State of Colorado

Cost Containment Certification: Policyholder Guide and Workbook

What’s Inside:

• An overview of the Cost Containment Certification process

• Step-by-step instructions on how to achieve certification

• Samples of required documentation and forms

For assistance, contact your Pinnacol Assurance safety consultant at 1-800-873-7242.
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INTRODUCTION

This workbook is designed to help Pinnacol Assurance policyholders implement practical safety programs that meet State of Colorado Cost Containment Certification requirements. Employers who earn Cost Containment Certification are eligible for a discount on their workers’ compensation premium. More important, certification demonstrates your commitment to protecting the safety and welfare of your employees.

Inside, you’ll find information on the six steps required to achieve certification, as well as actual examples of the documentation needed. Pinnacol Assurance safety professionals and policyholders created these examples; however, they must be customized to fit your organization. Your Pinnacol Assurance safety consultant is available, at no additional cost, to assist you with any aspect of the Cost Containment Certification process.

Important things to remember:

• Your complete safety program must be in effect for one full policy year before you can apply for certification, and the State of Colorado Department of Labor (not Pinnacol Assurance) awards certification.

• The state’s Cost Containment Certification Board meets on the first Wednesday of each month to review applications, which must be received on or prior to the 20th of the previous month. (The “Request for Certification” is located on page 31 of this workbook.)

• The board will then mail you either a certificate or the reason(s) for denial within two weeks of the meeting.

• Once your organization is certified, Pinnacol Assurance will apply the appropriate discount to your policy on the next policy renewal date. For example, if your policy renews on July 1, the board must have your application on or before May 20 for review on the first Wednesday of June. If approved, the discount will be applied to your July 1 policy renewal.
Cost Containment Certification: Policyholder Guide and Workbook

Requirements

Documentation Requirements for Cost Containment Certification

Cost Containment Certification requires one full policy year of documentation demonstrating that a safety program is in place and is effective. Requirements include:

**Step 1: Formal Declaration of a Companywide Safety Policy**
The safety policy should be signed and dated by top management, then distributed to all employees and conspicuously posted.

**Step 2: Formal Designation of a Safety Committee or Coordinator**
Top management should distribute a dated memo to all employees identifying the safety coordinator and/or safety committee members and outlining their responsibilities. The safety coordinator should also sign and date this document. Furthermore, the safety coordinator should document and sign his or her participation in safety audits, safety meetings, accident investigations, and other activities.

The safety committee should meet regularly (at least quarterly). Documentation should consist of dated meeting minutes with the safety committee members’ signatures.

Important tip: Other documentation that the State of Colorado Cost Containment Board looks for in the application packet includes a completed accident investigation form and, if a claim has occurred, documentation of follow-up training to prevent a similar event.

**Step 3: Clearly Defined Safety Rules**
Employers and safety coordinators/committees should develop site-specific safety rules and instruct existing employees and new hires in these rules. Employees should sign and date documents acknowledging their awareness and understanding of the rules. The safety rules should be readily accessible for review by all employees.

**Step 4: Safety Awareness and Training**
Safety training sessions must be documented with an attendance roster signed and dated by all employees in attendance. New hire training is crucial, and a documented orientation process is recommended. Additionally, a plan for periodic training – at least quarterly, or as new equipment is purchased or safety procedures change – should also be conducted and documented.

**Step 5: Written Designation of Medical Providers**
This includes documentation showing that two designated medical providers have been selected. Additionally, employees should sign and date a letter acknowledging they are aware of the company’s medical providers. Required posters should also be posted (see page 25).

**Step 6: Written Policies and Procedures for Claims Management**
This should consist of a short written plan, signed and dated by a member of upper management and/or the organization’s claims administrator, on how claims are managed. The plan should cover items such as:

- When, how, and to whom claims are reported by employees
- How the employer reports claims to Pinnacol Assurance, and by whom
- How claims are investigated
- How modified duty is implemented
STEP 1

Formal Declaration of a Companywide Safety Policy

A safety policy statement signed by the business owner or board chairman is the first step in establishing a strong, integrated safety program. It is not only critical that the owner signs the policy statement, but also follows up with actions – that is, active participation in the development and implementation of the program.

Overall, top management commitment to safety is vital to the success of any safety program. This means an investment of time, money, and other resources; however, this will be an investment with positive returns.

Safety policies should be about one page in length and written as clearly as possible. The policy should also define responsibilities for each level of the organization and, ideally, should be the first page of an organization’s safety manual.

In order to be effective, your safety policy should:

• Reflect management’s philosophy on safety
• Be signed and dated to demonstrate commitment by top management
• Outline employer and employee responsibilities
• Be clearly communicated to all employees
• Be reviewed annually to update goals and tactics

Incentive programs can also contribute to a successful loss prevention program in your organization. These can range from commercial programs that are already developed and sold by vendors to relatively simple in-house programs such as bonuses, employee recognition, or other rewards.

Sample Safety Policy (next page)
The following safety policy is only an example and – like all the samples in this workbook – should be tailored to your organization.
It is the policy of <organization name> that the safety of its employees and the public is of chief importance. The prevention of accidents and injuries takes precedence over expedition. In the conduct of our business, every attempt will be made to prevent accidents from occurring. <Organization’s name> requires that its employees, as a condition of employment, comply with all applicable safety regulations as listed in the organization policy manual.

The designated safety coordinator for <organization name> is the primary contact for safety-related matters. All employees will receive an orientation to the safety policy and rules of <organization name> upon initial employment, and are encouraged to bring to the attention of their immediate supervisor any unsafe conditions or practices. Supervisors will communicate these concerns to the safety coordinator, who will respond to this concern within 24 hours.

Senior management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety coordinator, myself, and other members of our management team will participate with you in ongoing safety and health program activities.

Employer Responsibilities:
• Provide a safe workplace
• Provide safety and health education and training
• Annually review and update workplace safety rules

Employee Responsibilities:
• Report all unsafe conditions
• Immediately report all work-related injuries
• Wear the required personal protective equipment
• Abide by the organization’s safety rules at all times

The goal for 200__ is to ______________________ (examples: reduce lost time injuries, maintain zero lost time injuries, reduce the organization’s back injury rates by 10%). The plan to achieve the goal will include: ______________________ (examples: revised safety training, new equipment, additions to existing safety rules, etc.)

President                                  Date
STEP 2

Formal Designation of a Safety Committee or Coordinator

A safety committee or coordinator serves as a link between employees and management, providing a mechanism to identify and correct hazards that can contribute to injuries. A safety coordinator also serves as the in-house “safety expert,” ensuring that employees have a voice in identifying and correcting hazards.

Safety committees should meet regularly (preferably monthly, or at least quarterly) and should conduct facility inspections, accident investigations, safety and health surveys, and other safety initiatives. The safety committee/coordinator should also propose safety rules and needed safety and health training.

The committee or coordinator should establish written objectives and clearly communicate these to management and employees. All safety committee or coordinator duties should be supported with the proper documentation such as completed inspection forms, job hazard analysis forms, accident investigation forms, and other documents as required.

Minutes of safety committee meetings should be maintained and attendance and dates of meetings documented.

The decision to create a safety committee or only designate a safety coordinator depends on the size of the organization. In a small organization, a safety coordinator may be sufficient. Members of upper management should meet regularly with the safety coordinator to monitor and ensure the success of the safety program.

Sample Safety Coordinator/Committee Documents (following pages)

- Sample Safety Coordinator/Committee Objective Statement
- Sample General Industry Inspection Checklist
- Sample Construction Inspection Checklist
- Sample Job Hazard Analysis
<Safety Coordinator Name> is the designated safety coordinator for <Organization Name> and is the primary contact for safety-related matters. All employees will receive an orientation to this company’s safety rules upon initial employment and are encouraged to bring to the attention of their supervisor any unsafe conditions or practices. Supervisors will communicate these concerns to the safety coordinator, who will respond to these concerns within 24 hours.

The primary goals of the safety coordinator will be to:

- Oversee implementation of the organization’s safety program.
- Annually review the organization’s safety policy and safety rules.
- Maintain accurate records and annually report the results of workplace accident and injury trend analysis.
- Recommend actions to reduce the frequency and severity of accidents and illnesses.
- Integrate safety into the day-to-day activities of all employees.
- Coordinate the new employee orientation and safety training programs.
- Assist the organization in compliance with government standards concerning safety and health.
- Assist supervisors with accident investigation.
- Conduct periodic safety inspections to identify unsafe conditions and practices and determine remedies.
- Discuss with and make recommendations to management on matters pertaining to safety.
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<th>INSPECTION ITEM</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENT/CORRECTIONS</th>
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<td>Job safety &amp; health poster, communications and emergency numbers</td>
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<td>Records of recent inspections and safety meetings available</td>
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<td>Stairways, aisles and access ways kept clear</td>
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<td>Trash containers provided, and emptied on a regular basis</td>
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<td>Materials stored properly</td>
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<td>Spills cleaned up immediately</td>
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<td>Are walkways to the facility clear of ice and snow and illuminated</td>
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<td>Are the gutters/down spouts adequate to draw water/ice away from walkways</td>
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<td>Are open sided edges greater than 4 feet protected by guardrails or covers</td>
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<td>Are chemicals properly labeled - appropriate warnings and identity</td>
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<td>Have employees received hazard communication training</td>
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<td>Head protection utilized as needed</td>
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<td>Are respirators used when needed and stored correctly</td>
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<td>Gloves being used when needed</td>
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<td>Proper clothing being worn, including foot protection</td>
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<td>Hearing protection available and used</td>
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<td><strong>HAND &amp; POWER TOOLS</strong></td>
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<td>Mechanical guards in place</td>
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<td>Proper training for user of the tool(s)</td>
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<td><strong>ELECTRICAL</strong></td>
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<td>Are electrical panels/circuits labeled and free of storage in front of panels</td>
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<td>Electrical cords in good repair, grounded, and not used as permanent wiring</td>
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<td>Are energized electrical parts protected from contact or other hazards</td>
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<td>Are outdoor receptacle GFCI protected and receptacles within 6 feet of water GFCI protected</td>
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<td><strong>MATERIAL HANDLING</strong></td>
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<td>Have all chains and/or slings been inspected for defects, and labeled or taken out of service if inadequate</td>
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<td>Have all forklifts been inspected before use</td>
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<td><strong>FIRE PROTECTION</strong></td>
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<td>Are flammable/combustible liquids stored in approved storage cabinets</td>
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<td>Have the facility sprinkler/fire alarm systems been inspected within 12 months</td>
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<td>Sprinklers have 18 inches of vertical clearance from stored materials</td>
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<td>Are building evacuation maps posted</td>
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<td>Are fire extinguishers and emergency lighting properly placed</td>
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Other comments or recommendations:
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<td>Drinking water and single service cups; adequate toilet facilities</td>
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<td>Materials stored properly</td>
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<td>Trash containers provided; regular disposal of trash and waste</td>
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<td>Work areas neat and orderly; spills cleaned up immediately</td>
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<td>Head protection utilized as needed</td>
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<td>Safety harnesses and lanyards available and being used properly</td>
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<td><strong>FALL PROTECTION</strong></td>
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<td>Guardrails protecting open-sided floors, holes, scaffolds, runways, etc.</td>
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<td>Barricades provided to protect trenches and warn of other hazards</td>
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<td>Ladders and scaffolds properly constructed</td>
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<td>Ladders extended 36” above landing and tied off</td>
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<td>Erection/dismantling of scaffolds overseen by a “competent person”</td>
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<td>Ladders/scaffolds used in accordance with manufacturer’s manual</td>
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<td><strong>ELECTRICAL</strong></td>
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<td>Ground fault circuits or grounding integrity program in place</td>
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<td>Electrical cords in good repair and grounded</td>
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<td>Bulb guards for temporary lights</td>
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<td>Wiring done per code and good wiring practices</td>
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<td><strong>MATERIAL HANDLING</strong></td>
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<td>Have all chains and/or slings been inspected for defects, and labeled or taken out of service if inadequate</td>
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</tr>
<tr>
<td>Have all forklifts been inspected before use</td>
<td></td>
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<tr>
<td><strong>EXCAVATIONS/TRENCHING</strong></td>
<td></td>
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</tr>
<tr>
<td>Properly supervised by a “competent person”</td>
<td></td>
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<td></td>
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<tr>
<td>Proper shoring and/or sloping of excavations</td>
<td></td>
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<tr>
<td>Adequate ladders or ramps provided for exit from excavations</td>
<td></td>
<td></td>
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<tr>
<td>Proper utility services identifications and locations made before job start</td>
<td></td>
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<tr>
<td>Materials and equipment stored at least 2” from the edge</td>
<td></td>
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<tr>
<td><strong>FIRE PROTECTION</strong></td>
<td></td>
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<tr>
<td>Are flammable/combustible liquids stored in approved storage cabinets</td>
<td></td>
<td></td>
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<tr>
<td>Have the facility sprinkler/fire alarm systems been inspected within 12 months</td>
<td></td>
<td></td>
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<tr>
<td>Sprinklers have 18 inches of vertical clearance from stored materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are building evacuation maps posted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are fire extinguishers and emergency lighting properly placed</td>
<td></td>
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</tr>
</tbody>
</table>

Other comments or recommendations:
**Sequence of Steps**

1. Reach into metal box to right of machine, grasp 15-pound castings, and carry to wheel.

**Potential Accidents or Hazards**

1. Picking up a casting, the employee could drop it onto his/her foot. The casting’s weight and height could seriously injure the worker’s foot or toes.

2. Castings have sharp burrs and edges that can cause severe lacerations.

3. Reaching, twisting, and lifting 15-pound casting from the floor could result in muscle strain to the lower back.

**Preventative Measures**

1. Remove castings from the box and place them on a table next to the grinder.

2. Wear steel-toe shoes with metatarsal protection.

3. Change protective gloves that allow a better grip.

4. Use a device to pick up castings.

1. Use a device such as a clamp to pick up castings.

2. Wear cut-resistant gloves that allow a good grip.

1. Move castings from the ground and place them closer to the workplace to minimize lifting.

2. Train workers not to twist while lifting. Reconfigure work stations to minimize twisting during lifts.
INVESTIGATING ACCIDENTS

Accidents causing death or serious injury must receive a thorough investigation. Near-miss accidents that could have resulted in death or serious injury, as well as minor injuries, should also be investigated. Investigations should be conducted to determine both the cause of the accident and the changes necessary to prevent a similar occurrence, not to determine where blame should be placed. The accident investigation also will assist the company in determining the facts useful in legal proceedings, and will serve to educate employees about the hazard.

A thorough investigation should yield the following information:

- Part of the body injured and the type of injury sustained
- Type of accident
- Condition or act that caused or permitted the accident to occur
- Equipment, machinery, substance, or structure directly involved in the accident
- Factors contributing to the accident (i.e., lack of training)

Persons appointed to investigate accidents should be experienced and able to carry out the investigation in an impartial manner. The supervisor is usually the most qualified investigator, due to his or her familiarity with the workplace and knowledge of the employees involved and the work situation. However, the foreman, a safety professional, or a safety committee may also carry out the investigation.

The investigator should:

- Begin investigating the accident immediately after the injured person has been treated, before the scene can be changed and important evidence removed or destroyed.
- Discuss the accident with the injured person if possible, after first aid or medical treatment has been administered.
- Talk with witnesses and those familiar with conditions immediately before or after the accident, preferably away from the distractions of the work area.
- Probe for small details that might yield clues to the cause of the accident. Sometimes having the witnesses recite the events in reverse chronological order can attain a clearer account of events. Encourage witnesses to give their ideas.
- Reconstruct the events leading up to the accident from clues and eyewitness accounts.
- Determine the most probable cause of the accident.
- Write a detailed, accurate report of the accident and follow reporting and record keeping requirements. Remember that any accident that is fatal or results in the hospitalization of three or more employees must be reported to the nearest OSHA office within eight hours of the accident.
- Correct any unsafe conditions or procedures discovered during the investigation or advise management of corrections that need to be made.
Additional steps should be taken when investigating a fatal accident including:

- Cover the body, but do not move it.
- Take accurate measurements to define the physical interrelationship between the body and any equipment and materials involved.
- Photograph the body, any body parts, machinery, equipment, and surroundings from all angles. These are important for litigation purposes.
- Collect and identify any and all pertinent material. Mark it in relation to the accident scene for use during reconstruction.

**Sample Accident Investigation Documents (following pages):**

- Sample Employee Incident Report
- Sample Management Accident Investigation Report
- Sample Accident Investigation Questions
Employee's Name: ____________________________________________________________

Date of Injury: ___________________________ Time of Injury: ______________________

Please explain how accident occurred:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Describe effected body parts:
_________________________________________________________________________
_________________________________________________________________________

Employee's recommendations for corrective action:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Employee Signature: ___________________________ Date: ___________________________
(ORGANIZATION NAME)
MANAGEMENT ACCIDENT INVESTIGATION REPORT

☐ Injury - First Aid Only
☐ Injury - Medical Treatment
☐ Property Damage
☐ Near Miss - Record Only

Name of Injured Employee | Occupation
--------------------------|-------------

Assigned Department | Supervisor
---------------------|-------------

Date & Time of Incident | Date Incident Reported | Incident Location | Witnesses
------------------------|------------------------|-------------------|--------

SUMMARY – Describe the incident (photo and/or sketch may be necessary).

__________________________________________________________________________

__________________________________________________________________________

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ANALYSIS – Describe conditions that led to the incident (environmental conditions, tools/equipment used, task being performed)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

RECOMMENDATIONS – Describe any controls and/or corrective procedures that may prevent recurrence of similar incidents.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

MANAGEMENT SYSTEM IMPROVEMENTS – Describe measures taken by management to improve the system and prevent recurrence of similar incidents (employee training, new equipment, changes in safety policies, changes in operating procedures, etc.).

ACTION TAKEN: ___________________________________________ Date: __________________

ACTION TAKEN: ___________________________________________ Date: __________________

ACTION TAKEN: ___________________________________________ Date: __________________

REPORT REVIEWED BY: _______________________________________ Date: __________________

REPORT REVIEWED BY: _______________________________________ Date: __________________

REPORT REVIEWED BY: _______________________________________ Date: __________________

REPORT REVIEWED BY: _______________________________________ Date: __________________
### Sample Accident Investigation Questions

**HOW**
- How does the injured employee feel now?
- How did the injury occur?
- How could this accident have been prevented?

**WHO**
- Who was injured?
- Who saw the accident?
- Who was working with the injured party?
- Who had assigned the person to the work task?
- Who had trained the person on the hazards and protective measures for this task?
- Who else was involved?

**WHAT**
- What were the causal factors of the accident?
- What were the injuries?
- What was the person doing when injured?
- What had the person been instructed to do?
- What tools was the person using?
- What machinery was involved?
- What training had been given?
- What specific precautions were necessary?
- What protective equipment was being used?
- What protective equipment should have been used?
- What will be done to prevent a recurrence?
- What safety rules were in place to prevent this type of accident?
- What safety rules were being followed?
- What were the environmental conditions (i.e., lighting, floor surface, etc.)?

**WHEN**
- When did the accident occur?
- When did the person start this task?
- When was the person assigned to this department?
- When were the hazards of the operation addressed?
- When had the supervisor last checked on job progress?

**WHY**
- Why was the person injured?
- Why did the person do what they did?
- Why wasn’t protective equipment used?
- Why weren’t specific instructions issued?
- Why didn’t the person check with the supervisor when they noted things weren’t as they should be?
- Why did the person continue to work under these circumstances?

**WHERE**
- Where did the accident occur?
- Where was the person at the time of the accident?
- Where was the supervisor at the time?
- Where were fellow workers?
Clearly Defined Safety Rules

Creating safety rules is only one step. Educating employees about these rules – and the consequences of not complying with them – is equally important. Remember these guidelines:

- Hazards must be identified and safety rules clearly communicated to all employees. (See hazard analysis worksheet on page 11.)

- Rules must be enforced uniformly and violations documented for all employees.

- All employees must be required to read, date and sign the organization’s safety rules, agreeing that they understand them and will abide by them. If there are any questions regarding understanding the rules, read and explain them to the employees.

- A copy of the safety rules signed by the employee should be kept in the employee’s personnel file and a copy provided to the employee for future reference.

- Safety rules should be readily accessible for review by all employees.

- Use specific language for your safety rules, i.e., “Safety glasses will be worn when using the grinder.” Avoid words like “should.”

- Willful violation of a written safety rule or failure to use the required personal protective equipment can result in a 50 percent reduction in compensation benefits.

- A written reprimand or warning must be signed and dated by the employee who received it, and the original kept on file.

- Rules should be reviewed annually.

The sample safety documents listed below can be found on pages 18–20.

- Sample Safety Rules
- Sample Enforcement Policy
- Sample Safety Rule Violation Reporting Form

If you do not find any safety rules that apply to your industry, please contact your Pinnacol Assurance safety consultant at 1-800-873-7242 for additional assistance.
Please Note: Safety rules should be specific and enforceable. Develop all safety rules according to an employee’s position, a dangerous task, equipment operation, or a combination of all three. The following are examples only and should neither be interpreted nor utilized as a complete list of possible rules. For industry specific rules refer to the Loss Prevention CD.

These safety rules are designed to provide you with knowledge of the recognized and established safe practices and procedures that apply to many of the work situations you may encounter while employed at this organization. It would be impossible to cover every work situation. If you are in doubt about the safety of any condition, practice, or procedure, consult your supervisor for guidance.

GENERAL RULES:
1. ACCIDENT REPORTING: Report all accidents or near misses to your supervisor immediately. Falsification of company records, including employment applications, time records, or safety documentation will not be tolerated.
2. HAZARD REPORTING: Notify a supervisor immediately of any unsafe condition and/or practice.
3. ALCOHOL OR ILLEGAL DRUGS: No illegal drugs or alcohol will be allowed on the worksite. Employees will notify their supervisor of any prescription drugs that might affect their judgment.
4. DRIVING: While driving a company vehicle or driving your own vehicle for company business, obey all traffic laws and signs at all times. Wear your seatbelt at all times. Do not drive past the posted speed limits.
5. LIFTING: When you are required to lift an item, always seek mechanical means first (fork lift, lift table, pallet jack, etc.). If an item must be lifted manually, please refer to the detailed lifting safety rules before performing the task.
6. FALLS: When working above a lower level (4 feet in General Industry, 6 feet in Construction) with unprotected sides, edges or openings, protect yourself by use of guardrails or an approved personal fall arrest systems (i.e. lanyard, harness, anchor point).
7. PERSONAL PROTECTIVE EQUIPMENT: Appropriate PPE must be worn at all times. If you have any questions or need PPE, please contact management and reference the PPE Hazard Assessment section on page 7. Wear approved eye and face protection when sawing, grinding, drilling, using air tools, or performing any other task that could generate flying debris. When working with chemicals, wear the protective eyewear that is specified on the Material Safety Data Sheet. Wear gloves when handling metal, rough wood, fiberglass, and other sharp objects. Wear hard hats when there are overhead hazards. Appropriate footwear, long sleeved shirts, long pants, high visibility vest, etc. should also be worn as required.

EMPLOYEE POSITION: OFFICE WORKER
1. Do not stand on furniture to reach high places, always use a ladder or step stool.
2. Use the provided handrails when ascending or descending stairs or ramps.
3. Close all drawers to file cabinets after use to prevent tripping or bumping hazards.

DANGEROUS TASKS: GRINDING
1. Use the approved ANSI safety glasses and face shield.
2. Make sure the appropriate guards are in place.
3. Keep all flammables 20 feet away from grinding source.

EQUIPMENT OPERATION: FORKLIFT
1. Employees must wear seatbelts when operating a forklift.
2. Do not allow passengers to ride on the forklift unless a passenger seat with seatbelt is available.
3. Do not use a forklift to elevate workers unless an approved elevating platform is properly attached to the mast and forks.

COMBINATION /DANGEROUS TASK AND EQUIPMENT OPERATION: KITCHEN STAFF
1. Use the provided wooden tamper when pushing meat through grinder.
2. When using a knife, cut away from the body.
3. Turn off and unplug the grinder prior to cleaning.

I, (name) have read/been read and understand these safety rules. I agree to follow all safety rules at all times and understand any violation can result in disciplinary action including termination of employment. I understand if a safety rule violation results in a work-related injury or illness, workers’ compensation benefits by law, can be reduced by 50 percent.

Employee Signature: ___________________________ Date: ___________________________
A. OBJECTIVE
Safety rules are provided as guidelines for safe operations. All employees must follow these rules as a condition of employment.

B. SCOPE
Applies to all employees and contractors.

C. PROCEDURE
All employees will be given a copy of the following safety and health rules upon initial employment. All employees must sign and return the acknowledgment form after they have been given a chance to review the safety rules and ask any questions. The safety rules will be periodically reviewed to ensure they are applicable and current.

D. ENFORCEMENT
Employees will be subject to disciplinary action for violations of safety rules. Such action may include any one or more of the following depending on the severity of the violation:

Employees shall be afforded instructive counseling and/or training to assure a clear understanding of the infraction and the proper conduct under organizational guidelines. However, nothing in this policy or this safety program will preclude management from terminating an employee for a safety violation. This is not a progressive discipline system and any safety violation may lead to an employee’s termination without prior instruction or warning. Management reserves the right to impose whatever disciplinary action it deems appropriate:

- Verbal warning with documentation in personnel file.
- Written warning outlining nature of offense and necessary corrective action with documentation in personnel file.
- Termination.

Management, including supervisory personnel, shall be subject to the above disciplinary action for the following reasons:

- Repeated safety rule violation by employees under their supervision.
- Failure to provide adequate training prior to job assignment.
- Failure to report accidents and provide medical attention to employee injured at work.
- Failure to control unsafe conditions or work practices.
- Failure to maintain good housekeeping standards and cleanliness in their departments.

I, (print name) ______________________, have read/been read and understand the safety rules of (Company Name) ______________________. I agree to act in accordance with the safety rules at all times while working, and understand that the violation of any rule is cause for stern disciplinary action, which could include termination of employment.

Employee Signature: ______________________ Date: ____________
(ORGANIZATION NAME) SAFETY RULE VIOLATION (SAMPLE)

Company Name _______________________________________________________

Employee Name ______________________________________________________ Date__________________

Type of Violation: ______________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Result of Violation: ____________________________________________________

____________________________________________________________________

____________________________________________________________________

Disciplinary Action: ____________________________________________________

____________________________________________________________________

____________________________________________________________________

I, (print name) __________________________, have read/been read and understand the safety rules of (Company Name) __________________________. I agree to act in accordance with the safety rules at all times while working, and understand that the violation of any rule is cause for stern disciplinary action, which could include termination of employment.

Employee Signature: ____________________________________________ Date: _____________________

Supervisor Signature: ____________________________________________ Date: _____________________

Workers’ compensation benefits, by law, can be reduced by 50 percent if a work-related injury or illness is a result of a safety rule violation. Additionally, any future safety rule violations may result in suspension without pay and/or termination.

File original in employee’s personnel file, with a duplicate given to employee.
Safety Awareness and Training

New Employees
Statistics show that 42 percent of all workplace injuries happen to employees with less than one year of service. Experts agree that a majority of these injuries could be prevented through new employee orientation and training.

Ensure that all new employees are trained before they begin their job assignment. Document all new hire orientations using an employee orientation checklist. There are two examples of new hire orientations in this booklet. Remember to tailor the new hire orientation checklist to your organization and to keep checklists in employee files.

Regular Employees
- Do your employees repeatedly experience certain kinds of injuries or illnesses, such as back or eye injuries, or repetitive motion disorders?
- Are your employees exposed to safety or health hazards on the job?
- Are there causes for some work accidents that you don’t understand, or causes which you do understand but don’t know how to avoid?

If you answered “yes” to any of these questions, additional training may be required. In this section, you’ll find samples and ideas to help you with your training program. A plan for periodic training (at least quarterly, or as new equipment is purchased or procedures are changed) should also be conducted and documented.

Pinnacol Assurance also provides a variety of safety information and training materials in English and Spanish at no cost to our policyholders. These include:
- Online Training
- Video Library (A list of videos that can be checked out.)
- Safety Posters
- Spanish Construction Terms/Pocket Translation
- Employment Posters
- OSHA 300 Form
- Training Booklets and Materials
- Loss Prevention CD ROM (Tools for safety solutions.)
- Sample Stretching Exercises
- Employer Guides (Workers’ Compensation and Safety)
- Employee Check Stuffers
- Slip and Falls Prevention Packet

For more information, contact your Pinnacol safety consultant at 1-800-873-7242.

The sample safety training documents listed below can be found on pages 22–24.
- Sample New Employee Orientation Checklist (1)
- Sample New Employee Orientation Checklist (2)
- Sample Safety Meeting Roster
The new/transfer employee and his supervisor must initial the following items.

<table>
<thead>
<tr>
<th></th>
<th>SUPERVISOR</th>
<th>EMPLOYEE</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>I have read and/or someone has explained to me the safety rules for the organization and any specific rules for the jobsite.</td>
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<tr>
<td>2.</td>
<td>I have been shown where the jobsite facilities are i.e., drinking water, and restroom.</td>
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<tr>
<td>3.</td>
<td>I know where the first aid station is and where first aid kits are located.</td>
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<tr>
<td>4.</td>
<td>I am familiar with the location of hazards on the jobsite and what areas to avoid.</td>
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<tr>
<td>5.</td>
<td>I have received instruction on the use of fire extinguishers and their location.</td>
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<tr>
<td>6.</td>
<td>I understand I must report all injuries to my supervisor immediately and/or any other claims management procedures.</td>
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<tr>
<td>7.</td>
<td>I am familiar with my job assignment and any tasks I am expected to perform.</td>
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<tr>
<td>8.</td>
<td>I understand what HAZCOM is and the location of the MSDS file.</td>
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</tr>
<tr>
<td>9.</td>
<td>The company disciplinary policies have been explained to me.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I have been issued the following equipment (initial if issued)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hard Hat</td>
<td></td>
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<tr>
<td></td>
<td>Safety Glasses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fall Protection Harness</td>
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<tr>
<td></td>
<td>Hearing Protection</td>
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<tr>
<td></td>
<td>Respirator</td>
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<tr>
<td>11.</td>
<td>I have read and signed the Designated Medical Provider form.</td>
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<tr>
<td>12.</td>
<td>The evacuation plan, exit routes and the outside meeting point for employees have been explained to me.</td>
<td></td>
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</table>

Employee Signature: ______________________________ Date: ____________________

Supervisor Signature: ______________________________ Date: ____________________
(ORGANIZATION NAME)
NEW/TRANSFER EMPLOYEE ORIENTATION CHECKLIST
(SAMPLE 2)

Employee: ___________________________ Department: ___________________________

Date Hired: ___________________________ Supervisor: ___________________________

Date Reviewed: _______________________

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<tbody>
<tr>
<td>1.</td>
<td>I have read and/or someone has explained to me the safety policy and my responsibility regarding safety.</td>
</tr>
<tr>
<td>2.</td>
<td>I understand the role and responsibilities of the company’s safety coordinator/committee.</td>
</tr>
<tr>
<td>3.</td>
<td>I have read and/or someone has explained to me the safety rules and enforcement policy.</td>
</tr>
<tr>
<td>4.</td>
<td>I understand I am responsible for attending the company’s safety meetings.</td>
</tr>
<tr>
<td>5.</td>
<td>Discussed general personal protective equipment requirements.</td>
</tr>
<tr>
<td>6.</td>
<td>Reviewed general job hazards.</td>
</tr>
<tr>
<td>7.</td>
<td>Reviewed safe lifting techniques.</td>
</tr>
<tr>
<td>8.</td>
<td>Reviewed housekeeping procedures.</td>
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<td>9.</td>
<td>Reviewed hazard communication program.</td>
</tr>
<tr>
<td>10.</td>
<td>Reviewed emergency evacuation procedures.</td>
</tr>
<tr>
<td>11.</td>
<td>Discussed accident reporting guidelines and procedures.</td>
</tr>
<tr>
<td>12.</td>
<td>I have been informed who the company’s designated provider is for work-related injuries.</td>
</tr>
<tr>
<td>13.</td>
<td>The company’s return-to-work policies have been explained to me.</td>
</tr>
<tr>
<td>14.</td>
<td>OTHER:</td>
</tr>
</tbody>
</table>

I agree to act in accordance with the company’s policies and procedures at all times and understand that the violation of any rule is cause for stern disciplinary action, which could include termination of employment.

I further understand workers’ compensation benefits, by law, can be reduced by 50 percent if a work-related injury or illness is a result of a safety rule violation.

Employee Signature: ___________________________ Date: ___________________________

I have instructed the above named employee in the subjects listed above during orientation.

Supervisor/Safety Coordinator Signature: ___________________________ Date: ___________________________
# SAFETY MEETING ROSTER

(SAMPLE 2)

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
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<tbody>
<tr>
<td>Location:</td>
<td></td>
</tr>
<tr>
<td>Safety Topic:</td>
<td></td>
</tr>
<tr>
<td>Discussion Leader:</td>
<td></td>
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<tr>
<td>Persons Attending:</td>
<td></td>
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</tbody>
</table>

<table>
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<tr>
<th>Print Name:</th>
<th>Signature:</th>
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<tbody>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>8.</td>
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<td>9.</td>
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<tr>
<td>10.</td>
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Employee Comments and Suggestions:

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
STEP 5

Written Designation of Medical Providers

An employer has the right to choose the doctors, clinics, or hospitals their employees must use for work-related injuries or illnesses. Having a strong relationship with your two designated medical providers will help control the cost of your insurance while providing quality medical care for your injured employees. In addition, policyholders will receive a 2.5 percent discount for designating medical providers.

The two providers you select must be at two distinct locations without common ownership. Employers can select two physicians, or one physician and one corporate medical facility, or two separate corporate medical facilities. There are some exceptions to this rule based on location, nature of the business being operated, or availability of on-site health care. Call Pinnacol for details.

To help you select your two designated providers, Pinnacol Assurance has developed a network of accredited occupational health providers throughout the state called SelectNet. These providers meet Pinnacol Assurance’s strict requirements for quality medical care and case management.

You must notify all employees in writing of your selections. All employees must sign the notification stating that they are aware of your designated provider selections. You must also notify Pinnacol Assurance in writing. There are two posters required by Colorado law pertaining to designated medical providers and the employee’s obligation to report injuries. These posters are available from Pinnacol Assurance at no charge.

If you designate a provider from SelectNet, we have done all the screening for you. If you live in an area where we do not have a SelectNet provider, make sure the physician meets the following criteria:

- Is knowledgeable in workers’ compensation and understands the use of the fee schedule for medical bills.
- Has performed disability ratings and is comfortable in determining when a claimant has reached maximum medical improvement.
- Will communicate with you on an ongoing basis about the medical status of your injured employee.
- Is accessible, i.e., will return your calls.
- Can assist you in creating modified-duty programs so injured employees can return to work as soon as possible.
- Have specialists that he or she refers to, as well as has guidelines for referral so case management is maintained.
- Is willing to learn about your work processes and requirements, including visiting your work site.

Sample Employee Notification Letter (next page)
TO: All Employees

FROM: <Your Company Name>

DATE: ________________________________

SUBJECT: Designated Medical Providers for Work-Related Injuries and Illnesses.

Effective immediately, all employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers:

<table>
<thead>
<tr>
<th>NAME:</th>
<th>ADDRESS:</th>
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<th>NAME:</th>
<th>ADDRESS:</th>
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</table>

CITY, STATE, ZIP: ____________________

PHONE: ____________________

NON-EMERGENCY AFTER HOURS #: ____________________

In the event of a non-emergency, after hour’s injury, contact the provider at the non-emergency number listed above.

In the event of a life-or-limb-threatening emergency, the insured employee will be sent to the nearest emergency medical facility. One of the medical provider designated above must provide all follow up care.

If an unauthorized medical provider treats an employee, the employee will be responsible for payment of said treatment.

All employees must sign below, acknowledging this company policy.

I have read and am fully aware of the organization’s policy regarding medical treatment for work-related injuries and illnesses. I further understand I must immediately report any work-related injury to my supervisor.

Employee Signature: ____________________ Date: ____________________

Note: This is a SAMPLE form. One copy of YOUR COMPANY’S version of a completed notification form must be included with the application. The original notification form signed by your employee should be kept in your personnel files. It is a good idea to give a copy of this information to your employees. A wallet card with the addresses and telephone numbers of medical providers may also be available – please contact your designated medical providers for this information.
Fear and uncertainty are the primary reasons injured employees delay reporting injuries and, in some cases, seek assistance from attorneys. This may be due to concern over medical bills, lost income, or even losing their jobs. Clear, easy-to-understand claims procedures can alleviate these concerns ensuring that workers’ compensation claims are handled in a fair and expeditious manner. Good claims procedures can also significantly reduce your costs.

Timely reporting can save up to six percent of the total cost of the claim. Reporting your claims within 24 hours allows Pinnacol Assurance to help you streamline that process.

There are a number of ways you can report a claim:

• **Online** – To file a report of an injury using the Internet, simply go to www.pinnacol.com, click on “Pinnacol ServiceLink,” then click on “Report a New Injury.”

• **By phone** – To report an injury by phone, call 303-361-4000 or 1-800-873-7242.

• **By fax** – You may also file a claim by fax. Use the First Report of Injury form and filing guide provided in the new policyholder packet you received from Pinnacol Assurance. If you fax other documentation with the form, be sure to write your policy number and the injured workers’ Social Security number on all attachments. Our fax number is 303-361-5000.

Recordkeeping and data analyses are very important at this phase. In addition to the records, reports, and other filings required by state and federal statutes, the following should also be kept:

• Management investigation reports

• Safety violations (signed)

• Safety rules orientation (signed)

• Safety training records

• Attendance records

**Return-to-Work (Modified Duty)**

All employers should have a return-to-work plan in place, including a modified-duty component. Pinnacol Assurance has a number of professionals dedicated to helping employers with the modified-duty process. In the event of a lost-time claim, call your team and ask to speak with the return-to-work specialist. Their job is to help you get the injured employee back to work as soon as is safely possible.

If an injured employee refuses to accept a temporary modified position, he or she may forfeit all or part of their compensation benefits. However, there are specific requirements that must be met in order to legally suspend or terminate benefits. Our return-to-work specialists can provide you with assistance, as well as the necessary documentation needed for this process.

**Sample Claims Management Guide (next page)**
1. All employees will be provided with an explanation of the workers’ compensation system and the benefits it will provide.

2. In the event of a work-related injury or illness, the injured employee must report it to their immediate supervisor or the safety coordinator before the end of the work shift.

3. If the injured employee needs immediate medical attention, they will be driven or sent to the nearest appropriate hospital or clinic.

4. If the injury is not an emergency, an appointment will be made with one of the designated medical providers as soon as possible.

5. A formal accident investigation will be conducted following all work-related injuries. The supervisor or safety coordinator will be responsible for interviewing the injured employee and all witnesses. The safety coordinator will use the information from the accident investigation to identify changes that may help prevent future incidents.

6. The safety/claims coordinator will report the claim by Internet, phone 1-800-873-7242 or fax to Pinnacol Assurance within 24 hours of the accident.

7. If the incident involved an employee death or a catastrophe (three or more employees admitted to the hospital) OSHA must be notified within eight hours. OSHA can be reached at 1-800-321-6742.

8. The safety/claims coordinator will use information from the accident investigation to identify changes that may help prevent future incidents.

9. For lost time claims, the supervisor will contact the injured employee at least once a week to answer questions, keep the injured employee informed of organization activities, and discuss return-to-work options.

10. The safety/claims coordinator will contact the injured employee’s medical provider after each appointment to keep current on the employee’s work status, medical progress, and to ensure that appointments are being kept.

11. Modified duty procedures will be as follows:

   - The employee’s supervisor who will determine if the employee can return to their regular job duties will evaluate the medical restrictions.
   - If the employee is unable to return to normal job duties, the supervisor will determine if the employee’s position can be temporarily modified to accommodate the restrictions.
   - If the job cannot be modified, the safety coordinator will evaluate other tasks or positions the employee may be able to perform until the medical restrictions are lifted.
   - If the employee is unable to return safely to a modified position, the medical restrictions will be re-evaluated after each doctor’s visit to ensure the employee is returned to work as soon as possible.

12. An entry will be made on the OSHA 300 Log for all cases involving medical treatment. (Employers with more than 10 employees.)

13. Accurate records will be kept for all workers’ compensation claims. This file will document all communications regarding the claim and all records from the medical providers and Pinnacol Assurance.

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Claims Administrator                                  Date

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Cost Containment Certification: Policyholder Guide and Workbook
Cost Containment Certification Action Plan

**Remember:** Your Pinnacol Assurance safety consultant is available, at no additional cost, to assist you with any aspect of the Cost Containment Certification process.

<table>
<thead>
<tr>
<th>COST CONTAINMENT STEP</th>
<th>PERSON RESPONSIBLE</th>
<th>ACTIONS REQUIRED</th>
<th>TARGET COMPLETION DATE</th>
<th>ACTUAL COMPLETION DATE</th>
</tr>
</thead>
</table>
| **Step 1:** Written Safety Policy | | • Overall safety policy  
• Signature of top management  
• Date | | |
| **Step 2:** Safety Committee or Safety Coordinator | | • Designation of committee coordinator  
• Duties outlined, signed, and dated by management and safety coordinator/committee  
• Ongoing inspections  
• Accident investigation | | |
| **Step 3:** Written Safety Rules | | • General rules and rules specific to the workplace hazards  
• Each employee signs and dates  
• Updated periodically | | |
| **Step 4:** Safety Training | | • Specific to workplace hazards and conducted at least quarterly  
• Documented by topic, date, and signatures of employees | | |
| **Step 5:** Designated Medical Providers | | • Medical providers notified of selection as designated provider  
• Employees notified in writing with signature and date of receipt of the information  
• Employees reminded with posted notice | | |
| **Step 6:** Claims Management Policies and Procedures | | • Actions taken when a claim occurs (how employees report claims, how Pinnacol is alerted)  
• Accident investigation procedures  
• Modified duty program outlined | | |

**NOTE:** All six steps must be developed and implemented for one full policy year prior to application.
WHAT TO AVOID

Top Reasons Cost Containment Certification Applications Are Delayed

1. **SAFETY COORDINATOR/COMMITTEE:**
The coordinator is named and responsibilities are outlined, but no documentation is provided to support ongoing activity (e.g., safety inspections, committee meetings, etc.). The safety coordinator must also provide accident investigations and follow-up documentation for all incidents.

2. **SIGN-OFF DOCUMENTS:**
In the case of committee meetings, some employers fail to have all members sign attendance sheets. Many employers provide only copies of sample sign-off forms for safety rules, safety orientations, designated medical providers, etc. The Cost Containment Certification Board wants to see copies of actual signed acknowledgement forms dating back one year.

3. **CLAIMS MANAGEMENT:**
You cannot support the existence of a claims management program with an undated, unsigned list of procedures, or a page taken directly from Pinnacol Assurance’s loss control literature. Additionally, some employers offer little or no documentation pertaining to modified duty and proper accident investigation. A copy of an actual one-year old accident investigation is required. Ideally, applicants should also provide a copy of a Rule 6 letter to support implementation of, or attempts at, modified duty.

4. **LOSS RUNS:**
Problems with loss runs include (a) no loss runs provided, (b) incomplete loss runs (less than three full policy years and current year-to-date), and (c) loss runs valued more than 30 days old.

5. **FAILURE OF APPLICANTS TO PROPERLY COMPLETE THE APPLICATION FOR CERTIFICATION IN A TIMELY MANNER:**
Applicants may write “see attached” in a section where they are required to enter data, such as the “total employee hours worked” section. Additionally, applications are routinely delayed because the applicant missed the deadline for application – on or before the 20th of each month. This deadline is final. If the board receives an application after the 20th, there is no opportunity to append and forward the application if even one minor document is missing. (For more information on this, please refer to page 3.)
REQUEST FOR CERTIFICATION

Employer Name: _______________________________  Employer FEIN: _______________________________

Employer Mailing Address: _______________________________

Employer City, State, Zip: _______________________________

Name of Insurance Carrier: _______________________________  Policy Number: _______________________________

Nature of Business: _______________________________  Date Program Was Implemented: _______________________________

To obtain certification status in the Colorado Workers’ Compensation Premium Cost Containment Program, it must be demonstrated that the applicant employer has actively followed an approved loss prevention and loss control program for a period of at least one year. Copies of loss prevention documentation clearly showing that compliance with each of the following requirements has been in effect, must accompany this Request for Certification.

THE APPLICANT EMPLOYER MUST PROVIDE THE DIVISION WITH DOCUMENTATION OF THE FOLLOWING COST CONTAINMENT PROGRAM REQUIREMENTS:

1. Formal Declaration of an Organization-wide Loss Prevention and Loss Control Policy (enclose a signed and dated copy).
   a. The policy reflects the philosophy of top management.
   b. The safety and health of all employees are a top priority.

2. Formal Creation of a Safety Committee or Coordinator (enclose signed and dated documentation).
   a. Committee or coordinator has clearly defined tasks and objectives.
   b. Discuss/recommend safety policies and objectives.
   c. Identify unsafe conditions and practices.
   d. Investigate all accidents.
   e. Conduct safety committee meetings and promote safety awareness.
   f. Establish and update safety rules.

3. Clearly Defined and Conspicuously Posted Safety/Loss Prevention Rules (enclose a signed and dated copy).
   a. Hazards are identified and accident prevention rules are clearly communicated.
   b. All employees are made aware of the safety rules.
   c. Safety rules are applicable and updated as needed.

4. All Employees Undergo Safety Awareness and Loss Prevention Training (enclose signed and dated verification of employee safety training).
   a. The supervisor has provided and documented individual job/task safety training.
   b. Ongoing safety meetings are held for all employees and attendance (employee sign-off) recorded.

5. Written Designation of Medical Providers (enclose a signed and dated copy).
   a. Providers are knowledgeable of fee schedules and agrees to honor designated provider agreements.
   b. Providers communicate with the employer on issues such as case management and modified duty.
   c. Employer will keep in contact with the injured worker and will inform employees on matters concerning the designated medical provider.

6. Written Policies and Procedures on Claims Management (enclose a signed and dated copy).
   a. Employer has investigated all incidents for third-party potential (enclose a completed investigation).
   b. Employer ensures that the insurance carrier is contacted in a timely manner and confirms that the employee was working at the time of the accident.
   c. Employer coordinates with the insurance carrier (at least annually) on issues such as loss runs review, outstanding reserves, and employee classification.
   d. Employer, when practicable, institutes a modified duty program in conformance with the attending physician’s restrictions (enclose modified duty documentation).
7. Use the following chart to provide a summary for EACH of the last three full policy periods, and the current policy year-to-date of your organization’s injuries, costs, and total employee hours worked. This information MUST be provided by POLICY period. Information should be taken from insurance carrier loss reports and payroll records. Read the attached instructions before completing.

<table>
<thead>
<tr>
<th>Policy Period</th>
<th>No. of Injuries During Policy Period</th>
<th>Total Costs Incurred on All Claims During Policy Period</th>
<th>Total Employee Hours Worked During Policy Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date</td>
<td>Expiration Date</td>
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8. A currently valued copy (valued no more than 30 days prior to the date of application) of your insurance carrier’s detailed, gross loss reports for the last three full policy years, and the current policy year-to-date MUST be included with this request for certification. Read the attached instructions for further information.

NOTE: An on-site evaluation of the employer’s Cost Containment Program may be conducted.

By signing this request, the contact person affirms that the above requirements have been met and acknowledges the Premium Cost Containment Program may contact the applicant employer’s workers’ compensation insurance carrier to obtain information relative to this request.

Signature of Contact Person

Date

Type or Print Name of Contact Person

E-mail Address

Contact Person’s Telephone Number

Fax Number

PLEASE RETURN THE COMPLETED FORM CONTAINING THE ORIGINAL SIGNATURE OF THE CONTACT PERSON. ATTACH ALL REQUIRED DOCUMENTATION.

Premium Cost Containment Program Board
Division of Workers’ Compensation
633 17th Street, Suite 400
Denver, CO 80202
INSTRUCTIONS FOR COMPLETING ITEMS 7 & 8

Please read before completing Request for Certification form.

ITEM 7 - Summary Chart

1. **Policy Period** is defined as the policy year or partial policy year reflected on loss reports. These periods might not coincide with the calendar year. **DO NOT** convert policy periods to calendar years (i.e., If policy period is shown on loss reports as July 1 - June 30, the policy period should be reported as shown).

2. **Number of Injuries** is defined as the number of claims reported to your insurance carrier. In some cases, this will include reports of injuries that have incurred no costs. *(All injuries should be reported to your carrier, regardless of severity).* OSHA reporting requirements are not a consideration.

3. **Total Costs on All Claims** is defined as the gross incurred amount, and includes both paid and outstanding reserve amounts. This includes medical costs, indemnity costs, and miscellaneous expenses. Deductible amounts paid by the insured employer must also be included in this figure.

4. **Total Employee Hours Worked** is defined as the total number of hours worked by **ALL** employees during each indicated policy period. There is no need to break this figure down into “regular” and “overtime” hours, nor is it necessary to differentiate between “exempt” and “nonexempt” employee hours. Hours **MUST NOT** be extended beyond the valuation date of loss reports (i.e., if loss reports are valued as of June 30, hours worked should be reported only through June 30 even though the date of the application may be July 20).

ITEM 8 - Loss Reports

**Currently Valued** loss reports from your insurance carrier covering the last three full policy periods and the current policy year-to-date must accompany all requests for certification or recertification. In order to be currently valued, **ALL** loss reports must have been printed within thirty days of the date of application.

Only actual detailed, gross valuation loss reports are acceptable. On-line printouts, summary loss reports, and loss reports that do not include deductible amounts are unacceptable for program purposes. Summaries prepared by agents or brokers and in-house accounting program printouts are generally not acceptable.

**Original signatures are required.** Failure to properly complete this request form or provide the required loss reports will delay the processing of your request.

If you have any questions, please contact the Premium Cost Containment Program 303-318-8644.