

**RMWCP PREMIUM REDUCTION PROGRAM
DISCOUNT AUDIT 2019**

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

Safe Lift Program						
COMPONENTS	ACTION REQUIRED	LEVEL OF COMPLETION				
		None	Some but Inactive	In Progress	Completed	Estimated Date of Completion
Agency Requirements	Policy Statement has been developed indicating: <ul style="list-style-type: none"> • All employees whose job duties involve lifting will receive proper training in lifting techniques. • That all employees will be provided with proper education regarding the mechanics of the back and measures that can be taken to protect the back from injury. 					
	Loss history as it relates to lifting injuries has been reviewed.					
	A facility-wide audit has been conducted and work tasks identified that could cause or contribute to a lift-related injury. Findings have been documented.					
	Corrective actions as a result of loss history review have been identified.					
	An action plan has been developed which includes information obtained from loss history and facility-wide audit.					
	Top level management approval has been secured for implementation of action plan.					

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Please attach the following documentation:

FIRST YEAR OF PARTICPATION: Safe Lift Policy/Statement

CONTINUED PARTICIPATION: A written statement only as to the type and/or title of Safe Lift/Back Safety training provided to employees. (Please state below). Copies of training records are not 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: _____