

**RMWCP PREMIUM REDUCTION PROGRAM  
DISCOUNT AUDIT 2019**

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

<b>Accident Investigation Program</b>						
<b>COMPONENTS</b>	<b>ACTION REQUIRED</b>	<b>LEVEL OF COMPLETION</b>				
		<b>None</b>	<b>Some but Inactive</b>	<b>In Progress</b>	<b>Completed</b>	<b>Estimated Date Completion</b>
<b>Written Accident Investigation Program</b>	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"> <li>• Root Cause analysis that identifies corrective action(s).</li> <li>• Corrective implemented with closure dates identified.</li> </ul>					
	Upper Level Management has a documented process by which corrective action(s) are monitored to ensure both the effectiveness and timeliness of implementation.					
<b>Documentation</b>	The following documents are available for review on request: <ol style="list-style-type: none"> <li>Written Accident Investigation Policy.</li> <li>Accident Investigation and Near Miss Reports.</li> <li>Corrective Action(s) Identified and implemented.</li> <li>Supporting documentation, how Risk Management reporting requirements are communicated to all employees annually.</li> </ol>					

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**ADDITIONAL COMMENTS:**

**Please attach the following documentation:**

**First Year of Participation:** Written Accident Investigation Policy/Procedure

**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: \_\_\_\_\_