

## Workplace Safety and Loss Prevention Incentive Program Safety Incentive Program - section 1.13 of ICR 60 Evaluation Report

An employer must file an application for the Department of Labor's (DOL) approval of a Workplace Safety and Loss Prevention Incentive Program (WSLPIP) credit. The application must include an Evaluation performed by a certified Specialist or the DOL. The Evaluation report will review the required elements of the specific incentive program for which the employer is applying, assess the employer's compliance, and make recommendations for the implementation of the program.

Evaluation date: \_\_\_ / \_\_\_ / \_\_\_\_ Report date: \_\_\_ / \_\_\_ / \_\_\_\_

Implementation date of Safety Incentive Program: \_\_\_ / \_\_\_ / \_\_\_\_

### Section A: Employer Information

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ NAICS: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Number of employees: \_\_\_\_\_

FEIN: \_\_\_\_ - \_\_\_\_\_

### Section B: Workers' Compensation Insurance Information

Provide the information for the workers' compensation policy for which you are seeking the incentive credit. Fill out one report per policy.

Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Annual policy renewal date: \_\_\_ / \_\_\_ / \_\_\_\_ Experience rating (current policy year): \_\_\_\_\_

Annual insurance premium: \_\_\_\_\_ Contact person: \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail address: \_\_\_\_\_ Policy number: \_\_\_\_\_

Experience rating (previous policy year): \_\_\_\_\_ Check box if self-insured

Annual security deposit (if self-insured): \_\_\_\_\_

**Section C: Company Location(s) Information**

Give the physical address for all locations covered by the workers' compensation policy listed in Section B. Use Appendix A (SH 933) to list additional locations.

Company Location	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		

**Section D: Employee Representative(s) Information**

Use Appendix A (SH 933) to list additional employee representatives.

Employee Representative (#1):	Bargaining Unit (if applicable):
Work location:	Phone number: (____) ____ - _____
Employee Representative (#2):	Bargaining Unit (if applicable):
Work location:	Phone number: (____) ____ - _____
Employee Representative(#3):	Bargaining Unit (if applicable):
Work location:	Phone number: (____) ____ - _____

**Section E: Synopsis of Employer**

Describe the employer's primary business activity at the locations in which the program has been implemented.

**Section F: Review of Employer Safety Incentive Program**

A Safety Incentive Program seeks to prevent occupational illnesses and injuries by identifying, preventing, evaluating, and controlling workplace hazards. To qualify for an incentive, a Safety Incentive Program shall be documented in writing and communicated in languages and methods clearly understood by all employees. The final, approved Safety Incentive Program plan shall be provided to the designated employee representative(s) in each workplace location or to the recognized representative of each collective bargaining unit, where applicable, and shall be made available to all employees upon request.

**Program Element #1**

Policies, procedures, and practices that: (i) identify, uncover, and evaluate occupational safety and workplace health hazards; (ii) minimize or eliminate known or suspected occupational safety and workplace health hazards; (iii) protect employees from occupational safety and workplace health hazards; (iv) ensure managements role and leadership in promoting workplace safety and health throughout the organization through the maintenance and promotion of the policies and procedures designed to improve workplace safety and health; and (v) communicate the nature of safety and health hazards to employees.

Does this program element meet the Department’s requirements? Yes No

Did you make any recommendations to implement program element #1? Yes No

Please provide an assessment of the employer’s compliance with this program element and list any recommendations you made for the program’s implementation of this element.

**Program Element #2**

Communication of the goals of the Safety Incentive Program and the mechanisms which will be utilized to achieve the goals so that all personnel will understand that management is committed to workplace safety.

Does this program element meet the Department’s requirements? Yes No

Did you make any recommendations to implement program element #2? Yes No

Please provide an assessment of the employer’s compliance with this program element and list any recommendations you made for the program’s implementation of this element.

**Program Element #3**

Assignment and communication of roles and responsibilities for all aspects of the Safety Incentive Program to managers, supervisors, and employees. The assignment of responsibilities shall be accomplished through written notification. The notification shall also articulate the means by which managers, supervisors and employees will be held accountable for implementing the Safety Incentive Program. The written notification must provide a designated contact or contacts that will be available to answer questions regarding any practice or procedure implemented by the employer.

Does this program element meet the Department’s requirements? Yes No

Did you make any recommendations to implement program element #3? Yes No

Please provide an assessment of the employer’s compliance with this program element and list any recommendations you made for the program’s implementation of this element.

**Program Element #4**

A mechanism to conduct on-going workplace safety inspections so that new or previously identified workplace hazards may be minimized or eliminated through the use of safe work practices, investment in equipment, engineering or administrative controls. On-going safety inspections shall be conducted with a frequency necessary to be effective.

Does this program element meet the Department's requirements?                      Yes    No

Did you make any recommendations to implement program element #4?                      Yes    No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

**Program Element #5**

Assurance that all workers at every site covered by the Safety Incentive Program are provided with appropriate and effective safety protections, including appropriate personal protective equipment that is properly used and maintained in good condition at all times.

Does this program element meet the Department's requirements?                      Yes    No

Did you make any recommendations to implement program element #5?                      Yes    No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

**Program Element #6**

Employee involvement in the structure and operation of the Safety Incentive Program to facilitate their commitment to achieving its goals and objectives. Employee involvement shall be accomplished through the designation of one or more employee representative(s) at each site where the Safety Incentive Program will be implemented or through the recognized representative of each collective bargaining unit, where applicable.

Does this program element meet the Department's requirements?                      Yes    No

Did you make any recommendations to implement program element #6?                      Yes    No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

**Program Element #7**

Appropriate training for managers, supervisors, and employees that shall enable them to: (i) accomplish the tasks and responsibilities assigned to them under the approved Safety Incentive Program; (ii) recognize potential hazards; (iii) maintain safety protection in the work area; and (iv) reinforce employee safe work practices and the use of required protective measures.

Does this program element meet the Department's requirements?                      Yes    No

Did you make any recommendations to implement program element #7?                      Yes    No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

**Program Element #8**

A reliable procedure by which employees may notify management personnel, without fear of reprisal, of conditions that appear hazardous or are not in compliance with the policies of the Safety Incentive Program.

Does this program element meet the Department's requirements?                      Yes    No

Did you make any recommendations to implement program element #8?                      Yes    No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

**Program Element #9**

A reliable procedure to respond to safety and health hazards in a timely and appropriate manner. Implement new or improved safety procedures that follow a hierarchy of controls, first using an appropriate combination of engineering and administrative controls to eliminate or minimize the hazard and then requiring employees who have exposure to the hazard to use personal protective equipment. Personal protective equipment must be designed to match the particular hazard and reduce the exposure of employees to that hazard.

Does this program element meet the Department's requirements?                      Yes    No

Did you make any recommendations to implement program element #9?                      Yes    No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

**Program Element #10**

Investigation of accidents to identify the root cause(s) of the hazard(s) and prevent reoccurrences.

Does this program element meet the Department's requirements?                      Yes    No

Did you make any recommendations to implement program element #10?                      Yes    No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

**Program Element #11**

A means to evaluate or analyze accident, injury and illness trends or data over time, in order to identify patterns and develop strategies for accident reduction and elimination. Such analysis should illustrate the effectiveness (or lack thereof) of any modification(s) to achieve the desired results.

Does this program element meet the Department's requirements?                      Yes    No

Did you make any recommendations to implement program element #11?                      Yes    No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

**Program Element #12**

A written emergency action plan that includes, at a minimum, procedures for reporting a fire or other emergency; procedures for emergency evacuation including type of evacuation and exit route assignments; procedures to be followed by employees who remain to secure critical plant operations before they evacuate; procedures to account for all employees after evacuation; and procedures to be followed by employees performing rescue or medical duties.

Does this program element meet the Department's requirements?                      Yes    No

Did you make any recommendations to implement program element #12?                      Yes    No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

**Program Element #13**

Procedures for transmitting and enforcing new or improved safe work practices through training, positive reinforcement, and correction of unsafe performance.

Does this program element meet the Department's requirements?                      Yes    No

Did you make any recommendations to implement program element #13?                      Yes    No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

**Program Element #14**

Hazard assessments that are conducted whenever significant or dangerous new machinery, equipment or technology is introduced into the workplace or when working conditions materially change through new policies, procedures or processes.

Does this program element meet the Department's requirements?                      Yes    No

Did you make any recommendations to implement program element #14?                      Yes    No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

**Section G: Additional Elements**

Summarize any additional program elements the employer has implemented which were not reported above. Provide a brief assessment of the program element(s) and list any recommendations you made for the implementation of such program element(s).

**Section H: Additional Evaluation Services**

Did you provide other services, training or materials to this employer? \_\_\_\_\_

Date of Services: \_\_\_ / \_\_\_ / \_\_\_\_\_

Briefly outline the additional evaluation services you provided to this employer.

**Section I: Opening and Closing**

The Specialist must conduct an opening conference with the employer and employee representatives, including the recognized representative of each collective bargaining unit, where applicable, to discuss (i) how they will conduct the Evaluation(s); and (ii) what records and information they need to perform the Evaluation. The Specialist must hold a closing conference with the employer and employee representatives, including the recognized representative of each collective bargaining unit, where applicable, to discuss the findings and recommendations for implementation of the WSLPIP.

Date of Opening Conference: \_\_\_ / \_\_\_ / \_\_\_\_\_

Number of people in attendance: \_\_\_\_\_

Who attended the Opening Conference? Describe their responsibilities in monitoring the Program.

Date of Closing Conference: \_\_\_ / \_\_\_ / \_\_\_\_\_

Number of people in attendance: \_\_\_\_\_

Who attended the Closing Conference? Describe their responsibilities in monitoring the Program.

**Section J: Review of Company Records**

What records did you review to determine the status of the employer WSLPIP?

Provide an analysis of the historical loss and claim data for this employer for the purpose of exposing trends in claims and losses and identifying specific areas of risk.

**Section K: Specialist Information**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Certification number: \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total number of hours for evaluation and report writing: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

The Specialist certifies that the information contained in this report is accurate and true and that the incentive program implemented as indicated in this report meets the requirements of the Workplace Safety and Loss Prevention Incentive Program as required by ICR 60.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By checking this box, you indicate that you fully understand the responsibilities associated with providing your signature as a Certified Specialist.

Send this report to the employer. The employer must submit this report to the New York State Department of Labor along with the employer's application for the specific WSLPIP credit. Applications for the Incentive and Evaluation reports should be sent to:

New York State Department of Labor  
Workplace Safety and Loss Prevention Program  
1220 Washington Ave., Building 12, Room 167  
Albany, NY 12226

<https://dol.ny.gov/workplace-safety-loss-prevention>

Send questions regarding the application process and the procedures for Evaluations under the requirements of Industrial Code Rule 60 to [WSLPIP@labor.ny.gov](mailto:WSLPIP@labor.ny.gov).