

**RMWCP PREMIUM REDUCTION PROGRAM
DISCOUNT AUDIT 2015**

Please indicate your progress in the program by placing a check mark in the appropriate box.

Accident Investigation Program						
COMPONENTS	ACTION REQUIRED	LEVEL OF COMPLETION				
		None	Some but Inactive	In Progress	Completed	Estimated Date Completion
Written Accident Investigation Program	Accident investigation reports are signed by all employees involved.					
	An accident investigation is completed for all filed Workers Compensation claims and includes: <ul style="list-style-type: none"> • Root Cause analysis that identifies corrective action(s). • Corrective implemented with closure dates identified. 					
	Upper Level Management has a documented process by which corrective action(s) are monitored to ensure both the effectiveness and timeliness of implementation.					
	Annual performance evaluation of the employer's accident investigation program is conducted by the agency's Workers Compensation Coordinator or designee.					
Documentation	The following documents are available for review: <ol style="list-style-type: none"> a) Written Accident Investigation Policy. b) Accident Investigation and Near Miss Reports. c) Corrective Action(s) Identified and implemented. d) Supporting documentation, how Risk Management reporting requirements are communicated to all employees annually. 					

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ADDITIONAL COMMENTS:

Please attach the following documentation:

First Year of Participation - Written Accident Investigation Policy

Second Year of Participation - One completed accident investigation report that includes root cause analysis and identifies corrective actions.

AGENCY/FACILITY: _____

By my signature, I acknowledge and understand the outlined requirements of the program. Risk Management may audit each program annually to determine if requirements have been met. Audits may be performed at the discretion of Risk Management by phone, mail, internet or on-site visit.

Signature: _____ Date: _____