

Workplace Safety and Loss
Prevention Program
1220 Washington Ave.
Building 12, Room 167
Albany, NY 12226
(518) 485-9766



Workplace Safety and Loss Prevention Incentive Program Drug and Alcohol Prevention Program Annual WSLPIP Report

Workplace Safety and Loss Prevention Incentive Program (WSLPIP) credits are granted for a three year approval period. To receive the incentive credit in the second and third years of the approval period, you must submit this report (SH 930) to the Department of Labor (DOL). It is due no later than 90 days after your annual policy renewal date, at the beginning of years two and three of the incentive. The deadline is March 31st for self-insured employers.

You can renew the incentive credit at the end of the three-year approval period. Submit this report with the renewal application to the DOL. Do this no later than 90 days **prior** to the policy renewal date. The deadline is no later than 90 days **prior** to the end of the calendar year for self-insured employers.

Incentive Certificate Number: _____ Issue date: ___ / ___ / ___ Expiration date: ___ / ___ / ___

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: Designated Program Contact

Enter information for the person designated for employees to contact about the program.

Name: _____ Phone number: (____) ____ - ____

Work location: _____ E-mail address: _____

Section F: Employer Claim Information

Report any claims filed within the last year. Also report any open claims from any previous year. Include the classification and severity. Injury classifications are: caught by; caught in-between; struck by; hearing loss; slip or trip; fall; lung related disease; back injury; and electrical shock. Injury severity types are: death; permanent total disability; permanent partial disability; temporary total disability; and medical only. Use Appendix A (SH 933) to list additional injuries.

| Total number of claims | Experience rating |
|------------------------|-------------------|
| | |
| | |
| | |

- c. List the dates of training. For each date, list the number of employees who were trained. Also give a description of the specific activities and materials used for training.

Section H: Employer Verification

Each employer that applies for credits under the WSLPIP must verify that:

- the information about the WSLPIP on this report is true and accurate,
- the employer's program(s) meet(s) program requirements, and
- the employer agrees to continue to operate the program(s) in accordance with the law.

A verification is a statement made by an authorized agent of an employer under the penalty of perjury.

The employer confirms that it has complied with all requirements of these regulations concerning the participation of employee representatives. This includes designated employee representatives and the recognized representative of each collective bargaining unit, where applicable. These requirements can be found in sections 60-1.2, 60-1.6, and 60-1.8 of the law.

In addition, the employer 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 Section 60-1.14.

Signature: _____ Date: ____ / ____ / ____

By checking this box, you indicate that you fully understand the liabilities associated with providing your signature and employer verification.

Continuance of the Incentive

DOL will review an employer's Annual WSLPIP Report. Once the report is approved, DOL will issue a notification of review and approval to the employer. The employer must send a copy of this notification to the insurer in a timely manner. If the employer is self-insured, the notification must be sent to the Workers' Compensation Board.

Approval, monitoring and appeal

- (a) Applications for Incentives may be denied, revoked, or suspended if the DOL determines that the employer failed to implement and/or maintain a WSLPIP that complies with the law.
- (b) Any approved Workplace Safety and Loss Prevention Incentive Program is subject to monitoring. Monitoring may include responding to complaints, on-site visits, discussions with employee representatives (including designated employee representatives or the recognized representative of each collective bargaining unit) and review of all WSLPIP records and documents requested by the DOL.
- (c) If an employer's application is denied, revoked or suspended, the employer may appeal the denial under Article 78 of the civil practice law and rules.

Send this completed Annual WSLPIP Report 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>