

**RMWCP PREMIUM REDUCTION PROGRAM
DISCOUNT AUDIT 2019**

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

Ergonomic Program

COMPONENTS	ACTION REQUIRED	LEVEL OF COMPLETION				
		None	Some but Inactive	In Progress	Completed	Estimated Date of Completion
Management Commitment and Leadership	Management visibly supports the ergonomics process (e.g., written support).					
Develop and Document Goals, Objectives and Action Plan	The structural components of the ergonomics process have been identified and documented.					
	Clear goals have been identified and documented.					
	An action plan to accomplish these goals has been identified and documented.					
	Roles and responsibilities have been identified and documented.					
	A method is in place to hold individuals accountable for their defined responsibilities.					
	A method and timeline has been established to evaluate the action plan for needed updates.					
Inform all Employees of the Ergonomic Process	All employees have been educated on the ergonomics process and the action plan.					
	A plan has been established to provide refresher training for all employees on a regular basis.					

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Ergonomic Risk Factor Identification and Control	A method is in place (or criteria established) to prioritize jobs for ergonomic work-site analysis.					
	Current and new employees have been provided information on: <ul style="list-style-type: none"> • How to recognize the signs and symptoms of MSDs, and the importance of early reporting. • Hazards that are likely to be causing or contributing to MSDs. • How to report signs and symptoms of MSDs and make recommendations. 					
	Ergonomic work-site analysis techniques have been established to identify existing and potential risk factors.					
	Control strategies have been developed from which solutions can be generated.					
	A process is in place that includes: <ul style="list-style-type: none"> ▪ Efficient record keeping; ▪ Early reporting of signs and symptoms; ▪ Appropriate medical evaluation; ▪ Prompt treatment; ▪ Aggressive return-to-work policy; ▪ Efficient claims monitoring; and, ▪ Regular communication (verbal, written, or both) exists between person(s) responsible to medical management and the supervisors. 					

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Program Evaluation	A method to update the ergonomics process has been developed.					
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DOCUMENTATION REQUIRED:

First Year of Participation: COPY OF AGENCY ERGONOMIC POLICY/PROCESS

Continued Participation: A written statement only as to the type and/or title of the ergonomic training provided to employees (please state below). Copies of training records are not required. **If there any additional ergonomic training topics you would like addressed at the next Risk Management Seminar email me be at drwaliser@nd.gov.**

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: _____