

**RMWCP PREMIUM REDUCTION PROGRAM
DISCOUNT AUDIT 2019**

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

Slip, Trip and Fall Program						
COMPONENTS	ACTION REQUIRED	LEVEL OF COMPLETION				
		None	Some but Inactive	In Progress	Completed	Estimated Date of Completion
Key Risk Areas have been Identified and Goals set for Improvement	Incidences have been reviewed and areas in need of improvement have been identified. Consideration has been given for weather, cleaning activities, accidental spills, water leaks, and uneven surfaces.					
Communication Procedures have been established	The agency has defined formal procedures for maintaining walking and working surfaces, reporting hazards and incidences, program responsibility and accountability.					
	Procedures have been communicated to all employees to provide visible management involvement in the injury prevention process.					

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<p>Appropriate staff have been trained</p>	<p>Training has been provided that communicates the agencies safety commitment, while ensuring employees have the proper skills to identify and eliminate potential hazards. Essential training has been provided at all levels, including management. A plan for ongoing refresher training has been established to help employees remember those skills and implement the program effectively.</p>					
<p>Correction of Unsafe Conditions</p>	<p>A method to provide timely response to all walking and working surface deficiencies has been developed and implemented.</p>					
<p>Perform Effective Accident Investigations</p>	<p>An accident investigation team has been established and trained to determine the root cause of each slip, trip and fall accidents and to make recommendations to prevent reoccurrence.</p>					
	<p>The investigation team has reviewed accident trends to help focus on their injury prevention efforts.</p>					

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Please attach the following documentation:

FIRST YEAR OF PARTICIPATION

1. Formal procedures/policy for maintaining walking and working surfaces, reporting hazards and incidences, and defining program responsibility and accountability.

CONTINUED PARTICIPATION: A written statement only as to the type and/or title of 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: _____