

**RMWCP PREMIUM REDUCTION PROGRAM  
DISCOUNT AUDIT 2019**

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

<b>Hazard Identification and Control 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 of Completion</b>
<b>The agency shall develop and implement a hazard identification program that identifies, corrects, and controls physical hazards and safety system deficiencies.</b>	Written procedures have been developed that outline the implementation of the program.					
	At least one inspection of the workplace has been conducted this premium period.					
	Inspection reports are applicable and encompass the hazards associated with the agency's operation and workplace.					
	A review and signoff process by upper level management on all inspection and corrective action reports has been developed.					
	An annual performance evaluation of the Hazard Recognition Program has been conducted by the Agency's Risk Management Workers Compensation contact.					

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<b>Training Administrative Control Measure</b>	The agency has develop a safety training program for all levels of employees that provides employees with adequate knowledge to avoid agency identified hazards associated with job-related activities, material, equipment and tools.						
<b>Documentation of all safety related training</b>	All training is clearly documented.						

**First Year of Participation Only: Please attach the following documentation:**

1. The written hazard recognition program policy/procedure.
2. Completed Inspection Documents including identified correction actions and implementation dates.
3. Performance evaluation report.
4. Indicate below whether or not the following is included in your agency's Safety Training Program:

TOPIC	YES	NO
Employer Safety Policy		
General Safety Rules- identifying hazards such as, motor vehicle, mail package handling. Electrical, ladder, slip, trips and falls.		
Safe Operating Procedures		
Accident Investigation and Near Miss Policy		
Essential Job Functions		
Ergonomic Hazards		
Self-Inspection Program		
Chemical Hazard awareness		
Incident and Injury Reporting		
Designated Medical Provider/Return-to-Work		
Risk Management Online Incident Reporting		
Reporting safety concerns, hazards, and near-misses		
Transitional Duty		
Emergency Response Procedures		
Conducting an investigation		

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**Continued Participation:** No additional documentation required.

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