

“Application for Certification
Of Workplace Safety
Committee”
(Form LIBC-372)

COMPLETION GUIDE



DEPARTMENT OF
LABOR & INDUSTRY
COMMONWEALTH OF PENNSYLVANIA

Bureau of Workers' Compensation
Health and Safety Division

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Blank Application is attached.

This guide is intended for general information only and should not be considered as a legal interpretation of Article X of the Pennsylvania Workers' Compensation Act (PA Act 44)

SECTION 1

"APPLICATION FOR CERTIFICATION OF WORKPLACE SAFETY COMMITTEE" FORM LIBC-372

COMPLETION GUIDE

COMMONLY ASKED QUESTIONS:

Who can apply for certification? All Pennsylvania employers are eligible to apply. This includes insured and individually self-insured employers and members of group self-insurance funds. A **separate** application must be submitted for each entity which has its own separate Federal Employer Identification Number (FEIN).

When can I submit my application? Applications are received between 90 and 30 calendar days in advance of the next workers' compensation policy renewal date or self-insurance renewal date. Within 90 days provides "current" application information to be reviewed. Thirty (30) days provides time for the initial review to be conducted, and also allows for any additional information to be obtained and reviewed prior to a final application decision being rendered. Applications received after the policy renewal date or self-insurance renewal date will be returned for resubmission before the next annual renewal period.

What happens if I submit my application before 90 days or after the 30 day period? Your application will be returned, and you will be asked to submit another application with current information between 90 and 30 days of your next policy renewal date.

In what order are applications reviewed? Applications are reviewed in policy renewal date or self-insurance renewal date order and within renewal date by receipt date.

If my application is returned or disapproved, am I still entitled to five 5% premium discounts? Yes. Assuming that you reapply and your application is approved, your entitlement to five discounts is unaffected.

What happens if I forget to complete all sections of the application? Incomplete applications will be returned and only reviewed upon resubmission of an application with all fields completed, and required supporting documentation attached.

How will I be notified of the decision on my application? You will be notified in writing. If your application is approved, you will receive a congratulatory letter and a certificate of certification. If your application is disapproved, you will receive a letter detailing the reasons for disapproval including an explanation as to what is required, for resubmission or questions about submitted information.

**"APPLICATION FOR CERTIFICATION OF WORKPLACE SAFETY COMMITTEE"
FORM LIBC-372**

COMPLETION GUIDE

GENERAL INSTRUCTIONS

Following these instructions will help to speed along the review of your application:

1. Use the actual application form. Providing the information in this manner expedites review. Please do not attempt to create your own form.
2. Please complete all fields.
3. Print legibly or type all information.
4. Submit an original of the application. An original signature must appear on the "Acknowledgements and Agreements" page of the application.
5. Keep a copy of the complete application for your files. If any questions arise during the review of your application, you will be better able to respond if you have all submitted information readily available.
6. Please label all attachments in the upper right hand corner with your FEIN (Federal Employer Identification Number) and the appropriate application section number to which the attachment refers.
7. Please do not include information of a confidential nature in attachments or supporting documentation. (e.g. employee medical information, employee accident reports, employee social security numbers, etc.) Such information will be returned to you and purged from the application file. Feel free to include blank documents which support the existence of a process. For example, an inspection checklist or accident report form used by the safety committee can be submitted as supporting documentation of an existing process.

SECTION 2

"APPLICATION FOR CERTIFICATION OF WORKPLACE SAFETY COMMITTEE" FORM LIBC-372

COMPLETION GUIDE

ORGANIZATIONAL INFORMATION (TOP SECTION)

APPLICANT'S FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

Enter the FEIN number for the applicant firm. An application must be submitted for each entity having its own separate FEIN number.

APPLICANT EMPLOYER NAME

Enter the official company/corporation/employer name. Do not enter "Doing Business As" (dba) company name.

APPLICANT EMPLOYER CONTACT PERSON NAME & PHONE NUMBER

Enter the full name and telephone number of the individual who should be contacted regarding the content of the application. The individual must be an employee of the applicant firm.

STREET ADDRESS, CITY, STATE, ZIP CODE

Enter complete street address for the applicant firm. Enter 2 lines of street address, including P.O. Box, if appropriate.

CURRENT PA WORKERS' COMPENSATION INSURANCE CARRIER

Enter the full name of the insurance carrier providing workers' compensation coverage. **Do not** enter broker, agent or third party administrators (TPA).

If applicant is an **individually self-insured employer**, please enter "Self-Insured" and the assigned Bureau Code. If applicant is a **member of a group self-insurance fund**, please enter the complete, official name of the fund and the Bureau Code assigned to the fund.

CURRENT POLICY NUMBER AND EFFECTIVE PERIOD OF CURRENT POLICY

Enter the policy number and dates of the workers' compensation **policy in effect on the date the application is being signed**. Provide complete month, day, and year.

Individually self-insured employers should enter the dates of their current, annual fiscal year. Members of a group self-insurance fund should enter the dates of their annual fund year.

SIC CODE

Enter the Standard Industrial Classification (SIC) Code which identifies the applicant's type of business you are (e.g. manufacturing, education, transportation). The code can be 2, 3 or 4 digits depending upon the specific classification which is appropriate to an applicant's business. Insurance carriers can provide appropriate SIC codes .

COLLECTIVE BARGAINING AGENT

Provide the name of the labor organization(s) with which current collective bargaining agreements are in place, if applicable. Enter N/A if there are no collective bargaining agreements.

SECTION I - WORKPLACE SAFETY COMMITTEE INFORMATION

SECTION I A:

WORKPLACE NAME

Enter the official name(s) of all Pennsylvania **workplaces** associated with the applicant-employer's FEIN listed on the application. For purposes of safety committee certification, a **workplace** is a permanent Pennsylvania location of the applicant employer at which full-time or permanent part-time workers perform their job duties or from which job assignments are made and administrative controls are exercised. A workplace is distinguished from a **work site** which is defined as a temporary location at which full-time or permanent part-time workers perform their job duties for a limited period of time. Attach additional sheets labeled Section I A as necessary.

Note: When listing workplaces, please do not enter department or work area names such as paint department, maintenance building, or shipping area, etc.

WORKPLACE ADDRESS

Enter the complete street/location address, city, state and zip code for each Pennsylvania workplace. **Do not enter** P.O. Boxes.

NUMBER OF EMPLOYEES

Enter the total number of permanent full-time and permanent part-time personnel at each separate workplace location listed.

COVERED BY SAFETY COMMITTEE(S)

Indicate whether or not each workplace listed is covered by an existing safety committee by checking the "YES" or "NO" box. "Covered by a safety committee" means that there are methods and procedures in place to communicate health and safety-related concerns and suggestions from employees at all applicant-employer locations. Coverage also means that committees act upon these suggestions and communicate results back to all employees. To meet the definition of coverage, it is not necessary for a committee to have a representative from every employer organizational component, but all major job functions should be represented.

SECTION I B:

If a listed workplace **is not covered** by a safety committee as defined above, please provide a thorough written explanation. Attach additional sheets labeled Section I B as necessary.

SECTION I C

A centralized safety committee is a single committee covering multiple employer locations. A single committee is one covering a sole location of the employer. For both of these arrangements, complete Sections II through VIII of the application **only once**.

SECTION I D

If there are separate safety committees at multiple locations, please duplicate Sections II through VIII of the application and complete all information **for each safety committee**.

SECTION II - MEMBERSHIP INFORMATION

SECTION II A

List all of the names and complete street addresses of the workplaces covered by each committee.

SECTION II B

Enter the total number of **permanent** safety committee members. Members must be employees of the applicant company. Guests, consultants, and alternate committee members should not be listed.

SECTION II C & D

Enter the numbers of employee and employer safety committee members which should equal the total number entered in Section II B. A committee must have a minimum of at least four (4) members overall and at least two (2) employee and two (2) employer members. For purposes of safety committee certification, **regardless of job title or labor organization affiliation**, an **employer** 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 or subcontracted employees who are not employees of the employer-applicant firm.

Please Note: A written explanation is required if a majority of committee members are employer representatives. A majority of employee representatives is acceptable without explanation.

SECTION II E

Enter full name, **official job title (NOT department name, general work category, etc.)** and complete workplace address for each committee member. Check the appropriate box designating whether the member is an employee or employer representative. The application allows entry of six (6) safety committee members. If there are more than six (6) members please attach additional sheets with the same information for all additional members and label the attachment as Section II E.

SECTION II F

Briefly describe/list the major functions of the applicant employer (e.g. production, administrative, shipping, clerical, maintenance, etc.) and explain how the configuration of the safety committee represents these various areas. All major functions should be represented and processes should be in place to address health and safety concerns of all employees.

SECTION III - ADMINISTRATIVE INFORMATION

SECTION III A

Enter full date (month, day, and year) on which the committee was formed. **Committees must be in operation for six (6) full, consecutive months prior to the submission of the application.** The committee formation date will be compared to the application signature date to determine if six months have elapsed.

SECTION III B

Enter committee chairperson (and co-chairperson, if applicable) name, official job title and business telephone number.

SECTION III C

Check the box indicating the frequency of committee meetings. Committees must meet at least monthly.

SECTION III D

Enter the full dates (month, day, and year) of the committee meetings held for the six consecutive months **on or before the application signature date.**

SECTION III E

Enter the full date (month, day, and year) of the planned committee meetings for the next 12 consecutive months after the signature date of the application.

SECTION III F

For **ONLY** three of the committee meeting dates listed in Section III D, attach copies of meeting agendas, minutes, and attendance lists. **All three documents must be supplied for each meeting. To be counted as a valid meeting, a quorum (majority) of permanent safety committee members must have been present.** Meeting minutes will be examined for discussion, action and committee involvement in, but not limited to, hazard inspection, accident investigation, and recommendations relating to workplace safety concerns. Please label attachments as Section III F.

SECTION III G

Check the box(es) of the document(s) being enclosed and label the attachment(s) as Section III G and the title of the document. Only one document is required.

SECTION III H

Attach a diagram/chart of the committee's organizational structure. **(Optional)**

SECTION III I

Explain how safety committee and safety-related information is distributed to employees. Examples include: payroll stuffers, circulation/posting of committee minutes, newsletters, work unit meetings, e-mail, bulletin boards, etc.

SECTION IV - INVESTIGATION, INSPECTION, REPORTING PROCEDURES

SECTION IV A

Explain **the committee's involvement** in the areas of hazard inspection, accident investigation, and associated reporting procedures. The explanation should clearly illustrate the committee's role in these and other areas of accident and illness prevention.

SECTION IV B

Check the appropriate box for the document(s) being enclosed. Only one is required. Please label attachments as Section IV B and the title of those items checked.

SECTION V - PERFORMANCE HISTORY

Describe committee activities in the areas listed. The information provided should include a clear description of the committee's involvement in addressing workplace safety concerns, or accidents or incidents (e.g. near misses). Provide the dates of investigation, a written description of committee findings and/or corrective recommendations, and management's responses to committee recommendations. Attach additional sheets as necessary labeled Section V. Please do not refer to any other attached documentation you may be enclosing, but rather duplicate the attachment and label as Section V to expedite the review of your application.

SECTION VI - TRAINING AND EDUCATIONAL ACTIVITY

SECTION VI A

Date: Provide the dates (year, month and day) on which training was held. All committee members must be trained annually, so dates of training listed in the application must be within the 12-month period preceding the signature date of the application. (All new and existing safety committee members must be trained annually).

Topic: Provide the complete and specific title of the training that was conducted.
Note -- At a minimum, all committee members must be trained annually (and before the submission of the application) in three areas: *accident investigation, hazard inspection and safety committee operation.*

Instructor: Enter the complete name of the individual/trainer who conducted the particular training for the specific dates listed. **NOTE: For training to be considered valid, safety committee trainers must meet Department Qualifications. A listing of currently recognized safety committee trainer designations is attached for your reference.**

No. Attending: List the number of safety committee members attending each session listed. Do not include in your count individuals other than official safety committee members who attended training sessions.

SECTION VI B

Provide **detailed descriptions** of the content of **each** of the types of training that were conducted. Please label attachments as Section VI B.

Such information should respond to the following (though not limited to) types of questions respective to the three listed topics:

Accident Investigation: Were all committee members trained in how to actually conduct investigations? (e.g. prompt investigation initiation; interviewing the injured employee/witnesses/supervisors/foreman; assessing accident causes; formulating recommendations for immediate and long term hazard correction; formulating/prioritizing recommendations for management consideration; etc.)

Hazard Inspection: Were all committee members trained in how to actually conduct inspections? (e.g. reviewing processes/equipment /work locations for unsafe conditions; gathering/reviewing comments/suggestions from employees; recording/reporting results; formulating recommendations; monitoring implementation; etc.) Do committee members conduct inspections periodically? Do they review results for possible recommendation of corrective actions?

Safety Committee Operation: Were all committee members trained? What were the specific areas involved in the training? (e.g. roles and responsibilities; assignments of duties; committee structure; assignment and follow-up of action items; communication of safety-related information; setting priorities; formulating recommendations; etc.)

SECTION VI C

List all **official** safety committee members who were trained in the training sessions listed in Section VI A. Please provide complete name, official job title, training dates (year, month and day) and the total time (i.e. hours, days, weeks) for each individual listed. The application allows entry of five (5) safety committee members. If there are more than five (5) members, please attach additional sheets with the same information for all additional members and label the attachment as Section VI C.

SECTION VI D

Enter the complete name of each instructor providing training in the three required areas. For each instructor enter the specific Department-recognized credential or designation held, from the list of recognized qualifications attached. If the instructor has been assigned an official Qualified Accident and Illness Prevention Service Provider Identification Number, enter this number.

SECTION VI E

Provide a complete description of educational and promotional safety-related activities conducted by the safety committee.

SECTION VII - MANAGEMENT INVOLVEMENT

SECTION VII A & B

Check the appropriate boxes in response to the questions asked.

SECTION VII C

Please provide a thorough explanation for any category in Section A or B for which a "no" box was checked.

SECTION VII D

Attach a copy of published company health or safety standards. **(Optional)**

SECTION VIII - COMMITTEE ACCOMPLISHMENTS

Describe at least three of the committee's major accomplishments that occurred in the six (6) months preceding the applicant signature date. Please label attachments as Section VIII.

ACKNOWLEDGEMENTS AND AGREEMENTS

Date: Enter the date the application is signed.

Signature: The application must be signed by a designated individual employed by the applicant-employer or, if a corporation, an official of the applicant-employer. An original signature is required on the submitted application. A photocopied signature is not acceptable. An application submitted without an original signature will not be considered as an official application submission, and will be returned to the applicant for resubmission.

Title/Position: Enter the full, official title of the individual signing the application. The signatory must be an employee or an official of the applicant-employer.

Applicant's Name: Please type or legibly print the full, official name of the applicant employer.

By signing the Acknowledgments and Agreements page, the signatory is verifying that: the facts set forth in the attached Application for Certification of Workplace Safety Committee are true and correct and that the safety committee, if granted certification approval, will continue to operate according to all initial certification requirements. (All information submitted on an initial application or renewal affidavit is subject to verification).

ACCIDENT & ILLNESS PREVENTION SERVICE PROVIDER QUALIFICATIONS

Qualification Requirements:

To be qualified as an Accident & Illness Prevention Service Provider within the meaning of Section 1001(a) of the Act (Act), (7 P.S. §1038.1 (a)), a person shall:

- A.** *Possess one or more of the qualifications listed below AND have two years of acceptable health and safety experience as defined.* Verification and proof of the qualification of all services providers is the responsibility of the reporting organizations employing or contracting with the provider(s). The reporting organization is also responsible for appropriate record keeping and retention;

or, if not currently in possession of a recognized qualification,

- B.** *Request “In-Service Status” which allows a provider currently furnishing services up to five (5) years to obtain one of the recognized qualifications and the required two years of acceptable health and safety experience.*

Individuals granted “In-Service Status” must, during the time a qualification is being obtained, be under the direction of a fully qualified service provider. If, after five (5) years, an “In-Service Status” provider has not obtained a recognized qualification, and submitted acceptable proof to the Bureau, the provider will not be permitted to provide Accident & Illness Prevention Services, as required by the Act, for any insurer, self-insured employer, or group self-insurance fund until a recognized qualification and required experience have been obtained.

Bureau-Recognized Qualifications:

To be qualified as an Accident and Illness Prevention Service Provider within the meaning of the Act, a person shall obtain one or more of the following qualifications **AND have two years of acceptable safety experience.**

- (1) *Certification as a Medical Doctor (M.D.) in Occupational Medicine granted by the American Board of Preventive Medicine (ABPM).*
- (2) *Certification as an Industrial Hygienist (CIH) granted by the American Board of Industrial Hygiene (ABIH).*

- (3) *Certification as a Safety Professional (CSP)* granted by the Board of Certified Safety Professionals (BCSP).
- (4) *Certification as an Industrial Hygienist in Training (IHIT)* granted by the American Board of Industrial Hygiene (ABIH).
- (5) *Certification as an Associate Safety Professional (ASP)* granted by the Board of Certified Safety Professionals (BCSP).
- (6) *A Bachelor's Degree, Master's Degree, or Doctoral Degree in safety* earned from an accredited program within an accredited college or university.
- (7) *A Bachelor's Degree, Master's Degree, or Doctoral Degree in science or engineering with a major concentration in occupational/industrial safety and health* from an accredited program within an accredited college or university.
- (8) *Certification as an Occupational Health Nurse (COHN)* granted by the American Board for Occupational Health Nurses (ABOHN).
- (9) *Certification as an Occupational Health and Safety Technologist (COHST)* granted by the American Board of Industrial Hygiene (ABIH)/Board of Certified Safety Professionals (BCSP) Joint Committee.
- (10) *An Advanced Safety Certificate (ASC)* earned from the National Safety Council's Safety Training Institute
- (11) *An Associate in Loss Control Management (ALCM)* earned from the Insurance Institute of America (IIA).
- (12) *An Associate Risk Management (ARM)* earned from the Insurance Institute of America (IIA).
- (13) *Certification as a Safety Executive (SE), Safety Manager (SM), or Safety Specialist (SS)* granted by the World Safety Organization (WSO).
- (14) *Certification as a Professional Ergonomist (CPE)* granted by the Board of Certification of Professional Ergonomist (BCPE).

Two Years of Acceptable Experience:

The 2 years of accident and illness prevention experience required, shall include current, full-time professional experience providing accident and illness prevention services which accounts for at least 60% of the individuals activities. Acceptable activities include: identifying hazards, conducting safety and health surveys, providing corrective recommendations, analyzing accident causes, and recommending or providing industrial hygiene and industrial health surveys and consultations.



DEPARTMENT OF
LABOR & INDUSTRY
COMMONWEALTH OF PENNSYLVANIA

**Bureau of Workers' Compensation
Health and Safety Division
1171 South Cameron Street, Room 324
Harrisburg, PA 17104-2501
E-mail: ra-li-bwc-safety@state.pa.us**

(717) 772-1635

www.dli.state.pa.us

Fax: (717) 772-1639

Dear Employer:

You have reached the Department of Labor & Industry's Application for Certification of Workplace Safety Committee.

As provided for under Act 44 of 1993, which amends the Workers' Compensation Act (Act), an employer may apply to the Department for certification of a safety committee established in its workplace for the purpose of hazard detection and accident prevention. Under Section 1002(b) of the Act, those employers who receive certification for their workplace safety committees are entitled to receive an initial 5 percent discount in their workers' compensation insurance rates for one year effective upon renewal of their insurance policy. Once granted initial certification, the Act also permits employers annual 5 percent premium discounts upon certification renewal.

Please note that a 5 percent discount is only available to employers who insure their workers' compensation liability. It is not available to employers who are exempt from the necessity of obtaining insurance under Section 305 of the Act (referred to as self-insurance status), unless the employer is a member of a group self-insurance fund which has approved granting individual members a 5 percent discount to the member's annual contributions.

If your workplace safety committee is certified, the Department will issue you a letter of certification. This letter shall be provided to your insurance carrier to notify them that your safety committee has been certified by the Department and that you are therefore entitled to the 5 percent reduction of your workers' compensation insurance rates at the next renewal of your policy.

Please be advised that if any required information is missing from the application, the entire application will be returned to you. At that time, you will be advised of the missing information and you will have the opportunity to resubmit your application with the requested information in order that your safety committee becomes properly certified.

Also, be advised that upon certification of your workplace safety committee, the Department will notify the Pennsylvania Compensation Rating Bureau.

PLEASE NOTE: Applications must be submitted to the Bureau of Workers' Compensation for review between 90 and 30 calendar days of your next workers' compensation policy renewal date.

Please complete the accompanying application, sign the Acknowledgments and Agreements page, and send the application, the Acknowledgments and Agreements sheet, and attachments to the address listed below:

Regular and Overnight Mailing Address

Department of Labor & Industry
Bureau of Workers' Compensation
Health and Safety Division, Certification Section
1171 South Cameron Street, Room 324
Harrisburg, PA 17104-2501

The Department of Labor & Industry looks forward to working with you on implementing one of our major priorities.

If we can offer any assistance or should you have any questions or comments, please contact the Certification Section at (717) 772-1635 or e-mail: ra-li-bwc-safety@state.pa.us.

Sincerely,

Scott G. Weiant
Manager, Certification/Education Section
Health and Safety Division
Bureau of Workers' Compensation

APPLICATION FOR CERTIFICATION OF WORKPLACE SAFETY COMMITTEE



Form Reviewed and Approved
 By National Safety Council

RETURN APPLICATION (PAGES 1 THRU 5)

Applicant's Federal Employer Identification Number	Current PA Workers' Compensation Insurance Carrier
Applicant Employer Name	Current Policy Number
Applicant Employer Contact Person Name & Phone No.	to
Street Address	Effective Period of Current Policy
City State Zip Code	NAICS Code
	Collective Bargaining Agent (if applicable)
	Collective Bargaining Contact Person Name & Phone No. (if applicable)

NOTICE TO APPLICANT: The Department requires that in order for your workplace safety committee(s) to be certified, you must show that it has operated effectively for a period of at least six (6) months.

DLI Use Only Yes No	Please provide the following information. Attach additional sheets where necessary. Write Federal Employer Identification Number on top right corner of each attachment.																																										
<input type="checkbox"/> <input type="checkbox"/>	Section I. Workplace Safety Committee Information																																										
<input type="checkbox"/> <input type="checkbox"/>	A. Provide the following on all of the applicant's Pennsylvania workplaces:																																										
	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 10%;">NO. OF EMPLOYEES</th> <th colspan="2" style="text-align: center;">Covered By Safety Committee(s)</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">4.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">5.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		NAME	ADDRESS	NO. OF EMPLOYEES	Covered By Safety Committee(s)						YES	NO	1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																						
<input type="checkbox"/> <input type="checkbox"/>	B. If the workforce at one or more of your Pennsylvania workplaces is not covered by a safety committee, please explain.																																										
<input type="checkbox"/> <input type="checkbox"/>	C. If there is only one safety committee at the workplace or if there is a centralized safety committee covering multiple workplaces, then complete Sections II through VIII for that one safety committee.																																										
<input type="checkbox"/> <input type="checkbox"/>	D. If there are multiple and separate safety committees covering your workforce, then duplicate, complete and attach a separate set of Sections II through VIII for each separate safety committee.																																										

BUREAU USE ONLY

Section II. Membership Information

A. Workplace(s) covered by this separate safety committee:

	NAME	ADDRESS
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

B. Total number of safety committee members: _____

C. Number of employee representatives (at least two): _____

D. Number of employer representatives (at least two): _____

E. Please list committee membership (use additional sheets if necessary):

	NAME	JOB TITLE	WORKPLACE ADDRESS	(Please check one)	
				EMPLOYEE REP.	EMPLOYER REP.
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

F. Explain how the membership of the safety committee reflects the major job functions of the workplace(s) that it covers.

Section III. Administrative Information

A. Date committee formed: _____

B. Committee Chairperson: _____
NAME TITLE PHONE NO.

Committee Co-chairperson: _____
NAME TITLE PHONE NO.

C. Schedule of committee meetings (please check one): Weekly Bi-weekly Monthly

D. List dates of committee meetings held during the preceding six-month period.

- E. List dates of proposed committee meetings to be held during the next 12-month period (if available).
- F. Attach copies of the following for at least three meetings listed in item D: meeting agendas, meeting minutes and attendance lists.
- G. Attach a copy of any of the following documents which govern or prescribe committee duties.
Please check appropriate box(es). By-laws Rules Duties Policy Document
 Charter Goal/Mission Statement Other
- H. Attach a copy of the committee's organization structure (if appropriate).
- I. Describe method or procedure for communication of safety-related information between employer and employee personnel.

Section IV. Investigation, Inspection, Reporting Procedures

- A. Describe the committee's inspection/investigation/reporting procedure:
- B. Please attach copies of one or more of the following documents. Check appropriate box(es).
- 1. Safety rules recommended by the committee.
 - 2. Accident investigation and reporting procedures.
 - 3. Employee complaint and disciplinary procedure on workplace safety.
 - 4. First-aid and emergency response procedures.
 - 5. Workplace injury and illness reports.
 - 6. Workplace inspection procedures, reports and corrections.
 - a. Inspection schedule(s).
 - b. Inspection reports and other documents reporting workplace hazards and corrective recommendations.
 - c. Reports or documents showing follow-up for corrections.
 - 7. Other reports used by the committee.

Section V. Performance History

- A. Identify specific workplace concerns, incidents or accidents the committee has investigated. Please provide dates of investigation, committee findings and management's response(s). If management's response was written, please attach a copy(ies).

Section VI. Training and Educational Activity

A. Describe the training provided to committee members within the last calendar year.

	DATE	TOPIC	INSTRUCTOR	NO. ATTENDING
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

B. Describe the specific content of the training program. (NOTE: The content should address accident and illness prevention generally, and safety and health concerns specific to the business of the employer.)

C. List committee members who were trained.

	NAME	TITLE	TRAINING DATE(S)	TOTAL TIME
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

D. Identify the instructor(s).

	NAME	CREDENTIALS	PHONE NO.	TRAINING ORGANIZATION (IF APPLICABLE)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

E. Describe educational and promotional activities performed by the committee for all employees. Attach copies of pamphlets, posters, etc., if available.

Section VII. Management Involvement

A. Is the committee authorized to do the following:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Recommend safety and health goals..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Monitor the implementation of safety and health goals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Monitor the enforcement of safety and health goals/standards in the workplace..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. Does the committee have the resources to do the above? (e.g. financial, personnel, equipment, etc.)..... Yes No

C. If you answered "No" to any of the items in question A, please explain.

D. Attach a copy of company policy standards on safety and health (if available).

Section VIII. Committee Accomplishments

A. List the accomplishments of the committee during the past six months. Please provide specific examples.

ACKNOWLEDGMENTS AND AGREEMENTS

In consideration of the approval of this application for certification of a Workplace Safety Committee, the applicant expressly agrees and acknowledges the following:

1. To comply with all provisions of the Workers' Compensation Act and the guidelines, rules and regulations promulgated to explain and enforce Section 1002 of the Act;
2. That the Safety Committee has been created in good faith for the purpose of preventing accidents and illness in the workplace and to detect and correct hazards in the workplace;
3. That the Safety Committee is permanent and will not be disbanded by the employer except for valid business reasons;
4. That this applicant has not previously received the five percent discount in its Workers' Compensation insurance rates resulting from the certification of its Safety Committee by the department;
5. That the department reserves the right to verify any information submitted on this application for the purpose of certifying the Safety Committee;
6. That false statements contained on this application may result in revocation of certification and/or the imposition of sanctions by the department which may result in the assessment of penalties;
7. That, if the Safety Committee is certified, the department will provide notification to the Pennsylvania Compensation Rating Bureau, as well as the applicant employer;
8. That final approval of an application shall be at the discretion of the department and shall be conditioned upon the applicant's completing all information as required on the application; and
9. 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.

This application must be signed by the applicant or, if a corporation, an official thereof.

I, the undersigned, verify that the facts set forth in the attached 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.

DATE

SIGNATURE

TITLE/POSITION

APPLICANT'S NAME (please print)

- DID YOU? COMPLETE THE APPLICATION FORM
 ATTACH ALL REQUESTED INFORMATION
(Write Federal Employer Identification Number on top right corner of all attachments.)
 SIGN THE ACKNOWLEDGEMENTS AND AGREEMENTS SHEET
 STAPLE ALL FORMS TOGETHER

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