

Risk Management Workers Compensation Premium Reduction Program Self-Audit Form 2020

Please indicate your progress in the program by circling the number in the appropriate box.

Premium Reduction Program	Not Implemented	Partially Implemented	Implemented with Only Minor Deficiencies	Fully Implemented	Evidence of Implementation
Ergonomics Program	0	1	2	3	<ul style="list-style-type: none"> • Written Ergonomics Policy • Clearly Documented Training • Written Claims Management Procedures
Designated Medical Provider/Return to Work Program	0	1	2	3	<ul style="list-style-type: none"> • Transitional Job offer letter • DMP acknowledgement form • Return-to-Work Policy • Transitional Duty Guide/Process • Clearly Documented Training • P18 form sent to WSI
Incident Investigation Program	0	1	2	3	<ul style="list-style-type: none"> • Policy or written directive to employees that all incidents must be reported on-line to Risk Management within 24 hrs.
Safe Lift Program	0	1	2	3	<ul style="list-style-type: none"> • Policy Statement • Clearly Documented Training
Hazard Identification and Control Program	0	1	2	3	<ul style="list-style-type: none"> • Written hazard identification Policy • Safety Training Program (as defined by program requirement two) • Clearly Documented Training
Slips, Trips and Falls Program	0	1	2	3	<ul style="list-style-type: none"> • Formal Procedures for maintaining walking and working surfaces, reporting hazards and incidences, program responsibility and accountability have been established and communicated to employees.

Please refer to the [Premium Reduction Program Requirements](#) when completing your self-audit.

Risk Management Workers Compensation Premium Reduction Program
Self-Audit Form 2020

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. In the event, a Risk Management audit occurs, be prepared to provide requested evidence of implementation of each program your agency/facility is participating.

Signature: _____

Date: _____

Due Date: No later than June 30th of the premium period.

Continued Participation Reminder: State agencies must complete an application within 60 days after the beginning of the RMWCP premium period. (No later than August 29th) Select the RMWCP Premium Reduction Program (s) your agency/facility will be participating in, sign, and date the application form. Retain a copy for your records and e-mail, mail or fax the original to Risk Management.



Application