

## **Workplace Safety & Loss Prevention Incentive Program Drug and Alcohol Prevention Program - Section 1.14 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.

Date of Evaluation: \_\_\_ / \_\_\_ / \_\_\_\_ Date of report: \_\_\_ / \_\_\_ / \_\_\_\_

Implementation date of Drug and Alcohol Prevention Program: \_\_\_ / \_\_\_ / \_\_\_\_

### **Section A: Employer Information**

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

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

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Federal Employer Identification Number (FEIN): \_\_\_\_ - \_\_\_\_\_

### **Section B: Workers' Compensation Insurance Information**

Please provide the below information for the workers' compensation policy for which the employer is 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: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email 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**

Enter the physical address for all locations covered by the workers' compensation policy listed above. Use Appendix A to list additional employees.

Company location	Management Contact Name	Management Contact Phone	No. of employees	Employee representative
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		

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

Use Appendix A to list additional employee representatives.

Employee (#1) representative:	Bargaining unit (if applicable):
Work Location:	Phone number: (____) ____ - _____
Employee (#2) representative:	Bargaining unit (if applicable):
Work Location:	Phone number: (____) ____ - _____
Employee (#3) representative:	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.



**Program Element #3**

Employers must protect the privacy of all who use the program, and keep storage and handling of employee records confidential.

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**

Employers must involve employees in the structure and operation of the program to help them commit to achieving its goals and objectives. This means designating and involving one or more employee representatives and the recognized representatives 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 #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**

Employers must assure that the program does not diminish collective bargaining rights, where applicable.

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**

Employers must establish procedures to facilitate case monitoring and follow-up services.

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**

Employers must have written plans and procedures to ensure employee safety during emergency situations related to drug and alcohol use and abuse.

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**

Employers must have an orientation program for new supervisors and employees to educate them about the intent and specific elements of the 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**

Employers must have a training program for supervisors and employees to help them understand the problems associated with the abuse of drugs and alcohol in the workplace, the responsibilities of all affected supervisors and employees in the implementation of the program, the rights of all employees, and the procedures for return to work.

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**

Employers must establish an evaluation plan to analyze the effectiveness of the program and its operations.

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**

Employers must have strategies to maintain and promote the program

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**

Employers must name a contact for employees to use when seeking assistance under the employer's Drug and Alcohol Prevention Program.

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.

**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 elements(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: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Certification number: \_\_\_\_\_ Date of expiration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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).