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

NEW YORK STATE | Department of Labor
WORKING FOR YOU

Workplace Safety and Loss Prevention Incentive 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 945) 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.

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.

Incentive certificate number: _____ Issue date: ___ / ___ / _____ Expiration date: ___ / ___ / _____

Section A - Employer Information

Business name: _____

Business address: _____

City: _____ State: _____ Zip code: _____ NAICS: __ __ __ __ __ __

Contact person: _____

Title: _____ Email: _____

Phone: (_____) _____ - _____ 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: _____

Is your contact an insurance broker? ☐ Yes ☐ No

Name: _____ Job title: _____

Phone: (_____) _____ - _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Policy number: _____ Workers compensation policy effective date: ___ / ___ / _____

Experience rating (current policy year): _____ Experience rating (previous policy year): _____

Annual insurance premium: _____

Section C - Business Location(s) Information

Enter the physical address below for all locations covered by the workers' compensation policy listed in Section B. Please attach a sheet to list additional locations.

Business Location	Management Contact Name	Management Contact Phone	Number of Employees	Employee Representative
		(_____) _____ - _____		
		(_____) _____ - _____		
		(_____) _____ - _____		
		(_____) _____ - _____		
		(_____) _____ - _____		

Section D - Employee Representative(s) Information

Please attach a sheet to list additional employee representatives.

Employee representative (#1): _____ Bargaining unit: _____

Work location: _____ Phone: (_____) _____ - _____

Employee representative (#2): _____ Bargaining unit: _____

Work location: _____ Phone: (_____) _____ - _____

Employee representative (#3): _____ Bargaining unit: _____

Work location: _____ Phone: (_____) _____ - _____

Section E - Designated Program Contact

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

Safety Incentive Program Contact - Implementation date of SIPC: ___ / ___ / _____

Contact name: _____ Phone: (_____) _____ - _____

Work location: _____ Email: _____

Drug & Alcohol Prevention Program - Implementation date of DAPP: ___ / ___ / _____

Contact name: _____ Phone: (_____) _____ - _____

Work location: _____ Email: _____

Return to Work Program - Implementation date of RTW: ___ / ___ / _____

Contact name: _____ Phone: (_____) _____ - _____

Work location: _____ Email: _____

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. Please attached a sheet to list additional injuries.

Was there an injury within the last 12 months? ☐ Yes ☐ No

	Total Number of Claims	Experience Rating
First Year		
Second Year		
Third Year		

Reported Injury	Primary NAICS	Severity of Injury
	__ __ __ __ __ __	
	__ __ __ __ __ __	
	__ __ __ __ __ __	
	__ __ __ __ __ __	
	__ __ __ __ __ __	

Section G - Program Improvements and Training

Provide the following information about your Drug and Alcohol Prevention Program.

1. What steps did you take to minimize injuries related to drug and alcohol use and abuse?

2. How does the program improve safety and reduce accidents?

3. Were there individuals identified with drug and alcohol abuse problems? ☐ Yes ☐ No

3a. If yes, how many individuals were identified with drug and alcohol abuse problems under the program?

_____

3b. If yes, describe the assistance provided to the individuals identified above:

3c. How many employees returned to work after receiving assistance through the program? _____

3d. How many employees were unable to return to work after receiving assistance through the program? _____

4. How many employees were given training about the Drug and Alcohol Prevention Program this year? _____

5. How many supervisors were given training about the Drug and Alcohol Prevention Program this year? _____

6. List the dates of training: _____

7. Give a description of the specific activities and materials used for training:

Provide the following information about your Return to Work Program.

1. Did any employees use a Return to Work Program? ☐ Yes ☐ No

1a. If yes, list the lost time incurred for each injury:

1b. Average days of lost time: _____

1c. How many employees used this program to return to work after a workplace injury or illness? _____

1d. How many employees could not return to work after a workplace injury or illness? _____

1e. How many employees used this program to get work accommodations so they could return to work? _____

1f. What was the average length of any alternative duty assignments, in days? _____

1g. Describe the work accommodations made using this program that allowed injured employees to return to work:

2. How many employees were given training about the Return to Work Program this year? _____
3. How many supervisors were given training about the Return to Work Program this year? _____
4. List the dates of training: _____
5. Give a description of the specific activities and materials used for training:

Provide the following information about your Safety Incentive Program.

1. Describe the new or improved safety measures implemented as a result of the Safety Program:

2. List the investments made in safety equipment as part of your Safety Program:

3. How many accidents did not result in a workers' compensation claim? _____

4. How did the program prevent and/or lessen the severity and frequency of accidents in the previous and current policy years? To what degree did the program help?

5. How many employees returned to work following a workplace accident, injury or illness? _____
6. How many employees were unable to return to work following a workplace accident, injury or illness? _____
7. How many employees were given training about the Safety Program this year? _____
8. How many supervisors were given training about the Safety Program this year? _____
9. List the dates of training: _____
10. 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
- Employer's program(s) meet(s) program requirements and
- 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 60-1.13, Section 60-1.14 and Section 60-1.15.

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.

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