

WYOMING WORKERS' SAFETY AND COMPENSATION DIVISION
SAFETY DISCOUNT PROGRAM
REQUEST FOR ACCREDITATION

In order to obtain accreditation in the Wyoming Workers Safety and Compensation Safety Discount Program (SDP), it must be confirmed that your written company health and safety program includes the necessary requirements and has been approved by the division (consideration for approval will be based on the date of postmark of the Request and supporting documentation). The health and safety program must be submitted for approval before December 15 to gain eligibility for approval during the following calendar year. Loss ratios will be re-evaluated annually.

Safety Discount Program Requirements

Establish and submit health and safety programs and safe work practices and procedures. Documentation must be provided that clearly shows compliance with each of the following requirements:

1. Declaration (in writing) of a company loss prevention and control policy.
 - a. Demonstrates the support of the top level management.
 - b. Indicates that health and safety are a top priority.
2. Creation of a risk assessment (safety) committee or coordinator.
 - a. Clearly define tasks and responsibilities.
 - b. Perform work site surveys, hazard analysis, and identify unsafe conditions.
 - c. Conducts safety meetings and promotes safety.
 - d. Investigate accidents and incidents, develop preventative measures, and inform management and employees of findings.
3. Clearly define and post loss (accident) prevention rules.
 - a. Identify hazards and clearly communicate safety rules and procedures.
 - b. System for employee input is established.
 - c. Results of periodic inspections and accident/incident investigations are communicated to all levels.
 - d. Safety rules are applicable and updated as necessary.
4. All employees complete loss prevention training.
 - a. There is documented individual job/task training.
 - b. Employees understand hazards, how to protect themselves and use protective equipment as necessary.
 - c. Managers and supervisors explain and enforce safety rules and procedures.
 - d. Training is repeated as necessary.
5. There are written policies and procedures on claims management.
 - a. Employer has investigated all accidents and incidents.
 - b. Employer has notified and filed all applicable forms with the Wyoming Workers' Safety and Compensation Division.
 - c. Employer confirms that the injury was job related.
 - d. Employer institutes a modified job program when recommended by the attending physician.
6. Written policies/procedures establishing a drug-free workplace, which may include an employee assistance program to assist employees with alcohol or other drug problems. These policies shall be posted in a conspicuous place where they may be regularly viewed by employees:
 - a. The policy shall:
 1. Establish that the unlawful use, possession, transfer or sale of illegal drugs or controlled substances and the misuse of alcohol by employees during work hours are prohibited.
 2. Provide an explanation of the consequences of violation of the employer's drug-free policy, which may include a referral for therapeutic help, discipline and/or discharge.
 3. Encourage the designation of totally or partially smoke free workplace.
 - b. Employers shall post a list of community resources that provide substance abuse treatment and prevention services in a conspicuous place where they may be regularly viewed by employees. The Department of Health shall provide the list on the website of the Substance Abuse Division or in hard copy to employers requesting the list.
 - c. Employers are not required to pay the costs of treatment or any other intervention to qualify for the safety discount program.
 - d. Employers enrolled in an approved safety discount program on the effective date of these rules shall have one year from the effective date of these rules to comply with the drug-free workplace requirements.
 - e. Employers enrolling on or after the effective date of these rules shall comply with the drug-free workplace requirements upon enrollment.



(please complete, sign, and return this page)

I hereby request accreditation of our company's health and safety program for the purpose of the Wyoming Workers' Safety and Compensation Safety Discount Program (SDP). I certify that all aforementioned elements of the program are in place and effective. Attached are copies of our program for review. I understand that premium reductions are available only after program approval, one fiscal year of program implementation, and a 10 percent (10%) improvement of our loss ratio position (calculated by the Division).

Company Name

Employer No

NAICS (rate class)

Mailing Address

City, State, Zip

Site Address

Contact Person

Phone

Email

Signature

Please return this completed form and required documentation to:

Wyoming Safety & Compensation Division
Attn: Safety Discount Program
1510 E Pershing Blvd., West Wing
Cheyenne WY 82002