace(s). If there are multiple FEINs and policies in place for the workplace, enter additional FEIN/Policy pairs as necessary.

If more space is needed, duplicate the following page as necessary to capture all workplaces.

1. Workplace Name

Address Line 1

Address Line 2

City | State | ZIP -

# of Employees

FEIN(s) for this Workplace	Current Workers' Compensation Policy Number(s) for this Workplace

FEIN: _____
Applicant/Employer Name: _____

Workplace Details continued

#

Workplace Name

Address Line 1

Address Line 2

City

State

ZIP -

# of Employees

FEIN(s) for this Workplace

Current Workers' Compensation Policy Number(s) for this Workplace

#

Workplace Name

Address Line 1

Address Line 2

City

State

ZIP -

# of Employees

FEIN(s) for this Workplace

Current Workers' Compensation Policy Number(s) for this Workplace

FEIN: _____
Applicant/Employer Name: _____

Workplace Details continued

#

Workplace Name

Address Line 1

Address Line 2

City | State | ZIP -

# of Employees

FEIN(s) for this Workplace

Current Workers' Compensation Policy Number(s) for this Workplace

#

Workplace Name

Address Line 1

Address Line 2

City | State | ZIP -

# of Employees

FEIN(s) for this Workplace

Current Workers' Compensation Policy Number(s) for this Workplace

Section 6. Eligibility Requirements Instructions

Applicant/employers who have selected the Multiple safety committee structure must complete Sections 6 – 11 for each safety committee. Applicant/employers who have selected the Multiple safety committee structure must specify a distinct Workplace Name for each workplace/committee. Single and Centralized committees need only complete Sections 6 – 11 for one workplace/committee.

A committee must contain at least four members and include at least two employ**er** representatives and two employ**ee** representatives. For purposes of safety committee certification, regardless of job title or labor organization affiliation, an employ**er** member is defined as one who has the authority or responsibility to select or hire an employee; remove or terminate an employee; or to direct or control the performance of other employer/applicant employees.

Date Committee Formed—Committees must be in operation for six full, consecutive months prior to signing, dating and submitting an application for certification.

Total Number of Committee Members—Enter the total number of permanent safety committee members. Members must be direct employees of the applicant. Guests, consultants and alternate committee members should not be listed.

Number of employer representatives (ER)—Enter the number of employ**er** safety committee members.

Number of employee representatives (EE)—Enter the number of employ**ee** safety committee members.

Yes / No Statements

- ❑ Represents all primary operations—safety committee members must represent all primary operations of the workplace(s). Indicate whether the safety committee represents all primary operations of the workplace.
- ❑ Represents all PA workplaces—the safety committee must represent all applicant/employer workplaces located within Pennsylvania. Indicate whether the safety committee represents all applicant/employer workplaces under the listed FEIN(s) within this commonwealth.

Section 7. Membership Information Instructions

List all permanent members of the safety committee, provide training completion dates for each of the three required training topics and indicate whether the member is an employ**er** or employ**ee** representative. All members must be trained in each of the required areas (Hazard Inspection, Incident Investigation and Prevention, and Safety Committee Operation) before submitting the application.

The total number of members listed in this section must equal the number reported in Section 6, Eligibility Requirements. If more space is needed, duplicate the Membership Information section to capture all the membership information.

Member Name—Provide the first and last name of each safety committee member. Members must be direct employees of the applicant. Guests, consultants and alternate committee members should not be listed.

Job Title—Enter the official specific job title for each committee member (do not list general work category, department name, etc.).

Representative Type—Indicate whether the member is an Employ**er** Representative or an Employ**ee** Representative. For certification, regardless of job title or labor organization affiliation, an employ**er** member is defined as one who has the authority or responsibility to select or hire an employee; remove or terminate an employee; or to direct or control the performance of other employer/applicant employees.

Training Completion Dates—For each committee member, enter the training completion dates for each of the required topics. Training in subjects other than those required (Hazard Inspection, Incident Investigation and Prevention, and Safety Committee Operation) will not be accepted and should not be reported.

For additional information on committee member training, contact your insurance carrier, the Bureau of PENNSAFE or the Health & Safety Division via e-mail to: ra-li-bwc-safety@state.pa.us or phone 717-772-1635.

FEIN: _____
Applicant/Employer Name: _____
Workplace Name: _____

Section 6. Eligibility Requirements

Date committee formed: Month ☐☐ - Day ☐☐ - Year ☐☐☐☐

Total number of committee members: ☐☐☐☐

Number of employ**er**-representatives **(ER)**: ☐☐☐☐

Number of employ**ee**-representatives **(EE)**: ☐☐☐☐

Yes/No

☐ ☐ The committee membership represents all primary operations of the workplace(s).

☐ ☐ The committee represents all applicant/employer workplaces within the commonwealth.

Section 7. Membership Information

Provide the complete name and official job title of each committee member, note whether the member was an Employ**er** Representative (ER) or an Employ**ee** Representative (EE), and provide the training dates for each of the three required training topics for each member.

1

Member First Name _____ Member Last Name _____

Job Title _____

Representative Type (Check one)

☐ Employ**er** Representative

☐ Employ**ee** Representative

Training Completion Dates

Hazard Detection & Inspection	Incident Investigation & Prevention	Safety Committee Operation
Month ☐☐ - Day ☐☐ - Year ☐☐☐☐	Month ☐☐ - Day ☐☐ - Year ☐☐☐☐	Month ☐☐ - Day ☐☐ - Year ☐☐☐☐

2

Member First Name _____ Member Last Name _____

Job Title _____

Representative Type (Check one)

☐ Employ**er** Representative

☐ Employ**ee** Representative

Training Completion Dates

Hazard Detection & Inspection	Incident Investigation & Prevention	Safety Committee Operation
Month ☐☐ - Day ☐☐ - Year ☐☐☐☐	Month ☐☐ - Day ☐☐ - Year ☐☐☐☐	Month ☐☐ - Day ☐☐ - Year ☐☐☐☐

FEIN: _____
Applicant/Employer Name: _____
Workplace Name: _____

Membership Information continued

3

Member First Name

Member Last Name

Job Title

Representative Type (Check one)

☐ Employ**er** Representative

☐ Employ**ee** Representative

Training Completion Dates

Hazard Detection & Inspection	Incident Investigation & Prevention	Safety Committee Operation
Month - Day - Year	Month - Day - Year	Month - Day - Year

4

Member First Name

Member Last Name

Job Title

Representative Type (Check one)

☐ Employ**er** Representative

☐ Employ**ee** Representative

Training Completion Dates

Hazard Detection & Inspection	Incident Investigation & Prevention	Safety Committee Operation
Month - Day - Year	Month - Day - Year	Month - Day - Year

FEIN: _____
Applicant/Employer Name: _____
Workplace Name: _____

Membership Information continued

Member First Name

Member Last Name

Job Title

Representative Type (Check one)

☐ Employ**er** Representative

☐ Employ**ee** Representative

Training Completion Dates

Hazard Detection & Inspection	Incident Investigation & Prevention	Safety Committee Operation
Month - Day - Year	Month - Day - Year	Month - Day - Year

Member First Name

Member Last Name

Job Title

Representative Type (Check one)

☐ Employ**er** Representative

☐ Employ**ee** Representative

Training Completion Dates

Hazard Detection & Inspection	Incident Investigation & Prevention	Safety Committee Operation
Month - Day - Year	Month - Day - Year	Month - Day - Year

Section 8. Committee Member Training Instructions

This section is used to affirm that the committee members have met all training requirements for certification purposes and that individuals who were qualified to deliver safety committee training trained them. Prior to submitting this application, all committee members must have received training in each of the three required areas: Hazard Inspection, Incident Investigation and Prevention, and Safety Committee Operation.

Yes / No Statements - Indicate whether all safety committee members have received annual training in the three required topics for certification.

Yes / No Statements - Indicate whether written safety committee training records are maintained for 5 years.

Section 9. Trainer Information Instructions

This section captures information on the individual(s) who delivered training to the safety committee members. The Bureau recognizes qualified Accident & Illness Prevention Service Providers as well as Safety Committee Instructors.

- Qualified A&IP Service Provider—an individual who has obtained one or more of the Bureau-recognized qualifications and who has two or more years of acceptable safety experience. All licensed insurance carriers offering workers' compensation insurance policies in Pennsylvania are required to maintain and provide safety training by qualified A&IP Service Providers.

- Safety Committee Instructor—an individual who has been evaluated and approved by the Bureau to be a Qualified Safety Committee Instructor, assigned an Instructor Identification Number, and granted topic-specific recognition to deliver safety committee training.

Only training delivered by qualified individuals is acceptable for certification. Applicants/employers are responsible for verifying all trainer qualifications, proof of which may be requested by the Bureau. Bureau-recognized qualifications can be viewed online at www.dli.state.pa.us or contact the BWC Health & Safety Division at 717-772-1636 or 717-772-1917 or email ra-li-bwc-safety@state.pa.us.

For each qualified individual, provide the following information:

Trainer Name—Enter the full name of the qualified individual who delivered safety committee training in any of the 3 required topics to members listed in Section 7.

Organization Type—For each trainer, indicate the type of organization that employs the trainer. Select the trainer's organization using the Organization Type legend.

Trainer Type—For each trainer, indicate the trainer's qualifications by selecting "Trainer Type" using the Trainer Type legend. Applicant/employers must retain proof of each trainer's qualifications to deliver safety committee training, and must ensure that such qualifications are available for review.

- I - Instructor: A Safety Committee Instructor who has been approved and recognized by the Bureau.
- S - In-Service: An A&IP Service Provider who has been granted In-Service status by the Bureau.
- E - Experienced: An A&IP Service Provider who has been granted Experienced status by the Bureau.
- Q - Qualified by Credential: An A&IP Service Provider with one or more of the Bureau-recognized qualifications and two or more years of acceptable safety experience.
  - If the trainer type is "Qualified by Credential," provide the Credential Code in the "Credential Code" box. For a list of Credential Codes, go to www.dli.state.pa.us, or contact the BWC Health & Safety Division at 717-772-1636 or 717-772-1917 or e-mail ra-li-bwc-safety@state.pa.us.

Training Completion Dates
For each trainer, enter the date(s) the trainer completed committee member training in any or all of the 3 required topics (Hazard Inspection, Incident Investigation and Prevention, and Safety Committee Operation).

FEIN: _____
Applicant/Employer Name: _____
Workplace Name: _____

Section 8. Committee Member Training

All committee members shall receive annual training from individuals who meet Bureau requirements for accident and illness prevention service providers or whom the Bureau has recognized as qualified trainers.

All committee members have received their required annual training prior to submitting this application:

Yes/No

☐ ☐ Hazard Detection and Inspection
☐ ☐ Incident Investigation and Prevention
☐ ☐ Safety Committee Operation

Yes/No

☐ ☐ Applicant/employer maintains written records of safety committee training which includes:

- ✓ Names of committee members trained
- ✓ Dates of training
- ✓ Training time period
- ✓ Training methodology
- ✓ Names and credentials of personnel conducting training
- ✓ Training location
- ✓ Training topics

Section 9. Trainer Information

For each instructor, enter the complete name, organization type, trainer type, and the dates and topics of training that they delivered.

Legend – Organization Type
1. Group Fund Administrator
2. Internal/Applicant/Employer
3. Insurer
4. PA Safety & Health Institute
5. Third Party Provider
6. Bureau of PENNSAFE

Legend – Trainer Type
I - Instructor
S - In-Service
E - Experienced
Q - Qualified by Credential

Credential Code
(see instructions)

1 Trainer First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Trainer Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Organization Type ☐ Trainer Type ☐ Credential Code ☐☐

Training Completion Dates

Hazard Detection & Inspection
Month ☐☐ - Day ☐☐ - Year ☐☐☐☐

Incident Investigation & Prevention
Month ☐☐ - Day ☐☐ - Year ☐☐☐☐

Safety Committee Operation
Month ☐☐ - Day ☐☐ - Year ☐☐☐☐

FEIN: _____
Applicant/Employer Name: _____
Workplace Name: _____

Legend – Organization Type
1. Group Fund Administrator
2. Internal/Applicant/Employer
3. Insurer
4. PA Safety & Health Institute
5. Third Party Provider
6. Bureau of PENNSAFE

Legend – Trainer Type
I - Instructor
S - In-Service
E - Experienced
Q - Qualified by Credential

Credential Code
(see instructions)

2

Trainer First Name

Trainer Last Name

Organization Type

Trainer Type

Credential Code

Training Completion Dates

Hazard Detection & Inspection — Month - Day - Year

Incident Investigation & Prevention — Month - Day - Year

Safety Committee Operation — Month - Day - Year

3

Trainer First Name

Trainer Last Name

Organization Type

Trainer Type

Credential Code

Training Completion Dates

Hazard Detection & Inspection — Month - Day - Year

Incident Investigation & Prevention — Month - Day - Year

Safety Committee Operation — Month - Day - Year

4

Trainer First Name

Trainer Last Name

Organization Type

Trainer Type

Credential Code

Training Completion Dates

Hazard Detection & Inspection — Month - Day - Year

Incident Investigation & Prevention — Month - Day - Year

Safety Committee Operation — Month - Day - Year

FEIN: _____
Applicant/Employer Name: _____
Workplace Name: _____

Legend – Organization Type
1. Group Fund Administrator
2. Internal/Applicant/Employer
3. Insurer
4. PA Safety & Health Institute
5. Third Party Provider
6. Bureau of PENNSAFE

Legend – Trainer Type
I - Instructor
S - In-Service
E - Experienced
Q - Qualified by Credential

Credential Code
(see instructions)

Trainer First Name | Trainer Last Name

Organization Type | Trainer Type | Credential Code

Training Completion Dates

Hazard Detection & Inspection: Month - Day - Year
Incident Investigation & Prevention: Month - Day - Year
Safety Committee Operation: Month - Day - Year

Trainer First Name | Trainer Last Name

Organization Type | Trainer Type | Credential Code

Training Completion Dates

Hazard Detection & Inspection: Month - Day - Year
Incident Investigation & Prevention: Month - Day - Year
Safety Committee Operation: Month - Day - Year

Trainer First Name | Trainer Last Name

Organization Type | Trainer Type | Credential Code

Training Completion Dates

Hazard Detection & Inspection: Month - Day - Year
Incident Investigation & Prevention: Month - Day - Year
Safety Committee Operation: Month - Day - Year

Section 10. Committee Responsibilities Instructions

This section provides information regarding whether the committee is performing its required responsibilities. Select Yes or No for each statement.

Definitions of some terms and concepts used in this section:

- Quorum: A quorum of official committee members must be present at each monthly meeting. A quorum is defined as a simple majority or one more than half of official committee members. Guests, consultants and alternate committee members should not be counted for purpose of recording a quorum.

- Membership lists: All applicants are required to develop and maintain accurate committee membership lists. Committee membership lists must be maintained/updated in committee records when members are rotated on or off the committee.

- Member rotation: Applicants are required to establish procedures that retain a core group of experienced members to serve on the committee at all times. Employee committee members shall join the committee for a continuous term of one year from the date of the first meeting attended. The applicant shall maintain records for five years from the date of the last certification approval.

- Written agendas: Applicants are required to develop written agendas for each committee meeting. Agendas shall be circulated to all committee members prior to the meeting.

- Attendance lists: Applicants are required to maintain attendance lists for each committee meeting, which should include members present and members absent.

- Meeting Minutes: Safety committees are required to take and maintain minutes of each committee meeting, which the applicant/employer shall review. Copies of minutes shall be posted or made available for all employees and shall be provided to each committee member.

- Recordkeeping: Applicant/employers are required to maintain copies of mandated safety committee documents of the functioning committee including but not limited to monthly meeting records, inspection reports, specific reports on hazards and corrective measures, reports on workplace incidents, management responses to committee reports and safety committee training records. Committee records are to be maintained for five years by the applicant/employer.

FEIN: _____
Applicant/Employer Name: _____
Workplace Name: _____

Section 10. Committee Responsibilities

Yes	No	
☐	☐	A quorum (simple majority) of committee members meets at least monthly.
☐	☐	The committee develops and maintains membership lists for each committee meeting.
☐	☐	Members of the committee are rotated according to the applicant/employer's established procedure which retains a core group of experienced members to serve on the committee at all times.
☐	☐	The committee develops written agendas for each committee meeting.
☐	☐	The committee maintains meeting attendance lists for each committee meeting.
☐	☐	The committee takes and maintains minutes of each committee meeting.
☐	☐	Minutes of committee meetings are posted or made available for all employees; minutes are sent to each committee member.
☐	☐	Committee decisions are made by majority vote.
☐	☐	The committee develops operating procedures, such as rules or bylaws, prescribing the committee's duties.
☐	☐	Copies of the required documents of the functioning committee are maintained for five years by the applicant/employer.

Section 11. Committee Meeting Information Instructions

Attach copies of six consecutive months of committee meeting information for each of the six months prior to signing, dating and submitting this application. For each meeting, list the meeting date and provide a copy of the agenda, the meeting minutes and the attendance list.

Label each page with the primary FEIN and Applicant/Employer Name. Employers utilizing the online filing method at www.dli.state.pa.us may copy and paste each month's meeting information into the application. All employers are encouraged to utilize the online filing option, which offers online edit checks, fast approval response time and online disapproval corrections. For additional information, contact the BWC Health & Safety Division at 717-772-1635 or 717-772-1917 or e-mail ra-li-bwc-safety@state.pa.us.

Section 12. Effectiveness Measures Instructions

Injury and illness information supplied by employers will provide an indication as to whether certified safety committees contribute to the overall success of Accident and Illness Prevention efforts. Explanations of the requested data appear below.

Years in Business
Enter the applicant's total number of years in business. Employers that have not been in business for one calendar year can proceed to Section 13.

Calendar Year
Provide the calendar year for the effectiveness information being provided.

Number of Employees
Enter the total number of permanent full-time and permanent part-time personnel represented by the workplace safety committee(s). Only direct employees of the applicant should be listed. Guests, consultants and sub-contracted employees should not be listed.

Injury/Illness Data
For each reported calendar year, provide the total number of employees who were injured or became ill due to work-related duties and/or responsibilities.

FEIN: _____
Applicant/Employer Name: _____
Workplace Name: _____

Section 11. Committee Meeting Information

Attach copies of six months of committee meeting information (monthly meeting dates, agendas, minutes and attendance lists) for the six months prior to the signing, dating and submission of this application. Label each page with your FEIN and the applicant/employer name. Employers utilizing the online filing method at www.dli.state.pa.us may copy and paste each month's meeting information into the application. For additional information, contact the BWC Health & Safety Division at 717-772-1635 or 717-772-1917 or e-mail ra-li-bwc-safety@state.pa.us.

Section 12. Effectiveness Measures

Injury and illness information supplied by employers will provide an indication as to whether certified safety committees contribute to the overall success of Accident and Illness Prevention efforts.

Year: Prior 12 **Calendar** Months
Total Number Of Employees: Total number of employees employed during the calendar year.
(Averaged over 12 calendar Months)
Total Number of Employees Injured or Became Ill: All employees injured or who became ill as a result of events or/and exposure occurring in the work environment.

Years in business: *Employers that have not been in business for one calendar year can proceed to Section 13:*

Provide the following information:

	Calendar year Jan-Dec	Total number of employees employed	Total number of employees injured or who became ill due to work related work duties and/or responsibilities
a. Prior Calendar Year January - December			
b. One Year Prior To Last Calendar Year January - December			
c. Two Years Prior To Last Calendar Year January - December			

FEIN: _____

Applicant/Employer Name: _____

Section 13. Acknowledgements and Agreements

ACKNOWLEDGEMENTS AND AGREEMENTS

In consideration of the approval of this Initial Application for Certification of a Workplace Safety Committee (application), the applicant/employer expressly agrees and acknowledges the following:

1. That all information contained in this application is accurate as to all legal entities of the applicant/employer;
2. That the information contained in this application accurately reflects the practices of all of the applicant/employer's workplaces within this commonwealth;
3. To comply with all provisions of the Workers' Compensation Act and the guidelines, rules and regulations that explain or enforce Section 1002 of the Act;
4. That the safety committee is continuing in good faith for the purpose of preventing accident and illness in the workplace and to detect and correct hazards in the workplace;
5. That the safety committee is permanent and will not be disbanded by the employer except for valid business reasons;
6. That the applicant will immediately notify the Bureau of Workers' Compensation upon disbanding the committee or altering any information contained in this application;
7. That the Department of Labor & Industry (department) may verify the information contained in this application including pertinent supporting documentation, and may review any such information for accuracy and sufficiency;
8. That false statements and/or omissions contained on this application may result in revocation of certification, the imposition of sanctions, the assessment of penalties, the loss of the privilege of a self-insurance, the loss of an insurance premium discount, and may result in criminal prosecution;
9. That the department will notify the Pennsylvania Compensation Rating Bureau and the applicant/employer of the approval of this application;
10. That final approval of the application is at the department's discretion and is expressly conditioned upon the applicant's accurate and satisfactory completion of all information required on the application;
11. That certification of the safety committee does not constitute a finding by the department that the employer has complied with applicable labor laws and/or labor agreements in the formation of its committee.

An authorized employee of the applicant/employer must sign this application.

I, the undersigned, verify that the facts set forth in the attached Initial Application for Certification of Workplace Safety Committee are true and correct. This verification is made subject to the penalties of Section 4904 of the Crimes Code, 18 Pa. C.S.A § 4904, relating to unsworn falsification to authorities.

If this document is being filed electronically, I hereby sign and attest that the facts set forth in the preceding application are true and correct. By filing electronically and selecting the submit button below, I acknowledge, agree and represent that I am authorized to submit this information as or on behalf of the applicant. I acknowledge, represent and agree that the act of typing my name below constitutes my lawful signature, which the Department of Labor & Industry will retain for future verification. As an authorized user I acknowledge, represent and agree that I am identified and authenticated by the use of user names and passwords selected by me. As an authorized user, I acknowledge, represent and agree that I am now and shall remain solely responsible for ensuring that user names and passwords are provided only to those individuals authorized to act on behalf of the application, that I am now and shall remain solely responsible for verifying the status of authorized users, and that I am now and shall remain solely responsible for updating any of the prior information.

Prefix: _____ First Name: _____ Last Name: _____

E-mail address: _____ Phone: _____

Signature Date: _____ Signature Full Name: _____

Title/Position: _____ Authorized Employee Signature: _____