

# Regulatory Analysis Form

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REVIEW COMPLETION

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(1) Agency

Department of Labor and Industry  
Bureau of Workers' Compensation

(2) I.D. Number (Governor's Office Use)

12-54

IRRC Number: 2038

(3) Short Title

Workers' Compensation Health and Safety

(4) PA Code Cite

34 Pa. Code Chapters 123, 125, 129  
& 143

(5) Agency Contacts & Telephone Numbers

Primary Contact: Len E. Negley  
772-1917

Secondary Contact: Thomas Kuzma 783-4467

(6) Type of Rulemaking (Check One)

- ☐ Proposed Rulemaking  
☒ Final Order Adopting Regulation  
☐ Final Order, Proposed Rulemaking Omitted

(7) Is a 120 Day Emergency Certification Attached?

- ☒ No  
☐ Yes: By the Attorney General  
☐ Yes: By the Governor

(8) Briefly explain the regulation in clear and nontechnical language.

The regulations provide detailed guidelines for the administration and enforcement of the health and safety provisions of the Workers' Compensation Act (act) (77 P.S. §§1- et seq.). Those provisions were added to the act by the act of July 2, 1993 (P.L. 190, No. 44) (Act 44) and by the act of June 24, 1996 (P.L. 350, No. 57) (Act 57). The regulations (1) explain the requirements for the accident and illness prevention programs which all individual self-insured employers and group self-insurance funds must maintain, (2) explain the requirement for the accident and illness prevention services which all workers' compensation insurers must maintain or provide to their policyholders, (3) explain the reporting requirements relating to such accident and illness prevention programs and services and (4) specify the qualification standards for personnel providing accident and illness prevention services for a workers' compensation insurance carrier, individual self-insured employer or group self-insurance fund. Those four areas of regulations relate to the provisions of section 1001 of the act. The regulations also provide guidelines for the process by which an employer may gain certification and recertification of its workplace safety committee or committees under section 1002 of the act and amend certain provisions pertaining to vocational evaluations.

(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

These regulations are formulated under the authority provided in section 435 of the act (77 P.S. §991), which provides that the Department of Labor and Industry (Department) will adopt regulations as necessary to explain and enforce the provisions of the act. In addition to section 435 of the act, subchapter E of the regulations is formulated under section 1001 of the act (77 P.S. §1038.1). Section 1001 of the act requires the Department to issue regulations setting forth the qualification standards for accident and illness prevention personnel providing services under the act. Subchapter F is also formulated under the authority of section 1002 of the act (77 P.S. §1038.1). Section 1002 of the act requires the Department to set criteria for the certification and recertification of workplace safety committees established by employers.

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- (10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.**

The regulations under subchapter E are mandated by section 1001 of the act. That section requires the Department to issue regulations setting forth qualification standards for accident and illness prevention personnel providing services under the act.

- (11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?**

The regulations implement the health and safety provisions of the act, which are intended to reduce the frequency and severity of injuries occurring in and illnesses resulting from the workplace. This will not only have a positive effect on the health and welfare of workers, but will also benefit employers by resulting in a healthier and more stable workforce and by reducing employers' costs for replacement workers and for workers' compensation.

- (12) State the public health, safety, environmental or general welfare risks associated with non-regulation.**

The major consequence of not promulgating regulations is that there would be no standards for the accident and illness prevention programs and services of insurers and self-insured employers and no mechanisms to measure the adequacy of such programs.

- (13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)**

Those who would most benefit from these regulations are workers, since the regulations implement provisions of the act designed to reduce injuries and illnesses in the workplace. Insured employers would also benefit since the regulations prescribe specific health and safety services which their insurers must make available to them. This is especially true for small employers, who may not have safety services available to them from other sources. Insurers, self-insured employers and group self-insurance funds should also benefit from the regulations. By reducing work-related injury and illnesses, the regulations should reduce their costs for workers' compensation benefits and the administrative and legal expenses associated with the payment of such benefits.

- (14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)**

Generally, regulated parties should not be adversely affected by these regulations. The regulations define the administrative processes which allow affected parties to comply with the health and safety provisions of Acts 44 and 57. Most parties already operate programs and provide services in compliance with Acts 44 and 57 which meet these regulations. There may be some individuals who do not meet the established service provider or training qualification levels. We have tried to mitigate this impact through modification of these requirements in response to comments and input received.

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- (15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)**

Subchapter B regulates the health and safety activities of workers' compensation insurance carriers. Approximately 589 carriers wrote workers' compensation insurance in the Commonwealth in 1998. Subchapter C applies to individual self-insured employers, of which there are approximately 1,050 and Subchapter D applies to the 20 group self-insurance funds. Subchapter E sets qualification standards for the accident and illness prevention personnel employed or retained through contract by insurers, individual self-insured employers and group self-insurance funds. Additionally, subchapter F affects all employers which apply for certification of their workplace safety committee.

- (16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.**

After the enactment of Act 44, the Department published a notice in the Pennsylvania Bulletin at 23 Pa. B. 4185 (August 28, 1993) which, among other things, provided guidance to all parties regarding the implementation of the health and safety provisions of Act 44. Interested parties were advised to write to the Department with information requests and requirements.

After the publication of the August 28, 1993 notice, the Department received various written comments and telephone inquiries and participated in numerous meetings with affected parties to provide guidance and to receive feedback on Act 44 health and safety implementation efforts. In addition, the Department employed a nationally known consultant in the field of occupational safety and health in order to assist in the development of the administrative requirements relating to health and safety provisions of the act.

The Department substantially expanded on the August 28, 1993 notice with the publication of a statement of policy at 25 Pa. B. 3943 (September 16, 1995). That statement of policy incorporated suggestions and comments of interested parties in giving further guidance to insurance carriers, self-insured employers, group self-insurance funds and employers regarding the Department's interpretation of sections 1001 and 1002 of the act, pending the promulgation of final regulations. The statement of policy further encouraged interested parties to contact the Department with suggestions and comments regarding the implementation of the health and safety provisions of the act. The regulations will supersede the statement of policy, and include substantial provisions of the statement of policy. A number of comments and suggestions by interested parties were received on the statement of policy. Those comments and suggestions have been reviewed, and, if appropriate, they have been incorporated into the regulations.

In April of 1996, the Bureau issued draft copies of annual report forms to all insurers, individual self-insured employers and group self-insurance funds. Those reports requested the type of information that insurers and self-insurers would have to provide under the proposed regulations if they were final. The insurers and self-insurers were asked to complete the forms on a voluntary basis and to return them to the Bureau with any comments or suggestions they might have on the forms. The Bureau received 43 reports from insurers, 134 reports from individual self-insured employers and 10 reports from group self-insurance funds, many with comments on how to improve the reports or to improve the information being sought. The Bureau has considered the comments and suggestions provided in response to the test release of the annual report and has modified the regulations to incorporate those comments and suggestions as appropriate. Commencing in 1997, official report filings were required for insurers for the 1996 calendar year and for self-insured employers and group self-insurance funds according to application renewal periods. Assistance has been continually provided to aid parties in completing reports, understanding requirements and establishing program elements.

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- (17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.**

The regulated community under section 1001 of the act is comprised of insurers, individual self-insured employers and group self-insurance funds. These regulations communicate reporting procedures and time requirements for which costs have already been incurred in accordance with the workers' compensation law. There may be some additional, minor administrative costs associated with these regulations, but these costs should not add significantly to costs already absorbed.

The regulated community for section 1002 of the act is comprised of employers which request certification of the safety committees operating at their workplaces. Section 1002(b) grants a 5% one-time reduction in workers' compensation premiums to those insured employers which receive Department certification for the workplace health and safety committees. Act 57 extended receipt of the 5% discount from one year to a possible total five years. As of February 1999, the safety committee certification program had saved employers approximately \$51.5 million through reduced insurance premiums since the program's implementation in March 1994. The premium savings is an incentive to introduce employers to the long-term benefits of safety committees. Successful safety committees and overall safety programs can reduce injuries and illnesses, resulting in additional reductions to workers' compensation costs.

Costs associated with the establishment and operation of safety committees are not available, but general comments report them to be minimal.

- (18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.**

Local governments, as well as other public sector employers, will be affected by the regulations to the same extent as private sector employers.

- (19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.**

Administering the health and safety oversight provisions has required the Commonwealth to incur expenditures for personnel, office space, furniture, equipment and data processing support. The Department operating costs of the health and safety program in FY 1997-98 were estimated to be \$521,000, including \$427,000 for personnel costs, \$64,000 for operating costs and \$30,000 in fixed assets. The regulations do not require the Department to increase significantly its operating costs for their oversight. The Department's costs for the administration of the health and safety program, as well as all costs associated with the administration of the act, is funded through assessments into the Workmen's Compensation Administration Fund.

The Commonwealth also incurs cost for health and safety programs for its employees as a self-insured employer. Such costs are included with those of the entire regulated community under the discussion for number 17.

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(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY+1 Year	FY+2 Year	FY+3 Year	FY+4 Year	FY+5 Year
<b>SAVINGS:</b>						
<b>Regulated Community</b>						
<b>Section 1001</b>						
<b>Section 1002</b>						
<b>Total Savings</b>						
<b>COSTS:</b>						
<b>Regulated Community</b>						
<b>Local Government</b>						
<b>State Government</b>						
<b>Total Costs</b>						
<b>REVENUE LOSSES:</b>						
<b>Regulated Community</b>						
<b>Local Government</b>						
<b>State Government</b>						
<b>Total Revenue Losses</b>						

(20a) Explain how the cost estimates listed above were derived.

Savings to insurers, individual self-insured employers and group self-insurance funds resulting from section 1001 are not estimated. Overall savings should result from reductions in workplace injuries and illnesses brought about by implementation of prevention programs and services, but there is no basis for estimating dollar figures. An estimated annual increase in insurance premium savings from safety committees of 10% is used through the current year plus four in the above chart. The savings should level off or reduce in the current year plus five as the five year discount expires for employers certified in the current year.

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**(20b) Provide the past three year expenditure history for programs affected by the regulation.**

Program	FY-3	FY-2	FY-1	Current FY (1999-2000)
Health & Safety Division	\$100,000.00	\$300,000.00	\$444,000.00	\$521,000.00

**(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.**

While the costs of the regulations have not been projected, the savings which would result if the health and safety provisions reduce workers' compensation losses should far exceed the likely costs.

**(22) Describe the non regulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.**

No effective non-regulatory alternative to the regulations could be identified. The regulations explain provisions of the act. The non-promulgation of regulations would leave insurers, self-insured employers and group self-insurance funds without clear direction on required elements of their safety services or programs. The lack of regulations would hamper the Department's ability to enforce the provisions of the act. While a statement of policy was issued as an interim measure, a statement of policy or internal guidelines in lieu of regulations would not be effective since they lack the force of law.

**(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.**

A major alternative regulatory scheme was considered for subchapter E relating to service provider qualification standards. The Department had considered the development of a test for use in proving qualifications as an accident and illness prevention professional. That scheme, which would have added some cost to the operation of the Department, was rejected. The Department concluded that testing would have placed an administrative burden on individuals without providing an effective measurement of competency and knowledge in the field in return.

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- (24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.**

There are no federal standards regulating the activities of workers' compensation insurers in health and safety. While the Occupational Safety and Health Administration (OSHA) does set workplace safety standards for private sector employers, which includes certain employers which are self-insured in Pennsylvania, those standards are substantially more detailed and stringent than the subject regulations.

- (25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?**

The requirements of the act relating to health and safety are limited when compared in general to other states. For instance, workers' compensation statutes in Oregon, California, Texas and other states place requirements on all employers with more than a certain number of employees. The regulations, which are in response to the act, are modest and appropriate, based on the comments provided by the regulated community regarding the policy statement which preceded the proposed regulations. They will not negatively affect Pennsylvania's competitiveness with other states.

- (26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.**

The regulations supersede the statement of policy published at 25 Pa. B. 3943 (September 16, 1995). The regulations do not affect other regulations of the Department or the regulations of other state agencies.

- (27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.**

No.

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- (28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

The act requires insurers, self-insured employers, and group self-insurance funds to file annual reports of their accident and illness prevention programs and services including service provider qualifications to the Department. The forms which will be used for that purpose are attached. Some additional forms must be completed by an insurer, self-insured employer or group self-insurance fund prior to it undergoing an audit of its program by the Bureau. The procedures for such audits are outlined in the regulations. Further attached are the forms relating to the certification and recertification of safety committees under the act.

- (29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

None.

- (30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The regulations will be effective upon their final publication in the Pennsylvania Bulletin.

- (31) Provide the schedule for continual review of the regulation.

A sunset date is not necessary for these regulations. The regulations will be continuously monitored by the Workers' Compensation Advisory Council and by the Department in the day-to-day administration of the act and the regulations. If needed, corrections can be initiated based on the information obtained from those operations. The Department will also convene a meeting of insurers, self-insured employers and group self-insurance funds on an annual basis after the publication of final-form regulations to receive information and feedback on the operation of the regulations.



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**FACE SHEET  
FOR FILING DOCUMENTS  
WITH THE LEGISLATIVE REFERENCE BUREAU**  
(Pursuant to Commonwealth Documents Law)

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REVIEW COMMISSION

2036

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Copy below is hereby approved as to form and legality. Attorney General

BY: \_\_\_\_\_  
DEPUTY ATTORNEY GENERAL

DATE OF APPROVAL

☐ Check if applicable  
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attached.

Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:

Department of Labor & Industry  
(AGENCY)

DOCUMENT / FISCAL NOTE NO. 12 - 54

DATE OF ADOPTION:

BY:

Johnny J. Butler  
Secretary  
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

Copy below is hereby approved as to form and legality. Executive or independent Agencies.

BY: \_\_\_\_\_  
DATE OF APPROVAL

(Deputy General Counsel  
(Chief Counsel, Independent Agency)  
(Strike inapplicable title)

☐ Check if applicable. No Attorney  
General approval or objection  
within 30 days after submission.

## FINAL-FORM RULEMAKING

34 PA. CODE CHAPTER 123, 125, 129 and 143

WORKERS' COMPENSATION HEALTH AND SAFETY REGULATIONS

## **RULES AND REGULATIONS**

### **DEPARTMENT OF LABOR AND INDUSTRY 34 PA. CODE CHS. 123, 125, 129 AND 143 Workers' Compensation Health and Safety**

The Department of Labor and Industry (Department), the Bureau of Workers' Compensation (Bureau), by this order, adopts the following amendments to clarify and provide detailed guidance for the uniform application of the health and safety provisions of the Workers' Compensation Act (act) (77 P.S. §§ 1-1041.4 and 2501-2626). These amendments, to read as set forth in Annex A, are to be added as Chapter 129, and will be known as the Workers' Compensation Health and Safety regulations. These rules and regulations further clarify and expand upon the previous interpretations of the act of July 2, 1993 (P.L. 190, No. 44) (Act 44) provided in the proposed rulemaking published at 29 Pa.B. 3161 (June 19, 1999). In response to comments received and meetings with affected parties, some changes have been made to the interpretations published in the statement of policy which appears in Chapter 143 (relating to workers' compensation health and safety statement of policy), which the Department intends to delete when the proposed addition of Chapter 129 is adopted. This notice also includes the Department's interpretation of the provision of the act of June 24, 1996 (P. L. 350, No. 57) (Act 57) extending the one-time 5% discount for safety committee certification to a total of 5 years.

In addition, the Department is amending language of § 123.202 (relating to qualifications) to delete the requirement that an expert, who qualifies under § 123.202(4), must provide vocational rehabilitation services which include vocational testing and assessment. It was brought to the attention of the Department, after the publication of the regulations, that such a requirement may exclude experts, otherwise qualified under § 123.202(4)'s experience requirements. Section 123.202(4) was specifically designed to allow vocational experts, which had at least 5 years of experience prior to August 23, 1996, to continue to be qualified to offer their services as a vocational expert. Therefore, to ensure the proper interpretation of that section, the vocational testing and assessment requirement is deleted.

Finally, the Department amends §§ 125.133(c)(4) and 125.155(a) (relating to application and homogeneity). Section 125.133(c)(4) requires an applicant for group self-insurance to explain how it meets the homogeneity requirement of § 801 of the act (77 P.S. § 1036.1). Section 125.155(a) provides one set of conditions for satisfying the homogeneity requirement. These sections refer to a member's premium and manual premium, respectively, in their application. However, as a result of recent amendments to Chapter 125 (relating to workers' compensation self-insurance), neither of these terms is defined. The Department intends to replace premium and manual premium with contributions, which is a defined term under § 125.132 (relating to definitions). This change will have no practical effect on the application of the sections to existing or proposed group self-insurance funds.

### **Statutory Authority**

These amendments are adopted under the authority provided in §§ 401.1 and 435 of the act (77 P.S. §§ 710 and 991), which provides that the Department will adopt regulations reasonably calculated to explain and enforce provisions of the act. These amendments are adopted under the additional authority of §§ 1001 and 1002 of the act (77 P.S. §§ 1038.1 and 1038.2), which require insurers and self-insurers to have accident and illness prevention programs as regulated by the Department, and also encourage the establishment of workplace safety committees under criteria established by the Department.

### **Background**

Act 44 significantly amended the act. Among other things, Act 44 established provisions for the following: accident and illness prevention services and programs; requirements for accident and illness prevention services providers; and the formation and certification of workplace safety committees. These amendments are designed to reduce the number and severity of accidents and illnesses within the workplace.

Since the passage of Act 44, extensive outreach and communication efforts have been undertaken to gain input from the various affected parties, including insurers, self-insured employers, group self-insurance funds, providers of accident and illness prevention services and members of the public. Summaries of these activities follow.

On July 31, 1993, the Department published a notice at 23 Pa.B. 3626 inviting interested parties to a public meeting on August 10, 1993, to discuss a number of Act 44 issues, including those relating to health and safety. At this meeting, Department representatives encouraged those wishing to do so to submit written comments to the Bureau.

On August 28, 1993, the Department published a notice concerning implementation of Act 44 in the *Pennsylvania Bulletin* at 23 Pa.B. 4185. This notice was intended to provide timely guidance to all affected parties regarding the implementation of the health and safety provisions of Act 44. Interested parties were advised to write to the Bureau with information requests and comments.

On September 16, 1995, the Department published a statement of policy in the *Pennsylvania Bulletin* at 25 Pa.B. 3943. This statement of policy provided guidance to workers' compensation insurance carriers, self-insured employers, group self-insurance funds and employers regarding the Department's interpretation of §§ 1001 and 1002 of the act, pending promulgation of final-form regulations. The statement of policy also served to inform other interested members of the public of the Department's interpretation of these provisions.

These amendments further clarify and expand upon the implementation of Act 44 health and safety provisions. A number of changes have been made to the statement of policy guidelines in response to comments received from affected parties.

Act 57 modified § 1002 (77 P.S. § 1038.2) of the act by extending the one-time, 5% workers' compensation premium discount for being granted workplace safety committee certification to a total of 5 years. After initial committee certification, an employer may be entitled to four additional premium discounts by providing annual verification by affidavit that the committee continues to be operative and continues to meet certification requirements.

Since the passage of Act 44 and Act 57 and the publication of the notice and statement of policy, the Bureau has received written comments, telephone inquiries and has continually solicited participation from affected parties. Meetings with affected parties were also held to provide guidance and explanation of Act 44 implementation efforts. The Bureau also employed a nationally recognized consultant in the field of health and safety to assist in the development of the administrative requirements and processes, requirements for accident and illness prevention services providers, reporting requirements relating to accident and illness prevention services and programs imposed upon insurers, self-insured employers and group self-insurance funds.

Department efforts to provide assistance and to inform affected parties regarding health and safety provisions have included the activities listed as follows.

On April 19, 1994, the Department held a statewide teleconference to provide information to a variety of affected parties relating to the certification of workplace safety committees. Participating in this conference were members, not only of the Department, but also representatives of the National Safety Council, recognized consultants in the field of occupational safety and health.

From March through August 1994, the Department convened an ad hoc committee to obtain input regarding requirements for accident and illness prevention services providers. The committee included representatives from the academic, insurer, self-insured employer, healthcare provider and other communities. Recommendations included in the final committee report were utilized in compiling the list of credentials and requirements included in the September 1995 statement of policy. Additional comments received from members of the regulated community and the findings of subsequent research are reflected in these amendments.

In September 1995, the Department called a series of three meetings with representatives of insurers, self-insured employers and group self-insurance funds respectively. Draft annual reports required under the health and safety provisions of Act 44 were reviewed at these sessions by the represented affected parties. Comments and suggestions were included in later report versions, draft copies of which were released to all affected parties in April 1996. Recipients were asked to voluntarily complete and return these reports as part of a voluntary report field test. Final report drafts were mailed to members of the regulated community requesting completion and official filing with the Department as required by Act 44. Reports were sent to insurers on February 28, 1997, requesting return within 60 days. Favorable comments and responses to report format and content have been volunteered by affected parties.

In August 1996, in response to the passage of Act 57, the Department implemented procedures to renew the initial certification of employers. These amendments extended the one-time, 5% discount offered under Act 44 to a total of 5 years if, by affidavit, an employer attests to the continued operation of its certified committee according to Department criteria. Completed certification renewal affidavits were produced and mailed to employers commencing with August 23, 1996, due dates. To expedite renewal, affidavits are produced with all needed information completed, necessitating that employers only update data as required, and include a notarized signature before return for processing.

From April through June of 1997, the Department conducted official tests of the complete reporting and onsite auditing process with the assistance of three volunteer members from each of the three affected groups: licensed insurers; individual self-insured employers; and group self-insurance funds. Input from affected participants resulted in modification and revisions to several areas of the process and information requirements.

Since the passage of Act 44 and Act 57, members of the Bureau have continued to participate in meetings with numerous professional organizations, safety and labor conferences and various seminars. At those meetings, the Bureau members described the Department's interpretation of the health and safety provisions and processes that have been implemented to effect them. This participation has also provided an important vehicle for affected parties to comment and input.

At 29 Pa.B. 25 (June 19, 1999), the Department published the notice of proposed rulemaking, again inviting all interested parties to provide written comments to the Department regarding the Department's interpretation of Acts 44 and 57. As a result, the Department received comments from the following groups and individuals: Dr. Jasen M. Walker, CEC Associates, Inc.; John P. Halvorsen, Insurance Services Office, Inc.; George Ellis, Pennsylvania Coal Association; Peter N. Calcara, Professional Insurance Agents Association of Pennsylvania, Maryland, and Delaware; J. A. Hold and P. W. Nicholson, Consol, Inc.; John H. Cheffer, Travelers Property and Casualty; Daniel R. Tunnell, Pennsylvania Gas Association; Steven A. Bennett, American Insurance Association; and Samuel R. Marshall, The Insurance Federation of Pennsylvania. The Department also received written comments from the Independent Regulatory Review Commission (IRRC), by means of a letter dated August 19, 1999.

This notice of final rulemaking supplants and further clarifies and expands upon the previous interpretation of Act 44 and Act 57 health and safety provisions provided in the notice of proposed rulemaking. In response to comments received, some changes have been made to the previously published interpretation.

### **Purpose**

The purpose of these amendments is to effectuate the provisions of Act 44 and Act 57 pertaining to workplace accident and illness prevention. The amendments to §§ 1001 and 1002 (77 P.S. §§ 1038.1 and 1038.2) in Act 44 were designed to curtail the costs of workers' compensation coverage by reducing or eliminating workplace injuries and illnesses and reducing their severity. The amendments to § 1002(b) (77 P.S. § 1038.2) in Act 57 were designed to curtail the costs of workers' compensation coverage by providing an immediate discount based upon the continuing operation of workplace safety committees according to specified criteria.

Since the passage of Act 44 and Act 57, interested parties have requested information which provides definitive interpretations, in order that all parties will have a clear understanding of their rights and duties under the health and safety provisions of the act. These amendments provide clarification regarding the accident and illness prevention program or services requirements which workers' compensation insurance carriers, self-insured employers and group self-insurance funds must comply with under Chapter 7E of the act (77 P.S. § 1038.1) and reporting requirements relating to the programs or services. These amendments also describe the acceptable credentials and required experience for accident and illness prevention services providers. Finally, these amendments describe the process by which an employer may apply for certification and certification renewal of its workplace safety committee to be eligible for eligibility for the one-time premium discount established by Act 44 which was extended to a total of 5 years by Act 57.

### **Affected Persons**

Those affected by these health and safety amendments include all private and public sector employers and employees in this Commonwealth, workers' compensation insurance companies, self-insured employers, group self-insurance funds and accident and illness prevention services providers.

### **Fiscal Impact**

The Commonwealth will incur ongoing costs related to the administration of the new statutory health and safety provisions. These costs will be chargeable to the Bureau, and funded by assessments submitted to the Workmen's Compensation Administration Fund by carriers on behalf of insured employers and by self-insured employers.

Generally, the Bureau's new program responsibilities require augmenting existing staff. The staff is needed to review, process and evaluate applications and reports and to conduct onsite audits of accident and illness prevention programs. These administrative costs, however, are a result of the statute and not these amendments.

The only costs imposed on local governments are those same costs imposed upon all other employers. The Commonwealth, likewise, may have costs related to its role as a self-insured employer.

There are some potential costs to insurers and self-insured employers that may result from changes to data capture and tracking procedures necessary to produce the required information for reporting purposes. These costs are difficult to calculate, however, as changes may or may not be required. Savings will, however, be immediate to employers who apply and are granted safety committee certification or certification renewal in the form of a 5% workers' compensation premium discount. Further savings should be realized through the monitoring of the quality and availability of accident and illness prevention programs and services which are aimed toward reducing workplace injuries and illnesses and therefore improving the overall level of health and safety.

## **Responses to Comments**

The following addresses the common areas of concerns found in the comments received from the public and IRRC.

One commentator, CEC Associates Incorporated, objects to the proposed rulemaking's deleting §123.202(4)(vi) (relating to qualifications). Nonetheless, the Department believes that it is still necessary to delete §123.202(4)(vi) because "vocational testing and assessment", as that term is used in the industry, requires formal education and training, a qualification that is inconsistent with the regulations' defining a limited "grandfathered" class of vocational evaluators. Therefore, the clause remains deleted in the final-form regulations.

Section 129.2 of the proposed rulemaking contains the definitions for various terms and phrases which are incorporated throughout these regulations. At the request of IRRC and various commentators, the following definitions have been either amended, added or deleted to increase clarity. The rating determination of "adequate" has been defined relative to the requirements that must be met to achieve this evaluation. The definition of "audit" has been modified to allow for the submission of documentation required by other governmental agencies to evidence compliance. The phrase "effectiveness measures" has been amended to include specific formulas which may be used to monitor programs and services. The definition of "need" has been deleted. The definitions of "workplace", "recommendations" and "training program" have been amended for clarity. Definitions of the terms "credential", "suggestions" and "worksite" have been added to increase clarity. The definition of "program evaluation methods" has been modified for clarity and renamed as "evaluation methods". The terms "program coordinator" and "emergency action plans" have been included for additional clarity.

Section 129.102(1) of the proposed rulemaking describes policyholder notification requirements for insurers. Several commentators have suggested that because insurer contact personnel frequently change, the insurer's department should also be listed as a point of contact on the notice. The Department agrees, and has amended the subsection to require the name of a contact person or department.

Section 129.102(2) of the proposed rulemaking states that an insurer must have the capacity to maintain or provide adequate services as required by the nature of the carrier's business or policyholders' operations. Several commentators have advised the Department that the substitution and definition of the term "capacity" would more accurately interpret the obligation of the insurer and that such capacity should only apply to policyholders who request services. Although the Department is in general agreement with this interpretation and has made appropriate wording changes, the obligation to maintain or provide accident and illness prevention services is interpreted by the Department as requiring proactive action by insurers in the review, analysis and proposal of preventive corrective actions whether or not services are requested. This interpretation is reflected in Subchapter B.

Section 129.102(3)(ii)(A) of the proposed rulemaking describes required insurer actions when imminent danger situations or significant program deficiencies are identified. A number of commentators and IRRC have stated that the phrase "appropriate follow-up" is ambiguous as used in this subsection. The Department has amended the subsection to read that the carrier shall "propose further corrective actions if necessary".

Section 129.102(3)(ii)(D) and (E) of the proposed rulemaking describe required industrial health and hygiene services. Several commentators have stated that this section should be deleted as it might be interpreted to require that insurers maintain specialized staff to directly provide all such services to policyholders. Since both of these services are specifically mentioned in the Article X provisions of the act, the language cannot be deleted. The Department's intent, however, is to permit insurers to identify policyholder needs for these services and to either directly provide or recommend them given their specialized nature. Language has been modified accordingly.

Sections 129.102 (3)(ii)(D) and (E), 129.402(a)(6) and (7) and 129.457(3) and (4) of the proposed rulemaking were drafted to describe the required industrial hygiene or health services to be provided by an insurer, self-insured employer or group self-insurance fund. Several commentators and IRRC have suggested that the words "appropriate" and "needs" are ambiguous. The Department agrees and has modified wording to reflect that policyholder needs are to be determined by the insurer.

Section 129.102(3)(ii)(H) of the proposed rulemaking allows for review and recommendation of planned or newly introduced industrial materials processes, equipment, layouts and techniques. Several commentators have expressed concern that because of the potential variety of new processes and equipment, insurers would face unnecessary and burdensome expenses to employ adequate staff to effectively conduct assessments of all specific hazards. In keeping with the Department's original intent, language has been modified to describe the requirement as providing consultations to policyholders concerning hazard abatement programs and techniques associated with such introductions.

Sections 129.104(b), 129.403(b) and 129.453(b) of the proposed rulemaking state that insurers, individual self-insured employers and group self-insurance funds have proof that the qualifications for accident and illness prevention providers have been met. The American Insurance Association has expressed concern that this language, as drafted, directed carriers to provide proof annually in conjunction with required yearly reports. The subsection has been rewritten to specify that proof of qualification must be provided only upon an on-site inspection and maintained for specified record retention periods.

Section 129.106 of the proposed rulemaking sets forth the due date for submission of the annual report by each carrier. Several commentators have requested that the March 1 date be changed to June 1 to allow additional time for the compilation of report data. The Department feels that this is a reasonable request and has modified language accordingly. Additionally, commentators have voiced that the report information should be limited to information concerning services "requested" by policyholders. However, it is the Department's interpretation that the determination of the "adequacy" of the accident and illness prevention services and programs also requires an examination of not only policyholder requests, but proactive insurer actions to address client exposures and to recommend or implement corrective actions. Therefore, the Department believes a revision to the language is not warranted.



Sections 129.106, 129.404 and 129.455 of the proposed rulemaking state that the insurer, self-insurer and group self-insurance fund shall provide the Bureau with documentation concerning accident and illness prevention services on forms supplied by the Bureau. Several commentators and IRRC inquired into the ability of the insurer to use other similar types of governmental regulatory documentation in lieu of the Bureau's forms. As a result, the Department has changed the regulatory language to include this type of documentation as acceptable to meet the requirements of Article X.

Sections 129.106, 129.404, 129.455, 129.108, 129.406 and 129.458 of the proposed rulemaking list reporting and record keeping requirements. IRRC commented that the current language is inconsistent with the requirements enumerated in the act at 77 P.S. § 1038.1(e)(1), (2) and (5). The Department has reconciled the language and requirements of these sections.

Sections 129.109, 129.407 and 129.459 of the proposed rulemaking state that the Bureau may audit the insurer, self-insured employer or group self-insurance fund's accident and illness prevention programs or services "at least once every 2 years". IRRC has requested clarification as to when an audit would be initiated and that the written notice of the audit include the reasons for the audit. Several commentators have requested that the language "at least once every 2 years" be eliminated. The Department has amended the language to better describe when an audit would be triggered and to specify that the written notice of the audit will include the reasons for the audit. The language of the act, however, specifically permits inspections at least once every 2 years, and this language has been retained rather than eliminated as some commentators have suggested.

Sections 129.110, 129.408 and 129.460 of the proposed rulemaking provide for the pre-audit exchange of information. IRRC has commented on three areas of the sections: first, that the necessity for the submission of 1 to 3 years of Insurer's Annual Report of Accident and Illness Prevention Services (AIPS) or Annual Report of Accident and Illness Prevention Program Status (AIPPS) by Individual Self-Insured Employer reports makes the pre-audit exchange of the same material duplicative; second, the requirement that insurers submit a list of current "employers/policyholders" that have certified safety committees is unnecessary and duplicative since the Department already has access to this information; and finally, the phrase "in a timely manner" would benefit from clarification. With respect to the initial point, the Department has inserted language explaining that the need for submittal of 3 years of AIPS or AIPPS reports only arises when an audit has been initiated and no annual reports have previously been filed. In addition, the Department has narrowed the requirement that insurers submit the list of current employers/policyholders that have a certified safety committee so that the list will be far less burdensome on the carrier, and only need to include those employers/policyholders that "have reported to the carrier" that Department certification has been granted. The Department believes that the party most able to compile this information is the insurer, as policyholders frequently change insurers and the Department does not necessarily receive notification of these changes. The Department does concur with IRRC's assessment that the phrase "in a timely manner" is vague, and has deleted this language, and will instead, rely on the language defining required filing time periods.

Sections 129.112, 129.410 and 129.462 of the proposed rulemaking explain the form and notification of a written report of audit. IRRC commented that there was no mention of a time period when the Department would issue its rating determination. The Department believes that since these regulations are not intended to regulate the Department itself, there is no need for a fixed time frame to be included. Further, IRRC notes that the phrase "satisfactory proof" is vague. The confusion regarding this language has led the Department to amend the regulation, substituting the phrase "written documentation" for "satisfactory proof".

Sections 129.112, 129.410, 129.462, 129.113, 129.411 and 129.463 of the proposed rulemaking concern the assignment of rating determinations based upon the written report of audit and reports of progress on correcting deficiencies. IRRC has requested that the regulations be amended to give more precise guidance to insurers as to the criteria, standards or requirements to be used to determine compliance. The Department has amended the regulations to more clearly describe how it will determine and assign adequacy review process.

Section 129.113 of the proposed rulemaking provides that, within 60 days after the issuance of the audit report, an insurer will either comply with all report recommendations and provide written evidence of compliance or, for deficiencies requiring more than 60 days to correct, shall file a plan of correction acceptable to the Department and subsequently file monthly reports of progress. IRRC has requested that the requirements and sequence of these time periods be clarified. The Department agrees, and therefore has modified language accordingly, further clarifying when final determinations will be assigned during these periods and defining the circumstances which may initiate an audit during the correction period.

Sections 129.114, 129.412 and 129.464, as proposed, detail the ramifications of an employer's failure to maintain or provide adequate services. Travelers Property Casualty has indicated, and the Department concurs, that the reference to the act in this section is inaccurate and the provisions dealing with penalties are unclear. Accordingly, the Department has incorporated language to correct the references to the *Pennsylvania Code* and clarified the authority and process for imposition of monetary penalties.

Section 129.702 of the proposed rulemaking uses the term "certification" to reference qualifications acceptable to the Department for accident and illness prevention services providers. IRRC has correctly pointed out that the term certification, as used in Subchapter F in reference to the evaluation of safety committees, is in conflict with its current usage in this subsection. As such, the Department has substituted the term "credential" when referencing provider qualifications and uses the term "certification" exclusively in reference to safety committees.

Section 129.702 of the proposed rulemaking references the credentials for accident and illness services providers established by the Department as required by § 1001(a) and (b) of the act. Several commentators have remarked that the qualification standards as proposed should be deleted. The Department disagrees with this position since the act requires the Department to specify levels of qualification.

IRRC also questioned whether the "in service" designation, as described in §129.702, equated to the apprenticeship program described in the previously published Statement of Policy. At IRRC's suggestion, the language concerning in-service status has been clarified to indicate that a provider who does not possess recognized Department qualification has 5 years to meet the necessary qualification criteria.

Further, IRRC questioned why subsection (e) of §129.702 of the proposed rulemaking requires that at least 60% of a service provider's job activities be devoted to accident and illness prevention services to meet the 2 year experience requirement for qualification rather than 50% as stated in the Statement of Policy. The Department's use of 50% in the Statement of Policy was in error.

Finally, § 129.702(g) of the proposed rulemaking describes the 5 year qualification period for providers designated as "in-service". IRRC questioned whether this provision applies to both existing and newly hired employees. The subsection has been amended to reference any provider whose services were utilized during a given reporting period without regard to employment status.

Section 129.1003 of the proposed rulemaking concerns the minimum eligibility requirements for workplace safety committees. IRRC requested clarification of the phrase "reasonably represent all". The Department has amended the section to state that all primary functions of an employer must be represented by committee membership.

Section 129.1004(d)(2) of the proposed rulemaking provides that "[m]ember rotation should be structured so that there is always at least a core group of experienced members". IRRC recommends that, in the interest of clarity, this section be revised to state that "workplace safety committees shall establish procedures that retain a core group of experienced members serving on the committee at any given time". The Department concurs with this suggestion and adopts this language in the final-form regulations.

IRRC also asked for clarity in the language of the subsection dealing with terms of committee members and associated record keeping requirements. In response, the Department has amended this provision to specify that a committee member's term commences upon attending the first committee meeting and that records shall be kept for a period of 5 years.

Section 129.1005 of the proposed rulemaking describes the workplace safety committee responsibilities. IRRC has commented that the terms "timely" as used in subsection (a)(4) relating to the review of incidents and "reasonable" as used in reference to time limits for response to safety committee recommendations under subsection (b)(7) are ambiguous. The Department concurs, and has eliminated the terms.

Section 129.1010 of the proposed rulemaking requires an applicant-employer to keep copies of the "required documents" of the workplace safety committee for a minimum of 3 years. IRRC noted the inconsistency with this retention period and the stated retention for other committee records including those for member training. Accordingly, the Department has revised the retention time periods to be consistent at 5 years. At IRRC's suggestion, the Department has also clarified the documentation to be retained which has been limited to information necessary to make determinations of adequacy or inadequacy.

Section 129.1301 of the proposed rulemaking provides the subchapter's purpose. At IRRC's suggestion, the Department has revised the section to include more expansive definitions of the types of "final determinations" which are subject to appeal.

Section 129.1303 of the proposed rulemaking describes the hearing process for situations where a party contests a final determination. IRRC has posited that the section, as written, fails to completely outline the hearing process. In response, the Department has clarified the language as to the process and appointment of a hearing officer by the Director and the resultant notifications. Additionally, a new subsection has been added referencing the General Rules of Administrative Practice and Procedure.

Several commentators have questioned the additional record keeping and costs associated with the implementation of these regulations. Although it is realized that some additional administration may be required, the Department has sought to minimize this burden to the extent possible. The Department's acceptance of documentation required by other state and federal agencies as evidence of compliance with this regulation is one example of how the Department has attempted to minimize the burdens placed on affected parties.

### **Reporting, Recordkeeping and Paperwork Requirements**

Some forms have been adopted in accordance with §§ 802(b)(13), 1001 and 1002 of the act (77 P.S. § 1036.2, 1038.1 and 1038.2) as amended by Act 44 and Act 57. The information requested on the reports is required for: evaluation as to the adequacy of accident and illness prevention services or program requirements for initial or continued licensure; attestation and verification that accident and illness prevention services providers employed or contracted with insurers and self-insured employers meet requirements established by the Department; determination of eligibility for safety committee certification and certification renewal and resulting 5% premium discounts; and determination as to whether group self-insurance fund status should be granted to an applicant group based upon preparedness to provide adequate accident and illness prevention services.

To comply with § 1001(a) of the act (77 P.S. § 1038.1), insurers desiring to write workers' compensation insurance in the Commonwealth are required to file form LIBC-2111, Initial Report of Accident and Illness Prevention Services, when applying for a license with the Insurance Department. This form has been adopted to provide information for the evaluation of the applicant-insurer's capability to provide accident and illness prevention services to prospective policyholders as required by law. Based upon the information provided, the Department will recommend a final adequate or inadequate rating determination to the Commissioner of the Insurance Department who will determine whether to grant a certificate of authority to write workers' compensation insurance to the insurer-applicant.

Section 1001(a) of the act (77 P.S. § 1038.1) also requires that insurers employ or otherwise make available qualified accident and illness prevention personnel who meet Department requirements. Additionally, § 1001(e) of the act (77 P.S. § 1038.1) mandates annual reporting by licensed insurers as to the accident and illness prevention services being maintained or provided to policyholders and the number and credentials and experience of individuals used to provide services. Form LIBC-2101, Insurer's Annual Report of Accident and Illness Prevention Services, was adopted to provide information for evaluation as proof of compliance with these requirements.

As with licensed insurers, self-insured employers and group self-insurance funds exempted from privately insuring their workers' compensation liability are required by § 1001(b) of the act (77 P.S. § 1038.1) to maintain an adequate accident and illness prevention program as a prerequisite for retention of self-insured status. Section 1001(b) of the act (77 P.S. § 1038.1) also requires that self-insured employers and group self-insurance funds employ or otherwise make available qualified accident and illness prevention personnel who meet Department requirements to provide program services. Form LIBC-220E, Annual Report of Accident and Illness Prevention Program Status by Individual Self-Insured Employers, and Form LIBC-230G, Annual Report of Accident and Illness Prevention Program Status By Group Self-Insurance Funds, have respectively been adopted to provide information for evaluation by the Bureau to determine the adequacy of these programs and service providers according to Department established criteria.

Additionally, a group self-insurance fund is required by § 129.454 (relating to reporting requirements applicants for group self-insurance fund status) to file form LIBC-231G, Initial Report of Accident and Illness Prevention Program, as a prerequisite for being granted group self-insurance fund status. The data requested on this form allows evaluation of planned program implementation for adequacy.

Section 1002 of the act (77 P.S. § 1038.2) states that employers may make application to the Department for the certification of any established safety committee operating within its workplace. Form LIBC-372, Application for Certification of Workplace Safety Committee, has been adopted for use by employers. Certification criteria requirements are specified on the form.

Section 1002 of the act (77 P.S. § 1038.2) also provides that employers who continue to operate workplace safety committees according to established criteria are eligible to receive a 5% discount in workers' compensation insurance premiums for a total of 5 years if, after initial certification, the employer provides annual verification of the operation to the Department by affidavit. Form LIBC-372R, Certification Renewal Affidavit of Workplace Safety Committee, has been adopted to allow information for the verification to be provided by the employer. An affidavit is automatically mailed to employers previously granted certification or certification renewal prior to the renewal of their workers' compensation policy. The employer then updates information as needed prior to returning the affidavit for review and processing.

Under Chapter 129, the Department has established amendments pertaining to the health and safety provisions of the workers' compensation law. Record retention periods have been established for the purpose of documenting information provided to the Department and for possible onsite record examination.

### **Effective Date**

These amendments are effective immediately upon publication.

### **Regulatory Review**

Under § 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on June 4, 1999, the Department submitted a copy of the notice of proposed rulemaking published at 29 Pa.B. 25 (June 19, 1999) to IRRC and to the Chairpersons of the House Labor Relations Committee and the Senate Committee on Labor and Industry for review and comment. IRRC and the Committees were provided with copies of comments received during the public comment period, as well as other documents when requested.

In preparing these final-form regulations, the Department has considered all comments from IRRC, stakeholders and the public. These final form regulations were deemed approved by the House and Senate Committees on \_\_\_\_\_. IRRC met on \_\_\_\_\_ and approved the amendments in accordance with § 5(c) of the Regulatory Review Act.

### **Contact Person**

The contact person is Len E. Negley, Chief, Health and Safety Division, Bureau of Workers' Compensation, Department of Labor and Industry, (717) 772-1917, 1171 South Cameron Street, Room 324, Harrisburg, PA 17104-2501.

### **Findings**

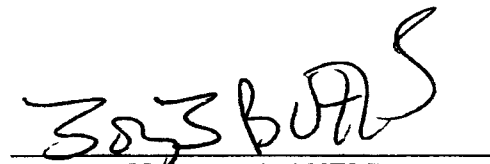
The Department finds that:

- (1) Public notice of intention to amend the administrative regulations amended by this order has been given under §§ 201 and 202 of the act of July 31, 1968 (P.L. 769 No. 240) (45 P.S. §§ 1201 and 1202) and the regulations thereunder, 1 Pa. Code §§ 7.1 and 7.2.
- (2) The amendment of the regulations of the Department in the manner provided in this order is necessary and appropriate for the administration and enforcement of the authorizing statute.

### **Order**

The Department, acting under the authorizing statutes, orders that:

- (a) The regulations of the Department, 34 Pa. Code, are amended by adding §§ 129.1-129.2, 129.101-129.114, 129.401-129.413, 129.451-129.464, 129.701-129.704, 129.1001-129.1011, 129.1301-129.1303 and 129.1601-129.1602; and by amending §§ 123.202, 125.133 and 125.155, to read as set forth in Annex A.

  
JOHNNY J. BUTLER,

Secretary

**Fiscal Note:** Fiscal Note 12-54 remains valid for the final adoption of the subject regulations.

**Annex A**  
**TITLE 34. LABOR AND INDUSTRY**  
**PART VIII. BUREAU OF WORKERS' COMPENSATION**

**CHAPTER 123. GENERAL PROVISIONS PART II**

**Subchapter C.      QUALIFICATIONS FOR VOCATIONAL EXPERTS APPROVED BY  
THE DEPARTMENT**

**§ 123.202.      Qualifications.**

To be an expert approved by the Department for the purpose of conducting earning power assessment interviews, the individual shall possess a minimum of one of the following:

- (4) At least 5 years experience primarily in the workers' compensation field prior to August 23, 1996, as a vocational evaluator, with experience in analyzing labor market information and conditions, industrial and occupational trends, with primary duties providing actual vocational rehabilitation services, which include, but are not limited to, the following:

**[(vi) Vocational testing and assessment.]**

## **CHAPTER 125. WORKERS' COMPENSATION SELF-INSURANCE**

### **Subchapter B. GROUP SELF-INSURANCE**

#### **§ 125.133. Application.**

- (c) With the application, the applicant shall include:
  - (4) An explanation of the same classification series, as described under § 125.155(a) (relating to homogeneity), common to all prospective members with the amount of each member's **[premium] contributions** derived from the classification codes within the common series, or an explanation of how the prospective members are engaged in the same or similar types of business, as described under § 125.155(b). The Bureau may request additional information to determine the homogeneity of the applicant.

#### **§ 125.155. Homogeneity.**

- (a) The definition of "homogeneous employer" under section 801 of the act (77 P.S. § 1036.1) and under § 125.132 (relating to definitions) is deemed satisfied as to employers who have been assigned to the same classification series if the members derive a majority of their **[manual premium] contributions** from codes within the same classification group listed in a manual of risk classes approved by the Commissioner of the Insurance Department under Article VII of the act (77 P.S. §§ 1035.1-1035.22).



## **CHAPTER 129. WORKERS' COMPENSATION HEALTH AND SAFETY**

### **Subchap.**

- A. PRELIMINARY PROVISIONS**
- B. INSURER'S ACCIDENT AND ILLNESS PREVENTION SERVICES**
- C. INDIVIDUAL SELF-INSURED EMPLOYER'S ACCIDENT AND ILLNESS PREVENTION PROGRAMS**
- D. GROUP SELF-INSURANCE FUND'S ACCIDENT AND ILLNESS PREVENTION PROGRAMS**
- E. ACCIDENT AND ILLNESS PREVENTION SERVICES PROVIDERS REQUIREMENTS**
- F. WORKPLACE SAFETY COMMITTEES**
- G. HEARINGS**
- H. ORDER TO SHOW CAUSE**

### **Subchapter A. PRELIMINARY PROVISIONS**

#### **Sec.**

- 129.1. Purpose.**
- 129.2. Definitions.**

#### **§ 129.1. Purpose.**

This subchapter provides definitions of terms used in this chapter to allow for accurate understanding of commonly and frequently used terminology.

#### **§ 129.2. Definitions.**

The following words and terms, when used in this chapter, have the following meanings, unless otherwise indicated:

<b>AIPS</b>	Form LIBC-210I, Insurer's Annual Report of Accident and Illness Prevention Services, which provides detailed information about services being maintained or provided by a workers' compensation insurer to its policyholders.
<b>AIPPS</b>	Form LIBC-220E, Annual Report of Accident and Illness Prevention Program Status, which provides detailed information about a self-insured employer's prevention program or prevention services being provided to employer members of a group self-insurance fund.

<b>Certification</b>	The Departmental approval of an applicant-employer's application for certification of its workplace safety committees.
<b>Certification renewal</b>	Form LIBC-372R, Certification Renewal Affidavit of Workplace Safety Committee, used to attest to the continued operation, according to Departmental requirements, of a previously certified workplace safety committee.
<b>Commissioner</b>	The Insurance Commissioner of the Commonwealth.
<b>Consultation</b>	Providing advice relative to existing and potential hazards.
<b>Contracted accident and illness prevention services providers</b>	A person or organization which meets the qualification standards in § 129.702 under contract with an insurer, individual self-insured employer or group self-insurance fund for the purpose of maintaining or providing accident and illness prevention services and programs as required under the act.
<b>Credential</b>	A designation in the health and safety field recognized by the Department.
<b>Department</b>	The Department of Labor and Industry of the Commonwealth.
<b>Director</b>	The Director of the Bureau.
<b>Effectiveness Measures</b>	Any one of the various statistical means used by an insurer, self-insured employer or group self-insurance fund to evaluate the adequacy of accident and illness prevention programs and services such as Occupational Health and Safety Administration (OSHA)/United States Department of Labor Bureau of Labor Statistics (BLS) incidence rate comparison, loss ratio or experience modification factor.
<b>Emergency Action Plans</b>	Plans to be at least annually reviewed by individual self-insured employers and which address the need for immediate action to protect employees due to the occurrence of life-threatening or endangering exposures. Examples of types of plans include: building and site evacuation; hazardous material spill; and urgent employee medical treatment.
<b>Evaluation methods</b>	Periodic reviews of accident and illness prevention services or programs to determine if actual health and safety concerns, experience and exposures are being addressed.
<b>Group self-insurance fund</b>	A group of employers authorized by the Bureau to act as a self-insurance fund under § 802 of the act (77 P.S. § 1036.2).

<b>Group self-insurance fund initial report of accident and illness prevention services</b>	A report to be filed with the Bureau when an application for group self-insurance fund status is submitted which details accident and illness prevention services to be maintained for member companies.
<b>Hazard identification methods</b>	Methods used to conduct hazard identification and for providing proposed corrective actions for the purpose of eliminating or reducing occupational accidents, injuries and illnesses. Activities may include: providing solutions; explanations; resources; reference materials; and referrals.
<b>Industrial health services</b>	Services that include a consultation concerning the well-being of people in relation to their job and working environment. This consultation may produce proposed corrective actions aimed at identifying, controlling and preventing exposures as part of the implementation of a program of accident and illness prevention services.
<b>Industrial hygiene services</b>	Services that include consultation concerning suspected chemical, physical or biological exposures. This consultation may produce proposed corrective actions designed to control or prevent identified exposures and is directed toward implementing a program of accident and illness prevention services.
<b>In-service Status</b>	The classification granted to an accident and illness prevention services provider who does not possess a Bureau-recognized credential pursuant to § 129.702.
<b>Insurer</b>	An entity or group of affiliated entities subject to The Insurance Company Law of 1921 (40 P.S. §§ 341-477(d)), including the State Workers' Insurance Fund, but not including self-insured employers or runoff self-insurers, with which an employer has insured its liability under § 305 of the act (77 P.S. § 501).
<b>Insurer's initial report of accident and illness prevention services</b>	Form LIBC-211I, Insurer's Initial Report of Accident and Illness Prevention Services, which shall be filed with the Insurance Department when an insurer applies for a license to write workers' compensation insurance in this Commonwealth which details accident and illness prevention services to be maintained by or provided to policyholders.
<b>Loss run</b>	A report containing an employer's incurred losses including the following information concerning an employee's injury or illness: type; cause; medical cost; compensation paid; and moneys reserved for claim payment.
<b>Member</b>	An employer participating in a group self-insurance fund.
<b>Program coordinator</b>	An employee or contracted individual selected by an individual self-insured employer or group self-insurance fund to coordinate the accident and illness prevention program.

<b>Quorum</b>	A majority of permanent workplace safety committee members.
<b>Recommendations</b>	Findings included in an audit report issued by the Bureau which must be satisfactorily implemented and supported by written documentation in order to achieve a final determination of adequate.
<b>Renewal</b>	A new policy offered by an insurer and accepted by an employer for the next annual anniversary date of the applicant-employer's workers' compensation insurance policy after certification of its workplace safety committee.
<b>SWIF</b>	The State Workers' Insurance Fund.
<b>Self-insured employer</b>	An individual self-insured employer who is authorized by the Department to self-insure its workers' compensation liability under § 305 of the act (77 P.S. § 501), or a group of employers authorized by the Department to act as a group self-insurance fund under § 802 of the act (77 P.S. § 1036.2).
<b>Self-insured employer's initial report of accident and illness prevention program</b>	A report to be filed with the bureau when an application for individual self-insurance is submitted which details the accident and illness prevention program to be maintained by the employer.
<b>Suggestions</b>	Findings of an audit or report evaluation issued by the Bureau which would improve accident and illness prevention programs and services but are not mandatory to achieve a final determination of adequate.
<b>Survey</b>	A review of past accident records and/or an onsite assessment to identify existing and potential hazards and the initiation of further corrective actions, as appropriate.
<b>Training Program</b>	Training which enables employers and employees to enhance knowledge, skills, attitudes and motivations concerning health and safety issues, and requirements relating to operations, processes, materials and specific work environments.
<b>Workplace</b>	A permanent location in this Commonwealth of the applicant-employer at which full-time or permanent part-time workers perform their job duties or from which job assignments are made and administrative controls are exercised.
<b>Workplace safety committee</b>	A joint employer and employee committee established at a workplace for the purpose of hazard detection and accident and illness prevention activities.
<b>Worksite</b>	A temporary location at which full-time or permanent part-time workers perform their job duties for a limited period of time.

## **Subchapter B. INSURER'S ACCIDENT AND ILLNESS PREVENTION SERVICES**

### **Sec.**

- 129.101. Purpose.**
- 129.102. Accident and illness prevention service requirements.**
- 129.103. Obligation of an insured employer/policyholder.**
- 129.104. Insurer's accident and illness prevention services providers requirements.**
- 129.105. Reporting requirements applicants for licensure.**
- 129.106. Reporting requirements licensed insurers.**
- 129.107. Report findings.**
- 129.108. Recordkeeping requirements.**
- 129.109. Periodic audits of insurer's accident and illness prevention services.**
- 129.110. Preaudit exchange of information.**
- 129.111. Site of audit.**
- 129.112. Written report of audit.**
- 129.113. Plan of correction/reports of progress on correcting deficiencies.**
- 129.114. Contesting final determinations.**

### **§ 129.101. Purpose.**

This subchapter interprets the requirements of the act that an insurer desiring to write workers' compensation insurance in this Commonwealth shall maintain or provide adequate accident and illness prevention services as a prerequisite for a license to write this insurance. Services shall be adequate to furnish accident and illness prevention required by the nature of the insurer's business or its policyholders' operations. This subchapter also establishes the criteria that the Department will employ in determining the adequacy of the services required to be maintained or provided by an insurer.

### **§ 129.102. Accident and illness prevention services requirements.**

The Bureau will annually evaluate the following required accident and illness prevention services components for adequacy:

#### **(1) Notice of availability of services.**

Notice that services required by this subchapter are available to the policyholder from an insurer shall appear in at least ten point bold type and shall accompany each workers' compensation insurance policy delivered or issued for delivery in this Commonwealth. The notice shall include information about the 5% premium discount available to employers who form a certified workplace safety committee as described in this chapter. The required elements of the notice include the name, address and telephone number of the contact person or department for additional information about the services.

**(2) Requirements to maintain accident and illness prevention services.**

An insurer shall have the capacity to provide services that are adequate to furnish accident and illness prevention required by the nature of the insurer's business or its policyholders' operations. Capacity to provide services is defined as an insurer having established means to deliver services such as those listed in paragraph (3) of this section based upon anticipated policyholder requests for services or based upon an insurer's evaluation of policyholder requirements. Capacity to provide services shall be established by an insurer utilizing its own or contracted staff who shall meet the requirements established by the Department as outlined in Subchapter E.

**(3) Requirements to provide accident and illness prevention services.**

(i) An insurer shall provide accident and illness prevention services to policyholders who request them or based on the insurer's determination of the policyholders' operational requirements. Services shall be provided through an insurer's own or contracted staff who meet the requirements established by the Department in Subchapter E.

(ii) Services include the following:

(A) Surveys to identify existing or potential accident and illness hazards or safety program deficiencies. Surveys may, for example, be in the form of an underwriting risk analysis or an on-site review. If the insurer determines through a survey and analysis of survey results that such hazards or deficiencies are present, it shall propose corrective actions to the policyholder concerning the abatement of hazards or program deficiencies identified in the surveys. If one or more imminent danger situations are identified, the insurer shall inquire as to the corrective actions a policyholder has taken and propose further corrective actions if necessary.

(B) Providing or proposing corrective actions in the area of industrial hygiene services as requested by the policyholder or as determined by the insurer to meet the policyholders' operational requirements, for example, air quality testing.

- (C) Providing or proposing corrective actions in the area of industrial health services as requested by the policyholder or as determined by the insurer to meet the policyholders' operational requirements, for example, health screenings or substance abuse awareness and prevention training policies and programs.
- (D) Accident and illness prevention training programs which may include training for safety committee members as outlined under Subchapter F.
- (E) Consultations regarding specific safety and health problems and hazard abatement programs and techniques, as caused by the introduction of new equipment or new materials.

**§ 129.103. Obligation of an insured employer/policyholder.**

An insured employer/policyholder requesting accident and illness prevention services as mandated by the act shall provide the necessary information and access to the insurer to permit the insurer to fulfill its requirements under the act.

**§ 129.104. Insurer's accident and illness prevention services providers requirements.**

- (a) Accident and illness prevention services providers employed by or contracted with an insurer to perform accident and illness prevention services shall meet the requirements specified in Subchapter E.
- (b) The Bureau may require that the insurer provide documentation or evidence to support that the requirements for accident and illness prevention services providers have been met by each individual providing accident and illness prevention services, whether employed or under contract, based on the criteria in Subchapter E.

**§ 129.105. Reporting requirements applicants for licensure.**

- (a) As part of their application for a certificate of authority submitted to the Insurance Department, applicants for a license to write workers' compensation insurance shall provide information concerning their accident and illness prevention services required under § 129.102 (relating to accident and illness prevention services requirements) using Form LIBC-2111, Insurer's Initial Report of Accident and Illness Prevention Services.

- (b) As part of the process of licensing to write workers' compensation insurance in this Commonwealth, the Insurance Department will forward to the Bureau the report in subsection (a) for a determination of adequacy. The Bureau will provide a final determination of adequate or inadequate to the Commissioner.

**§ 129.106. Reporting requirements licensed insurers.**

A licensed insurer shall, by June 1 of each year, provide the Bureau with information concerning accident and illness prevention services offered or provided to the insurer's policyholders during the preceding calendar year. The information shall be provided using the AIPS report. In addition, documentation required by other governmental regulatory agencies can be used as supporting evidence of accident and illness prevention services. Report information shall be subject to Bureau verification.

**§ 129.107. Report findings.**

- (a) Upon receipt of a report required under § 129.105 (relating to reporting requirements applicants for licensure), the Bureau will review the report data, make a final determination of the adequacy or inadequacy of services and provide notification to the Commissioner and the insurer of its final determination.
- (b) Upon receipt of a report required under § 129.106 (relating to requirements for licensed insurers), the Bureau will review the report data and make a final determination of adequacy or an initial determination of inadequacy of services. An inadequate determination may result in an audit of services before a final determination is made. The Bureau will provide notification to the Commissioner and the insurer of its final determination.

**§ 129.108. Recordkeeping requirements.**

Insurers shall maintain records of accident and illness prevention services by policyholder for the most complete current calendar year and 2 preceding consecutive calendar years which include:

- (1) The dates of the requests for services.
- (2) The services requested or problems presented.
- (3) Reports from site inspections performed.
- (4) Other service reports including proposed corrective actions.
- (5) The dates on which services were provided and policyholder's responses to proposed corrective actions.
- (6) The results of industrial hygiene and health surveys and consultations.



- (7) Accident and illness prevention training conducted.
- (8) Documentation supporting the funds expended for the delivery of accident and illness prevention services.
- (9) Evidence of the effectiveness and accomplishments of accident and illness prevention services.

**§ 129.109. Periodic audits of insurer's accident and illness prevention services.**

- (a) The Bureau may audit an insurer's accident and illness prevention services at least once every 2 years.
- (b) The Bureau may audit an insurer's accident and illness prevention services if the insurer fails to file an AIPS by specified timeframes or fails to meet the requirements of this subchapter.
- (c) The notice of the audit will include the reasons for audit.
- (d) At least 60 calendar days prior to an audit, the Bureau will notify the insurer in writing of the date on which the audit will occur.

**§ 129.110. Preaudit exchange of information.**

- (a) At least 45 calendar days prior to the audit, the insurer shall provide the Bureau with:
  - (1) If not already submitted, a completed, annual AIPS report for the most recently completed calendar year and if requested, the AIPS reports for the 2 preceding consecutive calendar years including those of its affiliated companies, if applicable.
  - (2) A description of the type of accident and illness prevention services provided during the last completed calendar year and a list of current insured employers/policyholders specifying name and premium size grouping which: received services; requested but did not receive services; and have reported to the carrier that they have a certified workplace safety committee.
  - (3) The name, address, business telephone number, credentials, experience and status (whether employed or contracted) of each person acting as an accident and illness prevention services provider for the insurer.
- (b) The Bureau will keep the list of insured employers/policyholders confidential.

- (c) Within 10 calendar days of receipt of the list of policyholders, the Bureau will notify the insurer of the accounts selected for audit and the information required concerning these accounts.
- (d) At least 15 calendar days prior to the date of the audit, the insurer shall provide the account information referenced in subsection (c) to the Bureau.
- (e) If the information necessary for the audit is not furnished, the Bureau may cancel the audit, and a final determination of inadequate will be forwarded to the Director. The Director will provide notification to the Commissioner and to the insurer of its final determination. A rating may be challenged by the insurer in accordance with Subchapter G.

**§ 129.111. Site of audit.**

- (a) The audit of the insurer's accident and illness prevention services will take place at the insurer's main office in this Commonwealth unless otherwise agreed by the Bureau and the insurer. If the insurer has no office in this Commonwealth, the audit will take place at the Bureau's headquarters.
- (b) At the site where the audit will occur, the insurer shall provide the documentation required by § 129.108 (relating to recordkeeping requirements) and any other documentation chosen by the insurer supporting the existence and adequacy of required services.

**§ 129.112. Written report of audit.**

- (a) After the conclusion of the audit, the Bureau will issue a written report containing its findings. The report will indicate whether the Bureau has issued a final determination of adequate or an initial determination of inadequate with regard to an insurer's accident and illness prevention services.
- (b) The Bureau will notify the insurer of a final determination of adequate.
- (c) The Bureau will provide written notification to the insurer of specific deficiencies and recommendations for corrective action if it assigns an initial determination of inadequate. Within 60 calendar days from the date of the audit report, the insurer shall provide written documentation that it has complied with the Bureau's recommendations. If the insurer believes that it will take more than 60 days to implement the recommendations, it shall file a plan of correction in accordance with § 129.113 (relating to plan of correction/reports on correcting deficiencies). At the end of the 60 calendar day correction period, a final determination of adequate or inadequate will be assigned. The insurer will receive notification of this final determination. The Commissioner will receive notification of final determinations of inadequate.

**§ 129.113. Plan of correction/reports of progress on correcting deficiencies.**

An insurer shall file a plan of correction to implement audit report recommendations referenced in § 129.112(c) (relating to written report of audit) for any deficiency requiring more than 60 days to correct. The plan shall include a timetable for correction acceptable to the Bureau. Progress reports shall be filed by the insurer detailing corrective actions at the end of each 30-day period of the correction plan period. The Bureau may audit the insurer's accident and illness prevention services if the insurer fails to file progress reports, implement recommendations, or provide acceptable documentation of corrective actions. At the end of the correction plan period, a final determination of adequate or inadequate will be made, and the insurer will be notified of the determination. The Commissioner will be notified of final determinations of inadequate.

**§ 129.114. Contesting final determinations.**

An insurer may contest a final determination of inadequate under Subchapter G.

**Subchapter C.        INDIVIDUAL SELF-INSURED EMPLOYER'S ACCIDENT AND  
ILLNESS PREVENTION PROGRAMS**

**Sec.**

- 129.401.        Purpose.**
- 129.402.        Program requirements.**
- 129.403.        Individual self-insured employer's accident and illness prevention services providers requirements.**
- 129.404        Reporting requirements applicants for individual self-insurance status.**
- 129.405.        Reporting requirements individual self-insured employers.**
- 129.406.        Report findings.**
- 129.407.        Recordkeeping requirements.**
- 129.408.        Periodic audits of individual self-insured employer's accident and illness prevention program.**
- 129.409.        Preaudit exchange of information.**
- 129.410.        Site of audit.**
- 129.411.        Written report of audit.**
- 129.412.        Plan of correction/reports of progress on correcting deficiencies.**
- 129.413.        Contesting final determinations.**

**§ 129.401.        Purpose.**

This subchapter interprets the requirements of the act that an individual self-insured employer shall maintain an adequate accident and illness prevention program as a prerequisite for retention of its self-insured status. The subchapter establishes the criteria that the Bureau will employ in determining the adequacy of the accident and illness prevention program required to be maintained by an individual self-insured employer.

**§ 129.402.        Program requirements.**

- (a)**    An individual self-insured employer shall maintain an adequate accident and illness prevention program and maintain records for this program for the 3 most current, complete fiscal years. The program shall include the following elements:
  - (1)**    A safety policy statement.
  - (2)**    A designated accident and illness prevention program coordinator.
  - (3)**    Assignment of responsibilities for developing, implementing and evaluating the accident and illness prevention program.
  - (4)**    Program goals and objectives.
  - (5)**    Methods for identifying and evaluating hazards and developing corrective actions for their mitigation.

- (6) Industrial hygiene surveys required by the nature of the individual self-insured employer's workplace and worksite environments, for example, air quality testing.
- (7) Industrial health services required by the nature of the individual self-insured employer's workplace environment, for example, health screenings, substance abuse awareness and prevention training programs.
- (8) Accident and illness prevention orientation and training.
- (9) Regularly reviewed and updated emergency action plans.
- (10) Employee accident and illness prevention suggestion and communications programs.
- (11) Mechanisms for employee involvement, which may include establishment of a workplace safety committee as described in Subchapter F.
- (12) Established safety rules and methods for their enforcement.
- (13) Methods for accident investigation, reporting and recordkeeping.
- (14) Prompt availability of first aid, CPR and other emergency treatments.
- (15) Methods for determining and evaluating program effectiveness. These may include:
  - (i) Comparison of the individual self-insured employer's incidence rate as derived using the OSHA/BLS formula to the current OSHA/BLS industry-wide rate published annually in the BLS Survey of Occupational Injuries and Illnesses.
  - (ii) Comparison of individual employer injury and illness rates determined by means of a formula prescribed by the Bureau to current, statewide rates by industry published annually by the Bureau in the Pennsylvania Work Injuries and Illnesses report.
  - (iii) Experience modification factor.
  - (iv) Loss ratio.
  - (v) Other methods used by individual self-insured employers deemed appropriate by the Bureau.

- (16) Protocols or standard operating procedures, when applicable to the workplace and worksite environments for:
  - (i) Electrical and machine safeguarding.
  - (ii) Personal protective equipment.
  - (iii) Hearing and sight conservation.
  - (iv) Lockout/tagout procedures.
  - (v) Hazardous materials handling, storage and disposal procedures.
  - (vi) Confined space entry procedures.
  - (vii) Fire prevention and control practices.
  - (viii) Substance abuse awareness and prevention policies and programs.
  - (ix) Control of exposure to bloodborne pathogens.
  - (x) Preoperational process reviews.
  - (xi) Other protocols as may be appropriate for the individual self-insured employer's operations.
- (b) Individual self-insured employers shall maintain records describing the comparison methods chosen from subsection (a)(15) for the most current complete fiscal year and 2 preceding consecutive fiscal years. Those records shall contain at a minimum:
  - (1) The annual calculated rates for the methods chosen.
  - (2) A copy of the calculations used to determine the annual rates.
  - (3) A copy of the sources containing the complete data used in calculating the annual rates.

**§ 129.403. Individual self-insured employer's accident and illness prevention services providers requirements.**

- (a) Accident and illness prevention services providers employed by an individual self-insured employer or serving through a contract to perform accident and illness prevention services shall meet the requirements in Subchapter E.

- (b) The Bureau may require that the individual self-insured employer provide documentation or evidence to support that the requirements for accident and illness prevention services providers have been met by each individual providing accident and illness prevention services, whether employed or under contract, based on the criteria in Subchapter E.

**§ 129.404. Reporting requirements applicants for individual self-insurance status.**

- (a) As part of its application for individual self-insurance status submitted to the Bureau, an applicant for individual self-insurance status shall provide the Bureau with detailed information on its accident and illness prevention program as required under § 129.402 (relating to program requirements) using form LIBC-221E, Initial Report of Accident and Illness Prevention Program.
- (b) As part of the process of granting individual self-insurance status, the Bureau will use this information to determine whether to grant individual self-insurance status.

**§ 129.405. Reporting requirements individual self-insured employers.**

- (a) At the time of reapplication for renewal of self-insurance status, an individual self-insured employer shall, as required under § 815 of the act (77 P.S. § 1036.15), provide the Bureau with detailed information on its accident and illness prevention program using the AIPPS report, for the last complete fiscal year preceding the date of the renewal application.
- (b) In addition, documentation required by other governmental regulatory agencies can be used as supporting evidence of accident and illness prevention programs.
- (c) Report information shall be subject to Bureau verification.

**§ 129.406. Report findings.**

Upon receipt of a report required under § 129.404 (relating to reporting requirements for individual self-insured employers), the Bureau will review the report data and make a final determination of adequacy or an initial determination of inadequacy of programs. An inadequate determination may result in an audit of services before a final determination is made. The Bureau will provide notification to the employer of its final determination.

**§ 129.407. Recordkeeping requirements.**

Individual self-insured employers shall maintain records of accident and illness prevention program services for the most complete fiscal year and 2 preceding consecutive fiscal years which include:

- (1) Number and dates of surveys conducted.

- (2) Proposed corrective actions and their disposition.
- (3) Training programs conducted.
- (4) Consultations held.
- (5) Analyses of accident causes.
- (6) Industrial hygiene services provided.
- (7) Industrial health services provided.
- (8) Qualified service providers utilized to provide program services whether contracted or employed.

**§ 129.408. Periodic audits of individual self-insured employer's accident and illness prevention program.**

- (a) The Bureau may audit an individual self-insured employer's accident and illness prevention program at least once every 2 years.
- (b) A combined audit may be conducted for affiliated companies of an individual self-insured employer if the same facilities, accident and illness prevention program, and accident and illness prevention services providers are used by each of the companies.
- (c) The Bureau may audit an individual self-insured employer's accident and illness prevention program if the individual self-insured employer fails to file an AIPPS by specified timeframes or fails to meet the requirements of this subchapter.
- (d) The notice of the audit will include the reasons for audit.
- (e) At least 60 calendar days prior to an audit, the Bureau will notify the individual self-insured employer in writing of the date on which the audit will occur.

**§ 129.409. Preaudit exchange of information.**

- (a) At least 45 calendar days prior to the audit, the individual self-insured employer shall provide the Bureau with:
  - (1) If not already submitted, a completed annual AIPPS report for the most recently completed fiscal year and, if requested, the AIPPS reports for the 2 preceding consecutive fiscal years including those of its affiliated companies, if applicable.
  - (2) The name, address and telephone number of the contact person.



- (3) A description of the types of accident and illness prevention program services provided during the last completed fiscal year.
  - (4) The name, address, business telephone number, credentials, experience and status (whether employed or contracted) of each person acting as an accident and illness prevention services provider for the individual self-insured employer.
- (b) At least 15 calendar days prior to the date of the audit, the individual self-insured employer shall provide the Bureau with information on forms prescribed by the Bureau that describe the employer's accident and illness prevention program.
  - (c) If the information necessary for the audit is not furnished, the Bureau may cancel the audit, and a final determination of inadequate will be forwarded to the Director. The Director will provide notification of its final determination to the employer and initiate appropriate action regarding continuance of self-insurance status. A final determination of inadequate may be challenged by the individual self-insured employer in accordance with Subchapter G.

**§ 129.410. Site of audit.**

- (a) The audit of the individual self-insured employer's accident and illness prevention program will take place at the employer's main office in this Commonwealth unless otherwise agreed by the Bureau and the employer. If the individual self-insured employer has no office in this Commonwealth, the audit will take place at the Bureau's headquarters.
- (b) At the site where the audit will occur, the individual self-insured employer shall provide the documentation required by § 129.406 (relating to report findings) and any other documentation chosen by the employer supporting the existence and adequacy of required program elements.

**§ 129.411. Written report of audit.**

- (a) After the conclusion of the audit, the Bureau will issue a written report containing its findings. The report will indicate whether the Bureau has issued a final determination of adequate or an initial determination of inadequate with regard to an individual self-insured employer's accident and illness prevention program.
- (b) The Bureau will notify the individual self-insured employer of a final determination of adequate.

- (c) The Bureau will provide written notification to the individual self-insured employer of specific deficiencies and recommendations for corrective action if it assigns an initial determination of inadequate. Within 60 calendar days from the date of the audit report, the individual self-insured employer shall provide written documentation that it has complied with the Bureau's recommendations. If the individual self-insured employer believes that it will take more than 60 days to implement the recommendations, it shall file a plan of correction in accordance with § 129.412 (relating to plan of correction/reports of progress on correcting deficiencies). At the end of the 60 calendar day correction period, a final determination of adequate or inadequate will be assigned. The individual self-insured employer will receive notification of this final determination.

**§ 129.412. Plan of correction/reports of progress on correcting deficiencies.**

An individual self-insured employer shall file a plan of correction to implement audit report recommendations referenced in § 129.411(c) (relating to written report of audit) for any deficiency requiring more than 60 days to correct. The plan shall include a timetable for correction acceptable to the Bureau. Progress reports shall be filed by the individual self-insured employer detailing corrective actions at the end of each 30-day period of the correction plan period. The Bureau may audit an individual self-insured employer's accident and illness prevention program if an individual self-insured employer fails to file progress reports, implement recommendations or provide acceptable documentation of corrective actions. At the end of the correction plan period, a final determination of adequate or inadequate will be made, and the individual self-insured employer will be notified of the determination.

**§ 129.413. Contesting final determinations.**

An individual self-insured employer may contest a final determination of inadequate under Subchapter G.

**Subchapter D.        GROUP SELF-INSURANCE FUND'S ACCIDENT AND ILLNESS  
PREVENTION PROGRAMS**

**Sec.**

- 129.451.        Purpose.**
- 129.452.        Program requirements.**
- 129.453.        Group self-insurance fund accident and illness prevention services providers requirements.**
- 129.454.        Reporting requirements applicants for group self-insurance fund status.**
- 129.455.        Reporting requirements group self-insurance funds.**
- 129.456.        Report findings.**
- 129.457.        Service requirements.**
- 129.458.        Recordkeeping requirements.**
- 129.459.        Periodic audits of group self-insurance fund's accident and illness prevention program.**
- 129.460.        Preaudit exchange of information.**
- 129.461.        Site of audit.**
- 129.462.        Written report of audit.**
- 129.463.        Plan of correction/reports of progress on correcting deficiencies.**
- 129.464.        Contesting final determinations.**

**§ 129.451.        Purpose.**

This subchapter establishes the criteria that the Bureau will employ in determining the adequacy of the accident and illness prevention program required by a group self-insurance fund under the act as a prerequisite for retention of group self-insurance fund status.

**§ 129.452.        Program requirements.**

- (a)        A group self-insurance fund shall maintain or provide an adequate accident and illness prevention program and maintain records for this program for the 3 most current fiscal years. The program shall contain the following elements:**
  - (1)        A safety policy statement.**
  - (2)        A designated accident and illness prevention program coordinator.**
  - (3)        An assignment of responsibilities for implementing and evaluating the accident and illness prevention program.**
  - (4)        Program goals and objectives.**
  - (5)        Mechanisms for employee involvement, which may include establishment of a workplace safety committee including a safety committee as described in Subchapter F.**

- (6) Employee accident and illness prevention suggestion and communications programs.
- (7) Methods for accident investigation, reporting and recordkeeping.
- (8) Methods for determining and evaluating program effectiveness. These may include:
  - (i) Comparison of the group self-insurance fund incidence rate as derived using the OSHA/BLS formula to the current, published OSHA/BLS industry wide rate.
  - (ii) Comparison of the group self-insurance fund injury and illness rates determined by means of a formula prescribed by the Bureau to current, published statewide rates by industry.
  - (iii) Experience modification factor.
  - (iv) Loss ratio.
  - (v) Other methods used by group self-insurance funds deemed appropriate by the Bureau.
- (9) Protocols or standard operating procedures, when applicable, to the workplace and worksite environments for:
  - (i) Electrical and machine safeguarding.
  - (ii) Personal protective equipment.
  - (iii) Hearing and sight conservation.
  - (iv) Lockout/tagout procedures.
  - (v) Hazardous materials handling, storage and disposal procedures.
  - (vi) Confined space entry procedures.
  - (vii) Fire prevention and control practices.
  - (viii) Substance abuse awareness and prevention policies and programs.
  - (ix) Control of exposure to bloodborne pathogens.

- (x) Preoperational process reviews.
  - (xi) Other protocols or standard operating procedures appropriate for members' workplace and worksite operations.
- (b) Group self-insurance funds shall maintain records describing the comparison methods chosen from subsection (a)(8) for the most current fiscal year and 2 preceding consecutive fiscal years. Those records shall contain at a minimum:
  - (1) The annual calculated rates for the methods chosen.
  - (2) A copy of the calculations used to determine the annual rates.
  - (3) A copy of the sources containing the complete data used in calculating the annual rates.

**§ 129.453. Group self-insurance fund accident and illness prevention services providers requirements.**

- (a) Accident and illness prevention services providers employed by a group self-insurance fund or serving through a contract to perform accident and illness prevention services shall meet the requirements specified in Subchapter E.
- (b) The Bureau may require the group self-insurance fund to provide documentation or evidence to support that the requirements for accident and illness prevention services providers have been met by each individual providing accident and illness prevention services, whether employed or under contract, based on the criteria in Subchapter E.

**§ 129.454. Reporting requirements applicants for group self-insurance fund status.**

- (a) As part of its application for group self-insurance fund status submitted to the Bureau, an applicant for self-insurance fund status shall provide the Bureau with detailed information on its accident and illness prevention program that will be offered or provided to fund members as required under §129.452 (relating to program requirements) using form LIBC-231G, Initial Report of Accident and Illness Prevention Program Status.
- (b) As part of the process of granting group self-insurance fund status, the Bureau will use this information to determine whether to grant group self-insurance fund status.

**§ 129.455. Reporting requirements group self-insurance funds.**

- (a) A group self-insurance fund shall provide the Bureau with detailed information on its accident and illness prevention program using the AIPPS report along with the annual report to the Bureau required under § 815 of the act (77 P.S. § 1036.15).
- (b) A group self-insurance fund shall also provide information describing the established methods used to identify individual fund members requiring accident and illness prevention services. A group self-insurance fund shall also provide data describing accident and illness prevention services efforts for the identified members and the effectiveness of these efforts in improving injury and illness rates.
- (c) In addition, documentation required by other governmental regulatory agencies can be used as supporting evidence of accident and illness prevention programs.
- (d) Report information shall be subject to Bureau verification.

**§ 129.456. Report findings.**

- (a) Upon receipt of a report required under § 129.454 (relating to reporting requirements applicants for group self-insurance), the Bureau will review the report data and make a final determination of the adequacy or inadequacy of programs and provide notification to the insurer.
- (b) Upon receipt of a report required under § 129.455 (relating to requirements for group self-insurance funds), the Bureau will review the report data and make a final determination of adequacy or an initial determination of inadequacy of programs. An inadequate determination may result in an audit of programs before a final determination is made. The Bureau will provide notification to the group self-insurance fund of its final determination.

**§ 129.457. Service requirements.**

A group self-insurance fund shall maintain or provide through its own or contracted accident and illness prevention services providers the following accident and illness prevention services to members:

- (1) On-site surveys to identify existing or potential accident and illness hazards or safety program deficiencies. If through a survey and analysis of survey results it is determined that such hazards or deficiencies are present, corrective actions shall be proposed to the fund member concerning the abatement of hazards or program deficiencies identified in the surveys. If one or more imminent danger situations or program deficiencies are identified, the fund shall inquire as to the corrective actions the fund member has taken and propose further corrective actions if necessary.
- (2) Analyses of the causes of accidents and illnesses at the members' worksites.
- (3) Providing or proposing corrective actions in the area of industrial hygiene services as requested by the fund member or as determined by the fund to meet the fund members' operational requirements, for example, air quality testing.
- (4) Providing or proposing corrective actions in the area of industrial health services as requested by the fund member or as determined by the fund to meet the fund members' operational requirements, for example, health screenings or substance abuse awareness and prevention training policies and programs.
- (5) Accident and illness prevention training programs which may include training for safety committee members as outlined under Subchapter F.
- (6) Consultations regarding specific safety and health problems and hazard abatement programs and techniques.
- (7) Review of planned or newly introduced industrial materials, processes, equipment, layouts and techniques to identify potential hazards and to recommend methods to mitigate any hazards identified.

**§ 129.458. Recordkeeping requirements.**

- (a) Group self-insurance funds shall maintain records of accident and illness prevention programs or services for each member for the most complete current fiscal year and 2 preceding consecutive fiscal years which include:
  - (1) The dates of requests for services.
  - (2) The services requested or problems presented.
  - (3) The dates of the group self-insurance fund's responses.

- (4) The dates on which services were provided and member responses to proposed corrective actions.
  - (5) The number of hours expended providing services including both onsite and preparatory time.
  - (6) The final disposition of requests.
  - (7) The number of service visits.
  - (8) Other service reports including proposed corrective actions.
  - (9) The results of industrial hygiene and industrial health surveys and consultations.
  - (10) Accident and illness prevention training conducted.
  - (11) Safety-related materials provided.
  - (12) Member responses to group self-insurance fund proposed corrective actions.
- (b) Group self-insurance funds shall annually solicit comments from its members regarding the effectiveness of the accident and illness prevention program provided by the group self-insurance fund. This information shall be made available to the Bureau upon request for the next current fiscal year and 2 preceding consecutive fiscal years.

**§ 129.459. Periodic audits of group self-insurance fund's accident and illness prevention program.**

- (a) The Bureau may audit a group self-insurance fund's accident and illness prevention program at least once every 2 years.
- (b) The Bureau may audit a group self-insurance fund's accident and illness prevention program if the group self-insurance fund fails to file an AIPPS report by specified timeframes or meet the requirements of this subchapter.
- (c) A combined audit may be conducted for affiliated companies of a group self-insurance fund if the same facilities, accident and illness prevention program, and accident and illness prevention services are used by each of the companies.
- (d) The notice of the audit will include the reasons for audit.
- (e) At least 60 calendar days prior to an audit, the Bureau will notify the group self-insurance fund administrator in writing of the date on which the audit will occur.



**§ 129.460. Preaudit exchange of information.**

- (a) At least 45 calendar days prior to the audit, the group self-insurance fund administrator shall provide the Bureau with:
  - (1) If not already submitted, a completed annual AIPPS report as prescribed by the Bureau for the most recently completed fiscal year and, if requested, the AIPPS reports for 2 preceding consecutive fiscal years including those of its affiliated companies, if applicable.
  - (2) A list of the fund members, including the company name, address, telephone number and contact person.
  - (3) The types of accident and illness prevention program services provided to selected fund members during the last completed group self-insurance fund fiscal year.
  - (4) The name, address, business telephone number, credentials, experience and status (whether employed or contracted) of each person acting as an accident and illness prevention services provider for the group self-insurance fund.
- (b) The Bureau will keep the list of fund members confidential.
- (c) At least 15 calendar days prior to the date of the audit, the fund administrator shall provide the Bureau with information on forms prescribed by the Bureau that describe the selected fund member's accident and illness prevention program.
- (d) If the information necessary for the audit is not furnished, the Bureau may cancel the audit, and a final determination of inadequate will be forwarded to the Director. The Director will notify the fund administrator of its final determination and initiate appropriate action regarding continuance of group self-insurance fund status. A final determination of inadequate may be challenged by the fund administrator in accordance with Subchapter G.

**§ 129.461. Site of audit.**

- (a) The audit of the group self-insurance fund's accident and illness prevention program will take place at the fund administrator's main office in this Commonwealth unless otherwise agreed by the Bureau and the fund administrator. If the group self-insurance fund has no office in this Commonwealth, the audit will take place at the Bureau's headquarters.
- (b) At the site where the audit will occur, the group self-insurance fund shall provide the documentation required by § 129.458 (relating to recordkeeping requirements) and any other documentation chosen by the fund supporting the existence and adequacy of required program elements.

**§ 129.462. Written report of audit.**

- (a) After the conclusion of the audit, the Bureau will issue a written report containing its findings. The report will indicate whether the Bureau has issued a final determination of adequate or an initial determination of inadequate with regard to a group self-insurance fund's accident and illness prevention program.
- (b) The Bureau will notify the group self-insurance fund administrator of a final determination of adequate.
- (c) The Bureau will provide written notification to the group self-insurance fund administrator of specific deficiencies and recommendations for corrective action if it assigns an initial determination of inadequate. Within 60 calendar days from the date of the audit report, the group self-insurance fund shall provide written documentation that it has complied with the Bureau's recommendations. If the group self-insurance fund believes that it will take more than 60 days to implement the recommendations, it shall file a plan of correction in accordance with § 129.463 (relating to plan of correction/reports of progress on correcting deficiencies). At the end of the 60 calendar day correction period, a final determination of adequate or inadequate will be assigned. The group self-insurance fund administrator will receive notification of this final determination.

**§ 129.463. Plan of correction/reports of progress on correcting deficiencies.**

A group self-insurance fund shall file a plan of correction to implement audit report recommendations referenced in § 129.462(c) (relating to written report of audit) for any deficiency requiring more than 60 days to correct. The plan shall include a timetable for correction acceptable to the Bureau. Monthly progress reports shall be filed by the fund detailing corrective actions at the end of each 30-day period of the correction plan period. The Bureau may audit a group self-insurance fund's accident and illness prevention program if the group self-insurance fund fails to file progress reports, implement recommendations, or provide acceptable documentation of corrective actions. The group self-insurance fund will be notified of the determinations made by the Bureau.

**§ 129.464. Contesting final determinations.**

A fund administrator may contest a final determination of inadequate under Subchapter G.

**Subchapter E. ACCIDENT AND ILLNESS PREVENTION SERVICES PROVIDERS REQUIREMENTS**

**Sec.**

- 129.701. Purpose and scope.**
- 129.702. Accident and illness prevention services providers requirements.**
- 129.703. Proof of accident and illness prevention services providers credentials and experience.**
- 129.704. Procedures for obtaining credential recognition.**
- 129.705. Contesting denial of credential recognition or recognition as a qualified accident and illness prevention services provider.**

**§ 129.701. Purpose and scope.**

This subchapter sets forth the requirements for accident and illness prevention services providers. These requirements apply only to those individuals either directly employed by or retained under contract with either a workers' compensation insurer, individual self-insured employer or group self-insurance fund and who provide accident and illness prevention services for the workers' compensation insurers' policyholders, the individual self-insured employer or group self-insurance fund members. Procedures by which organizations and associations may apply for recognition of credentials are also outlined.

**§ 129.702. Accident and illness prevention services providers requirements.**

- (a) A workers' compensation insurer, individual self-insured employer or group self-insurance fund shall directly employ accident and illness prevention services providers or shall retain contracted accident and illness prevention services providers who meet the requirements as described in this section to provide accident and illness prevention services.
- (b) An individual providing accident and illness prevention services as an employee or contracted accident and illness prevention services provider shall supply annual proof of current credentials and experience to the insurer, individual self-insured employer or group self-insurance fund.
- (c) An insurer, individual self-insured employer or group self-insurance fund administrator shall be responsible for reviewing the documentation or evidence to support that the requirements for accident and illness prevention services providers are being met according to the criteria in subsection (d). Verification that requirements have been met by all employed or contracted accident and illness prevention services providers utilized to provide accident and illness prevention services during the reporting period shall be submitted to the Bureau as part of the annual reports.

- (d) An individual shall be recognized as an accident and illness prevention services provider within the meaning of § 1001 (a) and (b) of the act (77 P.S. §§ 1038.1(a) and (b)) and this subchapter, by providing verification that the individual meets one or more of the following requirements:
- (1) An educational degree or credential recognized by the Bureau in accident and illness prevention fields from accredited institutions or programs and at least 2 years of acceptable experience as set forth in subsection (e).
  - (2) A credential recognized by the Bureau from a professional organization in the field of accident and illness prevention and at least 2 years of acceptable experience as set forth in subsection (e).
  - (3) A credential from an industry-specific accident and illness prevention program recognized by the Bureau and at least 2 years of acceptable experience as set forth in subsection (e). Holders of recognized credentials will be restricted to the delivery of accident and illness prevention services as defined by the specific program within a given industry.
- (e) The 2 years of accident and illness prevention experience required in subsection (d) shall include current, full-time professional experience providing accident and illness prevention services which accounts for at least 60% of the individual's activities. Acceptable activities include: identifying hazards; conducting safety and health surveys; proposing corrective actions; analyzing accident causes; and recommending or providing industrial hygiene and industrial health surveys and consultations.
- (f) The Bureau will maintain a listing of recognized organizational credentials. Inquiries may be made to the Bureau for current information reflecting additions or deletions to that listing.
- (g) An insurer, individual self-insured employer or group self-insurance fund can request in-service status for a services provider utilized to provide services for a given reporting period, but who does not meet Bureau requirements as outlined in subsection (d) and has not been previously granted in-service status. Providers granted in-service status shall have 5 years from the filing date of the annual report in which the request for in-service status was made to meet Bureau requirements as outlined in subsection (d). The activities of accident and illness prevention services providers claiming in-service status shall be directed by a services provider who meets the requirements of this subchapter during the 5-year period in which a recognized credential is being earned and required experience is being obtained. After that 5-year period, an individual who has not met Bureau requirement and submitted acceptable proof to the Bureau, through the employing or contracting insurer, individual self-insured employer or group self-insurance fund may not be recognized as an accident and illness prevention services provider for purposes of the act.

**§ 129.703. Proof of accident and illness prevention services providers credentials and experience.**

Proof of an individual's credentials and experience as an accident and illness prevention services provider shall be maintained by the insurer, individual self-insured employer or group self-insurance fund. For audit purposes, the proof of credentials and experience for each accident and illness prevention services provider shall be retained for the most complete current year and 2 preceding consecutive years.

**§ 129.704. Procedures for obtaining credential recognition.**

The Bureau will accept applications from educational programs, credentialing organizations or specific industry programs requesting recognition of credentials awarded by the organization. Form and content of applications will be specified by the Bureau.

**§ 129.705. Contesting denial of credential recognition or recognition as a qualified accident and illness prevention services provider.**

- (a) An organization may contest a denial of credential recognition under Subchapter G.
- (b) An insurer, individual self-insured employer or group self-insurance fund may contest a denial or recognition as a qualified accident and illness prevention services provider under Subchapter G.

## **Subchapter F.       WORKPLACE SAFETY COMMITTEES**

### **Sec.**

- 129.1001.       Purpose.**
- 129.1002.       Application for initial certification.**
- 129.1003.       Minimum eligibility requirements.**
- 129.1004.       Committee formation and membership.**
- 129.1005.       Committee responsibilities.**
- 129.1006.       Committee member training.**
- 129.1007.       Certification.**
- 129.1008.       Certification renewal affidavit.**
- 129.1009.       Information verification.**
- 129.1010.       Recordkeeping requirements.**
- 129.1011.       Contesting final determinations.**

### **§ 129.1001.    Purpose.**

This subchapter sets forth the certification criteria for the operation of workplace safety committees established for the purpose of accident and illness prevention. An applicant-employer shall meet the criteria in this subchapter to obtain certification or certification renewal of its workplace safety committees for its workplaces within this Commonwealth.

### **§ 129.1002.    Application for initial certification.**

- (a)    An applicant-employer desiring to apply for certification of its workplace safety committee shall file form LIBC-372, Application for Certification of Workplace Safety Committee, with the Bureau. An application shall be filed for each legal entity of the applicant-employer and shall include all information and documentation requested in form LIBC-372.
- (b)    An applicant-employer shall file one application which shall incorporate all of the applicable applicant-employer workplaces within this Commonwealth.
- (c)    Applications shall be submitted to the Bureau between 90 and 30 calendar days prior to the annual renewal of a workers' compensation policy, self-insurance renewal year or group self-insurance fund year.

### **§ 129.1003.    Minimum eligibility requirements.**

- (a)    An applicant-employer's committee(s) shall be located within this Commonwealth.
- (b)    The committee shall be in existence and operating according to the requirements of this subchapter for 6 full, consecutive calendar months prior to the signing, dating and submission of the application.

- (c) The committee membership shall represent all primary operations of the workplace.
- (d) The committees shall be composed of a minimum of two employer-representatives and a minimum of two employee-representatives.
- (e) Employer-representatives are individuals who, regardless of job title or labor organization affiliation, and based upon an examination of that individual's authority or responsibility, do one or more of the following:
  - (1) Select or hire an employee.
  - (2) Remove or terminate an employee.
  - (3) Direct the manner of employee performance.
  - (4) Control the employee.
- (f) Employee-representatives are individuals who perform services for an employer for valuable consideration and do not possess any authority or responsibility described in subsection (e).
- (g) A person may not function as both an employer-representative and an employee-representative.

**§ 129.1004. Committee formation and membership.**

- (a) An applicant-employer who has only one workplace within this Commonwealth shall form a single workplace safety committee at that workplace within this Commonwealth for certification.
- (b) An applicant-employer who has more than one workplace within this Commonwealth may form either a single, centralized workplace safety committee representing each of its workplaces within this Commonwealth or separate and individual safety committees at each workplace within this Commonwealth for certification.
- (c) The committee shall be composed of at least an equal number of applicant-employer and employee-representatives unless otherwise agreed upon by both parties. An applicant-employer shall provide a satisfactory, written explanation to the Bureau when a committee is not composed of an equal number of applicant-employer and employee-representatives and a majority of applicant-employer representatives exists. The explanation shall be signed by one employer and one employee committee representative.

- (d) Workplace safety committees shall establish procedures that retain a core group of experienced members to serve on the committee at all times.
- (e) Employe-representatives of the committees shall:
  - (1) Be permitted to take reasonable time from work to perform committee duties, without loss of pay or benefits.
  - (2) Join the committee for a continuous term of 1 year from the date of the first meeting attended. Records of member rotation shall be maintained by the applicant-employer for 5 years from the date of the Bureau's receipt of the application.

**§ 129.1005. Committee responsibilities.**

- (a) To qualify for certification, workplace safety committees shall have responsibilities including:
  - (1) Representing the accident and illness prevention concerns of employees at every applicant-employer workplace.
  - (2) Reviewing the applicant-employer's hazard detection and accident and illness prevention programs and formulating written proposals.
  - (3) Establishing procedures for periodic workplace inspections by the safety committees for the purpose of locating and identifying health and safety hazards. The locations and identity of hazards shall be documented in writing, and the committees shall make proposals to the applicant-employer regarding correction of the hazards.
  - (4) Conducting review of incidents resulting in work-related deaths, injuries and illnesses and of complaints regarding health and safety hazards made by committee members or other employees.
  - (5) Conducting follow-up evaluations of newly implemented health and safety equipment or health and safety procedures to assess their effectiveness.
  - (6) Establishing a system to allow the committee members to obtain safety-related proposals, reports of hazards or other information directly from persons involved in the operation of the workplace.
- (b) A quorum of committee members shall meet at least monthly
- (c) The committees shall additionally:
  - (1) Develop operating procedures, such as rules or bylaws, prescribing the committees' duties.



- (2) Develop and maintain membership lists.
- (3) Develop a written agenda for each committee meeting.
- (4) Maintain committee meeting attendance lists.
- (5) Take and maintain minutes of each committee meeting, which the applicant-employer shall review. Copies of minutes shall be posted or made available for all employees and shall be sent to each committee member.
- (6) Ensure that the reports, evaluations and proposals of the committees become part of the minutes of the meeting which shall include:
  - (i) Inspection reports.
  - (ii) Reports on specific hazards and corrective measures taken.
  - (iii) Reports on workplace injuries or illnesses.
  - (iv) Management responses to committees reports.
- (7) Make decisions by majority vote.

**§ 129.1006. Committee member training.**

- (a) The applicant-employer shall, itself or through its insurer, provide adequate, annual training programs for each committee member listed in the application.
- (b) Annually required committee member training shall at a minimum address:
  - (1) Hazard detection and inspection.
  - (2) Accident and illness prevention and investigation (including substance abuse awareness and prevention training), safety committee structure and operation.
  - (3) Other health and safety concerns specific to the business of the applicant-employer.
- (c) Prior to submitting an application to the Bureau and annually thereafter, all committee members shall receive training in the topics listed in subsection (b) from individuals who meet Bureau requirements for accident and illness prevention services providers as defined in Subchapter E or who have been recognized by the Bureau as qualified trainers.

- (d) Applicant-employers are responsible for providing verification of trainer qualifications to the Bureau and supplying, as necessary, documentation supporting individual trainer qualifications.
- (e) The applicant-employer shall maintain written records of safety committee training including:
  - (1) The names of committee members trained.
  - (2) The dates of training.
  - (3) The training time period.
  - (4) The training methodology.
  - (5) The names and credentials of personnel conducting the training.
  - (6) The names of training organizations sponsoring training, if applicable.
  - (7) The training location.
  - (8) The training topics.

**§ 129.1007. Certification.**

- (a) If the Bureau determines that the applicant-employer's committees meets the requirements, it will send a letter of certification approval to the applicant-employer. The Bureau shall grant certification approval to an applicant-employer who, by signing the acknowledgements and agreements page of the application, agrees to continue to operate the workplace safety committee according to all requirements upon which initial certification is based. The employer shall not disband committees except for valid business reasons.
- (b) The insured applicant-employer may submit a copy of the letter of certification approval to its insurer to receive an initial 5% reduction of its workers' compensation premium. The reduction will be effective upon the commencement of the policy renewal period next following the date of Bureau certification. An applicant-employer who is a member of a group self-insurance fund established to grant a 5% reduction in annual member contributions, shall submit a copy of the letter of certification to its fund administrator to receive the initial 5% contribution reduction. The reduction will be effective at the commencement of the next group self-insurance fund year following certification.

- (c) The Bureau will notify the Pennsylvania Compensation Rating Bureau of approved insured applicant-employers.
- (d) If an application is disapproved, the applicant-employer will receive written notification listing specific reasons for disapproval. The applicant-employer may resubmit a corrected application for reconsideration prior to the renewal of its workers' compensation policy, self-insurance renewal year or group self-insurance fund year. The applicant-employer may challenge the disapproval determination under Subchapter G.

**§ 129.1008. Certification renewal affidavit.**

- (a) After initial certification, the applicant-employer may, using form LIBC-372R, Certification Renewal Affidavit of Workplace Safety Committee, apply to the Bureau for renewal of its initial safety committee certification. Affidavits will be generated by the Bureau and provided to eligible applicant-employers for submission. Affidavits shall be submitted to the Bureau between 90 and 15 calendar days prior to the annual renewal of a workers' compensation policy, self-insurance renewal year or group self-insurance fund year. Certification may be renewed for a total of 4 remaining years after the initial certification.
- (b) If an applicant-employer has established additional safety committees which have not previously been certified, an Application for Certification of Workplace Safety Committee shall be completed and approved by the Bureau before certification renewal may be granted. Certification renewal approval is granted to an applicant-employer who, by signing the acknowledgements and agreements page of the affidavit, attests that the certified workplace safety committee has continued to operate according to the requirements upon which initial certification approval was based. Employers will not disband committees except for valid business reasons.
- (c) If the Bureau determines that the applicant-employer has met certification renewal requirements, it will send a letter of certification renewal approval to the applicant-employer.
- (d) An insured applicant-employer shall submit a copy of the letter of certification renewal to its insurer to receive a 5% premium reduction of its workers' compensation insurance premium at the next renewal premium period following the date of Bureau certification renewal. An applicant-employer who is a member of a group self-insurance fund established to grant a 5% reduction in annual member contributions, shall submit a copy of the letter of certification renewal approval to its fund administrator to receive the renewal 5% contribution reduction. The reduction will be effective at the commencement of the next group self-insurance fund year following certification renewal.

- (e) The Bureau will notify the Pennsylvania Compensation Rating Bureau of all approved insured applicant-employers.
- (f) If a renewal affidavit is disapproved, the Bureau will notify the applicant-employer of the specific reasons for disapproval. The applicant-employer may resubmit a corrected renewal affidavit for reconsideration prior to the renewal of its workers' compensation policy, self-insurance renewal year or group self-insurance fund year. The applicant-employer may challenge the disapproval under Subchapter G.

**§ 129.1009. Information verification.**

The Bureau may verify the information submitted by application or affidavit including pertinent supporting documentation.

**§ 129.1010. Recordkeeping requirements.**

Copies of the required documents of the functioning committee as defined in §§ 129.1005(c) (relating to committee responsibilities) and 129.1006(e) (relating to committee member training) shall be retained by the applicant-employer for a period of 5 years.

**§ 129.1011. Contesting final determinations.**

An applicant-employer may contest a final application or affidavit determination under Subchapter G.

## **Subchapter G.        HEARINGS**

**Sec.**

**129.1301.     Purpose.**

**129.1302.     Request for hearing.**

**129.1303.     Hearing process.**

### **§ 129.1301.   Purpose.**

This subchapter sets forth the process to be followed for hearings related to appeals of final determinations of inadequate as they pertain to accident and illness prevention services and programs, final determinations of approved or disapproved as they pertain to a workplace safety committee initial application or renewal affidavit, denials of recognition as an accident and illness prevention service provider or denials of credential recognition.

### **§ 129.1302.   Request for hearing.**

- (a)    A party contesting a final determination shall file an original and two copies of a written request for a hearing to the Director within 30 calendar days of the date of the determination. The hearing request shall be made to the Bureau at the address listed on the determination.
- (b)    A proof of service indicating the date and form of service of the written request for a hearing shall be provided to the Bureau at the time the request for hearing is filed.

### **§ 129.1303.   Hearing process.**

- (a)    The Director will assign requests for hearings to an impartial hearing officer who will schedule a de novo hearing. The hearing officer will provide notice to parties of the hearing date, time and place.
- (b)    The hearing will be conducted in a manner to provide the parties with an opportunity to be heard. The hearing officer will not be bound by strict rules of evidence.
- (c)    Testimony will be recorded and a full record kept of the proceeding.
- (d)    Following the close of the record, the hearing officer will issue a written final decision and order.
- (e)    Any party to the hearing aggrieved by a decision rendered under subsection (d) may, within 30 days, appeal the decision to the Commonwealth Court. The hearing officer's determination will include a notification to the parties of their appeal rights.
- (f)    Subsections (a) - (e) supplement the General Rules of Administrative Practice and Procedure, 1 Pa. Code, Part II.

- (g) If, after all appeals have been exhausted, the group self-insurance fund or individual self-insured employer is subject to a final determination that its accident and illness prevention program is inadequate, the group self-insurance fund or individual self-insured employer's certificate to self-insure its obligations under the act shall be null and void. The group self-insurance fund or individual self-insured employer's failure to properly insure its obligations under the act, through an insurer licensed to provide such coverage in this Commonwealth, within 15 days of the final determination may result in criminal liability under § 305 of the act (77 P.S. § 501).
- (h) If, after all appeals have been exhausted, the insurer is subject to a final determination that its accident and illness prevention program is inadequate, the Bureau will notify the insurance commissioner that the insurer has failed to comply with the requirements of § 1001(a) of the act (77 P.S. § 1038.1(a)). In such notification, the Bureau may recommend that the insurer's license to write such insurance in the Commonwealth be revoked.

## **Subchapter H. ORDER TO SHOW CAUSE**

**Sec.**

**129.1601. Purpose.**

**129.1602. Order to show cause.**

**§ 129.1601. Purpose.**

This subchapter sets forth the process that the Department may institute to determine whether there has been a violation of the act or related regulations.

**§ 129.1602. Order to show cause.**

Whenever the Department has information, through its own investigation or through complaint by any party, upon which it believes that an insurer, individual self-insured employer or group self-insurance fund has failed to establish, maintain or provide accident and illness prevention programs or services, using qualified personnel, and to provide proof of those programs or services required under the act, or upon which it believes that an applicant-employer has misrepresented that it has established or maintained a certified workplace safety committee according to Department criteria, the Department may serve upon the insurer, individual self-insured employer or group self-insurance fund, or applicant-employer an order to show cause why the respondent should not be found in violation of the provisions of Chapter 7E of the act (77 P.S. §§ 1038.1 and 1038.2) or related regulations and civil penalties assessed. The order to show cause will set forth the particulars of the alleged violation.

- (a) An answer to the order to show cause shall be filed no later than 20 days following the date that the order to show cause is served on the respondent.
- (b) The Director of the Bureau will assign the order to show cause to an impartial hearing officer who will schedule a hearing. The hearing officer will provide notice to the parties of the hearing date, time and place.
- (c) The hearing will be conducted in a manner as to provide the parties with an opportunity to be heard and, where applicable, under 1 Pa. Code Part II (relating to general rules of administrative practice and procedure). The hearing officer will not be bound by strict rules of evidence.
- (d) Testimony will be recorded and a full record kept of the proceeding.
- (e) If the respondent fails to answer and/or fails to appear in person or by counsel at the scheduled hearing without adequate excuse, the hearing officer shall decide the matter on the basis of the order to show cause and evidence presented.
- (f) While the Department has the initial burden to produce evidence that the respondent has failed to comply with the act or related regulations, the respondent maintains the burden of proving that no violation has occurred.
- (g) This section supersedes 1 Pa. Code §§ 35.14 and 35.37 (relating to orders to show cause and answers to orders to show cause).

## INSURER'S ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES

**See Attached Instructions for Completion of Report**

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**For Bureau  
Use Only**



11. Mark with an (x) under Column I, the type(s) of Accident & Illness Prevention Services that are maintained or provided for policyholders. Mark with an (x) under Columns II and/or III to indicate whether Insurer's In-house Qualified Employee Service Providers or Qualified Contracted Service Providers provided these services. Indicate under Column IV the number of each service provided during period covered by this report.

	COLUMN I Service	COLUMN II Employee Providers	COLUMN III Contracted Providers	COLUMN IV Number of Each Service Provided
a. On-Site Surveys/Recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Analysis of Accident Causes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Accident & Illness Prevention Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Industrial Hygiene Surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Industrial Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
f. Accident & Illness Prevention Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
g. Consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
h. Pre-Operational Process Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
i. Safety Committee Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

12. Number of Qualified Accident & Illness Prevention Service Providers that Provided and/or were Available to Provide Program Services:

a. Employee Provider(s)

b. Contracted Provider(s)

13. Indicate the Type(s) of Accident & Illness Prevention Informational and Promotional Materials You Provide to Policyholders.

Mark with an (x) the Type(s) of Materials Provided:

- |  |  |
|--|--|
| <input type="checkbox"/> a. Audio-visual Material          | <input type="checkbox"/> e. Sample Forms   |
| <input type="checkbox"/> b. Posters/Payroll Stuffers       | <input type="checkbox"/> f. Sample Programs  |
| <input type="checkbox"/> c. Booklets, Brochures, Pamphlets | <input type="checkbox"/> g. Awards   |
| <input type="checkbox"/> d. Regulations/Standards          | <input type="checkbox"/> h. Other [Explain - Identify as Item #13h on additional sheets] |

### INDIVIDUAL SERVICE PROVIDER INFORMATION

**First Name**

[illegible][illegible][illegible]

--	--

Month      Day      Year

--	--

 - 

--	--

 - 

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**First Primary Service**

[illegible][illegible][illegible]☐ **New Request for In-service**

5

## 17. Accident &amp; Illness Prevention Service Provider(s) Information:

## PROVIDER IDENTIFICATION NUMBERS

Provide previously assigned identification number for Accident & Illness Prevention Service Providers granted In-Service status or recognized based on Experience and those who possess a recognized qualification whose services were utilized during the reporting period:

	Provider Number	Hiring Status	First Name	Middle Initial
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name <input type="text"/>			
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name <input type="text"/>			
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name <input type="text"/>			
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name <input type="text"/>			
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name <input type="text"/>			
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name <input type="text"/>			
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name <input type="text"/>			

NOTE: PLEASE REQUEST ADDITIONAL ORIGINALS OF THIS PAGE FOR ADDITIONAL SERVICE PROVIDERS.  
(Please attach to Report)

# Instructions for Completing Form LIBC-2101

## INSURER'S ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES

This Insurer's Annual Report of Accident & Illness Prevention Services must be filed with the Pennsylvania Department of Labor and Industry, Bureau of Workers' Compensation, Health and Safety Division for the preceding calendar year by March 1 of the following year for each Carrier which has been granted a license to write workers' compensation insurance within the Commonwealth of Pennsylvania. A calendar year is considered as that period from January 1 through December 31 of the Report year. If a Direct Writer, check the appropriate box and complete Items 1a thru 17. If Licensed, But Have Not Written Workers' Compensation, a Reinsurer or Excess Coverage Carrier only, check the appropriate box, fill in First Name, Middle Initial and Last Name, Title, Telephone Number, Date, and sign at the bottom of the first page and return to the address on page 8.

**FEIN (Federal Employer Identification Number), BC/ICC (Bureau Code/Insurance Carrier Code),  
NAIC (National Association of Insurance Commissioners Code)**

Enter the Federal Employer's Identification Number (FEIN) assigned to you and the four digit Bureau Code/Insurance Carriers Code (BC/ICC) assigned to you by the Bureau of Workers' Compensation and the National Association of Insurance Commissioners Code (NAIC) number assigned to you.

- ITEM 1a:** The full name and address of the insurance carrier as registered with the Commonwealth of Pennsylvania is pre-printed for report tracking purposes.
- ITEM 1b:** Provide any corrections to the mailing address as it appears in 1a. in the spaces provided.
- ITEM 1c:** Check the appropriate box corresponding with the Insurer's status. (Direct Writer, Licensed, But have Not Written Workers' Compensation, or Reinsurer or Excess Carrier)

**NOTE:** *You are required to attach an explanation informing the Department as to the status of policyholder Accident & Illness Prevention Services, if your Insurer Status on your previous Annual Report was reported as "Direct Writer" and your current reporting status is other than "Direct Writer".*

- ITEM 2:** Indicate the total number of workers' compensation policyholders for whom coverage was provided within the Commonwealth of Pennsylvania, during the period covered by this report.
- ITEM 3:** State the net written premiums on direct business as reported on *Special Schedule W*, Parts A-1 thru A-5, Item #1, as filed with the Pennsylvania Insurance Department, rounded to the nearest dollar.
- ITEM 4:** Indicate the number of policyholders within each premium size category that received services during the period covered by this report. If no services were provided for a premium size category, indicate by entering a zero.
- ITEM 5:** Indicate the amount spent for providing Accident & Illness Prevention Services, during the period covered by this report, rounded to the nearest dollar. Include costs associated with preparation, travel, and on-site surveys/recommendations. **DO NOT** include overhead costs such as insurer or contracted personnel training, underwriting surveys or account introductory visits. **DO NOT** include expenses declared on *Special Schedule W*, Parts A-1 thru A-5, Item 12A as filed with the Pennsylvania Department of Insurance.

# Instructions for Completing Form LIBC-210I

## INSURER'S ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES

- ITEM 12a and 12b:** Indicate the number of **Qualified** Accident & Illness Prevention Service Providers, both insurer employees and contracted personnel, who are directly involved in the delivery of Accident & Illness Prevention Services to policyholders within the Commonwealth of Pennsylvania. Include the total number of both full-time and part-time Employee Provider(s) and Contracted Providers that provided Accident & Illness Prevention Services and/or were available to provide Accident & Illness Prevention Services during the period covered by this report.
- ITEM 13:** If Accident & Illness Prevention Materials are provided to policyholders, indicate with an (X) the type(s) that are provided.
- ITEM 14:** Indicate with an (X) the internal method(s) utilized to determine the effectiveness of Accident & Illness Prevention Services. Methods could include, but are not limited to: (a) comparisons of incidence rates as calculated by the policyholder or the insurer; (b) submitted recommendations that are considered closed; (c) comparisons of the number of incurred or paid losses for a specific period; (d) results of customer satisfaction surveys; (e) comparisons of loss ratios for a specific period; (f) experience modification factor (g) other method, please explain using an attached sheet identified as ITEM 14g.
- ITEM 15:** Provide Contact Person information, if the individual to be contacted about information reported is different from the person signing the report.
- ITEM 16a and 16b:** - is to be used for the reporting of Accident & Illness Prevention Service Providers that hold one of the current recognized certifications/designations, that have not been previously reported and assigned a Provider I.D. #, and for new requests for In-Service Status. Provide the full and complete First, Middle, and Last Name. Indicate if Service Provider is an employee or contracted. If the Service Provider is qualified, enter the number corresponding with the recognized qualification(s) listed below. Enter the date when the service provider began providing Accident & Illness Prevention Services. (This date should be the date the individual began employment in the Accident & Illness Prevention Field.) List up to three Primary Accident & Illness Prevention services that the Individual provides. Indicate with an (X) in one of the two request boxes indicating if the request is for Qualified recognition or In-Service Status.

**EXAMPLE:** the Accident & Illness Prevention Service Provider has been Certified as a Safety Professional. Indicate in Roman Numeral (i) by entering (03) **NOTE:** use a (0) in front of qualifications represented by a single digit.

**Categories:** To be qualified as an Accident & Illness Prevention Service Provider within the meaning of Section 1001(a) of the Act (7 P.S. §1038.1(a)). A person shall obtain one or more of the following qualifications and have two years of acceptable safety experience. Proof of Qualification of the Accident & Illness Prevention Service Provider(s) is the responsibility of, and must be maintained by the organization for which the Accident & Illness Prevention Service Provider(s) are employed by, or contracted by to provide Accident & Illness Prevention Service. Acceptable proof of qualification includes; copies of registration or certification cards, certificates, and certified transcripts.

# Instructions for Completing Form LIBC-210I

## INSURER'S ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES

**In-Service Status:** A person who is currently employed by an insurer, individual self-insured employer, or group self-insurance fund, to provide Accident & Illness Prevention Services and who does not possess any Bureau recognized qualifications as outlined in Section IV, shall have five (5) years to meet one or more of the qualifications, in order to continue to provide Accident & Illness Prevention Services for the current or subsequent insurer, self-insured employer, or group self-insurance fund. Individuals reported and granted In-Service Status are required to be under the direction of a service provider currently holding a recognized qualification during the five (5) year period in which a recognized credential is being earned. After that five (5) year period, any individual who has not obtained a recognized qualification and submitted acceptable proof to the Bureau, will not be permitted to provide Accident & Illness Prevention Services for the current or any subsequent insurer, self-insured employer, or group self-insurance fund, until a recognized qualification is obtained.

New requests for In-Service status must include their full name (to include full middle name/middle initial if applicable), date they began providing Accident & Illness Prevention Services, their primary service that they provide, and "New Requests for In-Service" marked under In-Service Status.

**ITEM 17:** Report the Accident & Illness Prevention Service Provider I.D. number for Accident & Illness Prevention Service Providers that have previously been granted In-Service status, recognized based on Experience, or who possess a recognized Qualification, whose services were utilized during this report period, or were available to provide Accident & Illness Prevention Services, during this report period..

Indicate the Hiring status of each Accident & Illness Prevention Service Provider reported. Use an "E" to represent an Employee Service Provider of the insurer, and a "C" to represent Contracted Service Provider.

Fill in the last name, first name and middle initial of each Service Provider reported.

**NOTE:** *This report must be signed on page 1. An original signature is required. Provide the first name, middle initial, last name, title, telephone number, and the date the report is signed.*



## COMMONWEALTH OF PENNSYLVANIA

# INSURER'S INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES

*This Report Must be Submitted with the Application for Licensure to write Worker' Compensation Insurance in the Commonwealth of Pennsylvania*

*(Please type or print all information. Refer to Instructions before completing this form)*

FEIN

Federal Employer's Identification Number

NAIC

    
National Association of Insurance  
Commissioners Code

1. Insurer Name:

2. Mailing Address:

3. Is the Insurer prepared to notify Policyholders of the Availability of Accident &amp; Illness Prevention Services?

( ) YES [ If "YES" attach Sample Copy of the Policyholder Notification. Label as ITEM #3]

( ) NO [ If "NO" indicate when Policyholder Notice will be Available]

When Available: \_\_\_\_\_

4. Which of the following Method(s) will be utilized in determining Policyholder Accident &amp; Illness Prevention Service Commitments? ( Check all that apply)

( ) a. Policyholder Request

( ) g. Broker Request

( ) b. Loss History

( ) h. Standard Industrial Classification (SIC) Code

( ) c. Loss Ration

( ) i. Experience Modification Factor

( ) d. Incurred Losses

( ) j. Others [ Explain - Identify as ITEM # 4 (j) on  
additional sheet]

( ) e. Paid Losses

( ) f. Underwriter Request

5. Will Policyholder On-Site Hazard Identification Surveys be conducted for the purpose of determining Accident & Illness Prevention Service needs?

( ) YES      ( ) NO      [ If "NO" attach an Explanation of how Policyholder Accident & Illness Prevention Service needs will be determined. label as ITEM #5]

6. Indicate Under Column I, the type(s) of Accident & Illness Prevention services that you are in a position to **Maintain** or **Provide** for Policyholders. Indicate Under Column II and/or Column III whether Insurer Qualified Staff Service providers, or Contracted Qualified service Providers will provide each of the Services listed Under Column I.

<u>SERVICES</u>	<u>COLUMN I</u>	<u>COLUMN II</u> <u>Staff</u> <u>Provider</u>	<u>COLUMN III</u> <u>Contracted</u> <u>Provider</u>
a. On-Site Surveys/Recommendations	_____	_____	_____
b. Analysis of Accident Causes	_____	_____	_____
c. Accident & Illness Prevention Evaluation	_____	_____	_____
d. Industrial Hygiene Services	_____	_____	_____
e. Industrial Health Services	_____	_____	_____
f. Accident & Illness Prevention Training	_____	_____	_____
g. Consultations	_____	_____	_____
h. Pre-Operational Process Reviews	_____	_____	_____
i. Safety Committee Training	_____	_____	_____

7. Indicate the type(s) of accident & Illness Prevention Materials that are to be made available to Policyholders.

( ) a. Audio Visual Material      ( ) e. Sample Programs  
 ( ) b. Poster/Payroll Stuffers      ( ) f. Awards  
 ( ) c. Booklets, Brochures, Pamphlets      ( ) g. Other [Explain - Identify as ITEM #7 (g) on additional sheet]  
 ( ) d. Regulations/Standards



8. Which of the following Method(s) will be used to determine the Effectiveness of Accident & Illness Prevention services?

☐ a. Incidence Rate Comparison

☐ e. Loss Ration Comparison

☐ b. Recommendations Closed

☐ f. Experience Modification Factor

☐ c. Incurred Losses

☐ g. Other [Explain - Identify as ITEM #8 (g) on additional sheet]

☐ d. Satisfaction Surveys

I the undersign, verify that the facts set forth in this report and any attachments are true and correct. This verification is made subject to the penalties of section 4909 of the Crime Code, 18 PA C. S. Subsection 4909 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Point of Contact (Please Print)

\_\_\_\_\_  
Title

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

(Please Attach Additional Sheets, Where Necessary, Labeled  
with the Appropriate Form Section Number and Letter)

**Send this completed report along other Application Material to:**

Pennsylvania Insurance Department  
Bureau of Licesening and Financial Analysis  
1345 Strawberry Square  
Harrisburg, PA 17120  
(717) 787-2735

# Instructions for Completing Form LIBC-211I

## INSURER'S INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES

This form must be filed with the Pennsylvania Insurance Department when submitting the application for licensure to write workers' compensation insurance in the Commonwealth of Pennsylvania.

**NOTE:** The term *Accident & Illness Prevention Services* as described in the Pennsylvania Workers Compensation Act is synonymous with the terms *Safety and Health Program* and *Loss Control Program*.

**FEIN (Federal Employer Identification Number), NAIC (National Association of Insurance Commissioners Code)**

Enter the Federal Employers Identification Number assigned to you and the National Association of Insurance Commissioners number assigned to you.

- ITEM 1:** Provide the full name of the insurance carrier. A separate report is required of each company applying for a license for Workers' Compensation authority from the Pennsylvania Department of Insurance.
- ITEM 2:** Provide the complete mailing address of the Insurance Carrier.
- ITEM 3:** Mark with an (X) "Yes" or "No" regarding Policyholder Notification of Accident & Illness Prevention Services. If the Insurer has a prepared Policyholder Notice of the availability of Accident & Illness Prevention services "YES" should be checked. Identify the Notice as ITEM #3, and attach a copy of the Notice to the report. (*The Pennsylvania Workers' Compensation Act* [Section 1001(d)] requires that; "insurers notify policyholders of the availability of Accident & Illness Prevention Services; that this notification be in at least 10 point bold print; and that the notification accompany each workers' compensation insurance policy delivered or issued for delivery in the Commonwealth. If "NO" is checked you must indicate when the Notice will be available. It is suggested that a copy of the Policyholder Notification be forwarded to the Health and safety Division for review prior to issue.
- ITEM 4:** Mark with an (X) the method(s) to be utilized for determining Policyholder Accident & Illness Prevention Service(s) commitments. Method(s) could include, but not be limited to: (a) policyholder request; (b) loss history; (c) loss ratio (incurred losses ÷ earned premium); (d) incurred losses; (e) paid losses; (f) request by underwriters as a component of coverage; (g) policyholder request; (h) request by brokers as an account agreement; (i) insurer schedule by policyholder SIC Code; (j) experience modification factor: a factor developed by the Pennsylvania Compensation Rating Bureau that apportions the cost of workers' compensation insurance based upon losses reported, a modifier of < 1 usually indicates favorable loss experience; or (k) other method, please use an attached sheet identified as ITEM # 4(k).
- ITEM 5:** Respond "YES" or "NO" regarding the use of on-site hazard identification surveys as the means to determine Policyholders Accident & Illness Prevention Service(s) needs. If "NO", is checked you must attach an explanation as to how you will determine policyholder Accident & Illness Prevention Service(s) needs.

# Instructions for Completing Form LIBC-211I

## INSURER'S INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES

- ITEM 6:** Mark with an (✖) under Column I, the types of Accident & Illness Prevention Services that you are in a position to **Maintain** or **Provided** for Policyholders. (the Accident & Illness Prevention Services listed under the "SERVICE" heading are the minimal that an Insurer must be in a position to maintain or provide for Policyholder as a prerequisite for a license to write Workers' Compensation Insurance within this Commonwealth). Indicate in Column II and/or Column III, whether insurers in-house qualified employee services providers, or qualified contracted services providers, will provide these services.
- ITEM 7:** Mark with an (✖) the type(s) of Accident & Illness Prevention material(s) that will be provided to policyholders.
- ITEM 8:** Mark with an (✖) the internal method(s) to be utilized in determining the effectiveness of Accident & Illness Prevention Service(s). Methods could include, but are not limited to: (a) comparisons of incidence rates as calculated by the policyholder or insurer; (b) submitted recommendations that are considered closed; (c) comparisons of the number of incurred or paid losses for a specific period; (d) results of customer satisfaction surveys; (e) comparisons of loss ratios for a specific period; (f) experience modification factor; (g) other method, please explain using an attached sheet identified as ITEM # 8(g).

**COMMONWEALTH OF PENNSYLVANIA  
SELF-INSURED EMPLOYERS INITIAL REPORT OF  
ACCIDENT & ILLNESS PREVENTION PROGRAM**

*This Report Must be Submitted to the Pennsylvania Bureau of Workers' Compensation, Health and Safety Division.  
With the Employer's Self-Insurance Application*

(Please print or type all information. Before completing, please refer to the accompanying instructions regarding Items #1 through #7)

Date Self-Insurance Application was Submitted to the Self-Insurance Division: \_\_\_\_\_, 19\_\_\_\_

**PLEASE ENTER YOUR FEDERAL EMPLOYER IDENTIFICATION NUMBER**

**FEIN:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. Employer Name: (Please See Instructions on Page 3)

2. Mailing Address: Street, P.O. Box, City, State, Zip Code

3a. Number of Physical Locations  
Within the Commonwealth of Pennsylvania:

3b. Total Number of Employees at all  
Pennsylvania Physical Locations:

4. Are Accident & Illness Prevention Program Goals and Objectives Established? ( ) Yes ( ) No

5. State the Elements Contained Within Your Corporate or Location Accident & Illness Prevention Program [check (✓) all that apply]:  
(NOTE: Items a through n are considered to be basic to any Accident & Illness Prevention Program and must be in place as a prerequisite for Self-Insurance. Items (o) 1 through 10 are required on the nature of the Self-Insured Employer's business)  
Check all that are in place at the time the Self-Insurance Application is submitted.

- ( ) a. Safety Program Policy Statement
- ( ) b. Safety Program Coordinator Designated
- ( ) c. Safety Program Responsibility Assignments
- ( ) d. Hazard Identification Methods
- ( ) e. Industrial/Occupational Health Services
- ( ) f. Industrial Hygiene Services
- ( ) g. Accident & Illness Prevention Program Training
- ( ) h. Emergency Action Plan
- ( ) i. Employee Safety Suggestion Program
- ( ) j. Employee Involvement Methods
- ( ) k. Safety Rules and Enforcement Procedure
- ( ) l. Accident Investigation and Reporting
- ( ) m. Availability of First-Aid & CPR
- ( ) n. Program Evaluation Methods

( ) o. Work Environment Procedures Relating to:

- ( ) 1. Electrical and Machine Guarding
- ( ) 2. Personal Protective Equipment
- ( ) 3. Hearing Conservation Program
- ( ) 4. Vision Conservation Program
- ( ) 5. Lock-Out/Tag-Out Program
- ( ) 6. Hazardous Material & Waste Program
- ( ) 7. Confined Space Entry Program
- ( ) 8. Fire Prevention & Protection Program
- ( ) 9. Bloodborne Pathogens Exposure Control
- ( ) 10. Pre-Operational Process Review

( ) p. Other Worksite Specific Procedures/Describe  
[Explain - Identify as Item #5 (p) on additional sheet]

6. Number of Qualified Accident & Illness Prevention  
Personnel Involved With the Program:  
(See Instructions)

a. Staff Personnel

b. Contracted Personnel

**Page 2 - SELF-INSURED EMPLOYERS INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM**

7. Which of the Following Method(s) are to be Used to Determine the Effectiveness of the Accident & Illness Prevention Program [check (✓)]  
 Method(s) used]: For the Method(s) Indicated, (If Available) Please Supply the Requested Information.

( ) I. OSHA/BLS Incidence Rate Comparison By the Standard Industrial Classification (SIC) Code

*Please State Incidence Rate:*

- a. Prior Fiscal Year \_\_\_\_\_
- b. One Year Prior to Last Fiscal Year \_\_\_\_\_
- c. Two Years Prior to Last Fiscal Year \_\_\_\_\_

( ) II. Comparison of Statistics Derived from "First Reports"

*Please State Your Injury and Illness Rate Using the FORMULA in the Instructions:*

- a. Prior Fiscal Year \_\_\_\_\_
- b. One Year Prior to Last Fiscal Year \_\_\_\_\_
- c. Two Years Prior to Last Fiscal Year \_\_\_\_\_

( ) III. Experience Modification Factor or Loss Ratio

*Please State Your Experience Modification Factor or Loss Ratio as Per the Instructions:*

	<u>E-MOD FACTOR</u>	<u>LOSS RATIO</u>
a. Prior Fiscal Year	_____	_____
b. One Year Prior to Last Fiscal Year	_____	_____
c. Two Years Prior to Last Fiscal Year	_____	_____

( ) IV. Other [Explain - Identify as Item #7 (IV) on additional sheets]

I, the undersigned, verify that the facts set forth in this report and any attachments are true and correct. This verification is made subject to the penalties of Section 4904 of the *Crimes Code*, 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
 Name/Contact (please print)\*\*

\_\_\_\_\_  
 Title

( ) \_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

*(Please Attach Additional Sheets, Where Necessary, Labeled With  
 Appropriate Form Section Number and Letter)*

**Send this Completed Report to:**

Pennsylvania Bureau of Workers' Compensation  
 Health and Safety Division  
 1171 South Cameron Street, Room 324  
 Harrisburg, PA 17104-2501

(\*\*Name/Contact and Telephone Number of Person Signing this Form and Who Can Provide Additional Information)

**COMMONWEALTH OF PENNSYLVANIA  
ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM  
STATUS BY INDIVIDUAL SELF-INSURED EMPLOYERS**

*This Report Must be Included With the Annual Renewal Application Submitted to the Pennsylvania Bureau of Workers' Compensation,  
Self-Insurance and Safety Division.*

(Please print or type all information. Before completing, please refer to the accompanying instructions regarding Items #1 through #7)

Report for Self-Insured Employer's Fiscal Year \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

**PLEASE MAKE ANY NECESSARY CORRECTIONS TO INFORMATION IN ITEMS #1 AND #2**

FEIN: 

--	--	--	--	--	--	--	--	--	--	--	--

Bureau Code (ICC): 

--	--	--	--

1. Employer Name: (Please See Instructions on Page 3)

2. Mailing Address: Street, P.O. Box, City, State, Zip Code

3a. Number of Physical Locations  
Within the Commonwealth of Pennsylvania:

3b. Total Number of Employees at all  
Pennsylvania Physical Locations:

4. Are Accident & Illness Prevention Program Goals and Objectives Established? ( ) Yes ( ) No

5. State the Elements Contained Within Your Corporate or Location Accident & Illness Prevention Program [check (✓) all that apply]:  
(NOTE: If any one or more of the ten sub-items under 5. o are checked, be sure to check the box for item 5. 0)

- |   |   |
|---|---|
| <p>( ) a. Safety Program Policy Statement</p> <p>( ) b. Safety Program Coordinator Designated</p> <p>( ) c. Safety Program Responsibility Assignments</p> <p>( ) d. Hazard Identification Methods</p> <p>( ) e. Industrial/Occupational Health Services</p> <p>( ) f. Industrial Hygiene Services</p> <p>( ) g. Accident &amp; Illness Prevention Program Training</p> <p>( ) h. Emergency Action Plan</p> <p>( ) i. Employee Safety Suggestion Program</p> <p>( ) j. Employee Involvement Methods</p> <p>( ) k. Safety Rules and Enforcement Procedure</p> <p>( ) l. Accident Investigation and Reporting</p> <p>( ) m. Availability of First-Aid &amp; CPR</p> <p>( ) n. Program Evaluation Methods</p> | <p>( ) o. Work Environment Procedures Relating to:</p> <p style="padding-left: 20px;">( ) 1. Electrical and Machine Guarding</p> <p style="padding-left: 20px;">( ) 2. Personal Protective Equipment</p> <p style="padding-left: 20px;">( ) 3. Hearing Conservation Program</p> <p style="padding-left: 20px;">( ) 4. Vision Conservation Program</p> <p style="padding-left: 20px;">( ) 5. Lock-Out/Tag-Out Program</p> <p style="padding-left: 20px;">( ) 6. Hazardous Material &amp; Waste Program</p> <p style="padding-left: 20px;">( ) 7. Confined Space Entry Program</p> <p style="padding-left: 20px;">( ) 8. Fire Prevention &amp; Protection Program</p> <p style="padding-left: 20px;">( ) 9. Bloodborne Pathogens Exposure Control</p> <p style="padding-left: 20px;">( ) 10. Pre-Operational Process Review</p> <p>( ) p. Other Worksite Specific Procedures/Describe<br/>[Explain - Identify as Item #5 (p) on additional sheet]</p> |
|---|---|

6. Number of Qualified Accident & Illness Prevention  
Personnel Involved With the Program:  
[Please Attach Form LIBC-240Q, Documentation  
of Qualifications Affidavit for Accident & Illness Prevention  
Service Provider for total entered for 6a and 6b]

a. Staff Personnel

b. Contracted Personnel

( \* \* \* )

7. Which of the Following Method(s) are Used to Determine the Effectiveness of the Accident & Illness Prevention Program (check (✓) method(s) used): For the Method(s) Used, Please Supply the Information Requested.

( ) I. OSHA/BLS Incidence Rate Comparison By the Standard Industrial Classification (SIC) Code

*Please State Incidence Rate.*

- a. Prior Fiscal Year \_\_\_\_\_
- b. One Year Prior to Last Fiscal Year \_\_\_\_\_
- c. Two Years Prior to Last Fiscal Year \_\_\_\_\_

( ) II. Comparison of Statistics Derived from "First Reports"

*Please State Your Injury and Illness Rate Using the FORMULA in the Instructions:*

- a. Prior Fiscal Year \_\_\_\_\_
- b. One Year Prior to Last Fiscal Year \_\_\_\_\_
- c. Two Years Prior to Last Fiscal Year \_\_\_\_\_

( ) III. Experience Modification Factor or Loss Ratio

*Please State Your Experience Modification Factor or Loss Ratio as Per the Instructions:*

	<u>E-MOD FACTOR</u>	<u>LOSS RATIO</u>
a. Prior Fiscal Year	_____	_____
b. One Year Prior to Last Fiscal Year	_____	_____
c. Two Years Prior to Last Fiscal Year	_____	_____

( ) IV. Other [Explain - Identify as Item #7 (IV) on additional sheets]

I, the undersigned, verify that the facts set forth in this report and any attachments are true and correct. This verification is made subject to the penalties of Section 4904 of the *Crimes Code*, 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Name/Contact (please print)\*\*

\_\_\_\_\_  
Title

( ) \_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(Please Attach Additional Sheets, Where Necessary, Labeled With  
Appropriate Form Section Number and Letter)*

Send this Completed Report and the Documentation of Qualifications for Accident & Illness Prevention Services Provider(s) (DOQ) Affidavit along with your Self-Insurance Renewal Application to:

Pennsylvania Bureau of Workers' Compensation  
Health and Safety Division  
1171 South Cameron Street, Room 324  
Harrisburg, PA 17104-2501  
(717) 772-1636

(\*\*Name/Contact and Telephone Number of Person Signing this Form and Who Can Provide Additional Information)

# Instructions For Completing Form LIBC-220E

## ANNUAL REPORT OF ACCIDENT & ILLNESS PROGRAM STATUS BY INDIVIDUAL SELF-INSURED EMPLOYERS

This Form must be filed with the Bureau of Workers' Compensation, Self-Insurance and Safety Division for the most recent completed fiscal year preceding the submission of the Self-Insured Employer's Annual Renewal Application.

**NOTE:** The term Accident & Illness Prevention Services as described in the Pennsylvania Workers' Compensation Act is synonymous with the terms *Safety and Health Program*, and *Loss Control Program*.

**FEIN, BUREAU CODE/SELF- INSURANCE CODE:** Your assigned Federal Employers Identification Number and the one to four digit Bureau Code/Self-Insurance Code assigned to you by the Bureau of Workers' Compensation.

- ITEM 1:** The full name of the self-insured employer as registered with the Commonwealth of Pennsylvania and the Bureau Code for the employer. Please insert any corrections to this information.
- ITEM 2:** The address of the self-insured employer as registered with the Self-Insurance and Safety Division. Please insert any corrections to this information including the proper address for future mailings from the Department.
- ITEM 3:**
- (a) State the total number of physical locations, where employees are present on a daily basis, operated by the self-insured employer within the Commonwealth of Pennsylvania during the prior fiscal year; and
  - (b) State the total number of employees at such locations.
- ITEM 4:** Check (✓) "yes" or "no". A goal may be a 25% reduction in the number of recordable injuries (OSHA definition) during a specific period; while an objective could be the improvement of manual material handling tasks.
- ITEM 5:** Check (✓) the elements contained within the Accident & Illness Prevention Program developed, implemented and monitored by the self-insured employer (employer). If "other", please describe work site specific procedures using an attached sheet identified as ITEM 5. Elements 5 (a) thru (n) are considered mandatory by the Pennsylvania Workers' Compensation Act, while the procedures and activities described in 5 (o) are applicable only on an individual employer need basis. The following definitions apply to the specific Program elements:
- (a) Statement regarding the Accident & Illness Prevention philosophy of the self-insured employer that serves as a foundation for all program activities. This statement is signed by the Chief Executive Officer and is communicated to all employees.



# **Instructions For Completing Form LIBC-220E**

## **ANNUAL REPORT OF ACCIDENT & ILLNESS PROGRAM STATUS BY INDIVIDUAL SELF-INSURED EMPLOYERS**

### **ITEM 5: (CONT'D.)**

- (b) Individual appointed by the employer to coordinate the provision of Accident & Illness Prevention Services by location or on a corporate basis.
- (c) Assignment of Accident & Illness Prevention Program functions to both services providers and other responsibilities to employer personnel.
- (d) System for conducting hazard identification and control assessments and for providing recommendations or suggestions for the purpose of eliminating or reducing occupational accidents, injuries and illnesses. Activities may include, but not be limited to: providing solutions, explanations, resources, reference materials and referrals.
- (e) Services that include an initial consultation concerning the physical, mental and social well being of people in relation to their job and working environment. These consultation may produce recommendations designed to identify, control, and/or eliminate health hazards and are used toward implementing a program of Accident & Illness Prevention Services.
- (f) Services that include surveys and consultations concerning suspected chemical, physical or biological exposures. These surveys and consultations may produce recommendations designed to control and/or prevent, identified exposures and are directed towards implementing a program of Accident & Illness Prevention Services.
- (g) Learning experiences which enable employers and/or employees to enhance their knowledge and skills, attitudes, and motivations concerning health and safety requirements relating to operations, processes, and specific work environments. Included is training for management and labor safety committee members regarding their roles and responsibilities.
- (h) A plan designed to provide a quick and pre-planned response to emergencies or unexpected or disastrous events that include, but are not limited to fires, floods, gas leaks, and ordered evacuations.
- (i) A system whereby employees can offer recommendations that are expected to improve the overall Accident & Illness Prevention Program or improve related operating conditions.

# **Instructions For Completing Form LIBC-220E**

## **ANNUAL REPORT OF ACCIDENT & ILLNESS PROGRAM STATUS BY INDIVIDUAL SELF-INSURED EMPLOYERS**

### **ITEM 5: (CONT'D.)**

- (j) A program whereby all employees are able to participate in Accident & Illness Prevention Program projects and activities, including assumption of certain Program responsibilities, either on an assigned, or voluntary basis.
- (k) Specifications regulating workplace and job performance behaviors and practices. Rules may be a result of legislative mandates and/or policies developed by the employer for specific site and task application.
- (l) Procedure for timely investigation of accidents, analysis of cause(s), completion of required reporting and recording, and a system for monitoring this information.
- (m) A program of services for providing immediate care to an injured or suddenly ill employee. This program includes on-site services, as well as those provided by the medical community.
- (n) Method for assuring the quality of the Accident & Illness Prevention Program Services. Different than effectiveness measures, this element would involve actual review and critique of the Program for the purpose of determining the strength and weaknesses of its components, as well as Program areas that may require revision.
- (o)(1) Systems, programs, procedures, hardware and equipment installed upon, around, over, or near any machine or electrical installation so as to eliminate accidental contact by any person with the hazardous mechanical and/or electrical components.
- (o)(2) Devices and apparel worn by the worker to protect against hazards in the work environment.
- (o)(3) Program established to reduce or eliminate, if possible, the level of noise in the work environment to safe levels through engineering controls, administrative control and/or personal protective equipment.
- (o)(4) Program established to reduce or eliminate, if possible, any physical or environmental hazards to employees eyes. Methods may include personal protective eye wear, goggles, face shields, point of operation equipment guards, non-hazardous tools, proper illumination, and other similar engineering controls.

# Instructions For Completing Form LIBC-220E

## ANNUAL REPORT OF ACCIDENT & ILLNESS PROGRAM STATUS BY INDIVIDUAL SELF-INSURED EMPLOYERS

### ITEM 5: (CONT'D.)

(o)(5) A program consisting of an energy control procedure and employee training to ensure that a machine or equipment is isolated, de-energized and completely inoperative (locked out) before servicing or maintenance, thus protecting the employee from unexpected machine start-up or release of stored energy source..

(o)(6) A program of identifying and controlling the receipt, use, storage and disposal of hazardous chemicals and products containing hazardous chemicals. Included is development of a chemical inventory, procurement of material safety data sheets (MSDS) and training for employees in identifying hazardous materials, understanding possible exposures and routes of entry of the chemical into the body, knowledge of the signs and symptoms of overexposure, and recommended first-aid procedures if overexposure should occur. This also includes the provisions of the *Pennsylvania Worker and Community Right to Know Act*, Pennsylvania Law 743, Number 159 for non-manufacturing employers.

(o)(7) A program of required procedures which must be followed when entering, for any reason, any area that has limited openings for entry and exit that would make escape difficult in an emergency, has a lack of ventilation, contains known and potential hazards, or is neither intended nor designed for continuous human occupancy.

(o)(8) A program or required procedures for the prevention and control of fires and their related cause factors. Also includes methods for responding to fires should they occur, employee evacuation procedures, and other applicable techniques for protecting life and property.

(o)(9) A program of requirements for protecting employees against the hazards related to exposure to blood or other potentially infectious body fluids. This also includes employee training and a procedure for immediate follow-up should an exposure incident occur.

(o)(10) Review of plans, drawings, diagrams and specifications for processes, equipment and machinery prior to their introduction and use in the workplace. This review is for the purpose of identifying and correcting hazardous conditions.

(p) If other work site specific programs, procedures, or activities are in place, please describe on an additional sheet identified as ITEM 5 (p).

# Instructions For Completing Form LIBC-220E

## ANNUAL REPORT OF ACCIDENT & ILLNESS PROGRAM STATUS BY INDIVIDUAL SELF-INSURED EMPLOYERS

**ITEM 6:** State the number of **Qualified Accident & Illness Prevention Providers**, both employees of the self-insured employer and contracted personnel who are directly involved in the delivery of Accident & Illness Prevention Services in locations within the Commonwealth of Pennsylvania. Include both full and part-time personnel and contracted personnel who may, or may not have been called upon to provide services during the report year. Please attach copies of Form LIBC-240Q, Documentation of Qualifications for Accident & Illness Prevention Services Provider(s). See Page 4 of the Documentation of Qualifications Affidavit for a complete list of accepted qualifications for Accident & Illness Prevention Providers.

**ITEM 7:** Indicate the internal method(s) utilized to determine the effectiveness of the Accident & Illness Prevention Program. State the applicable rates for the prior full fiscal year and one and two years prior to the last full fiscal year. Calculation methods include:

**Section I:** Comparisons of your incidence rate using the OSHA/Bureau of Labor Statistics (BLS) formula: **number of recordable injuries x 200,000 ÷ hours worked**, and then comparing your incidence rate to the OSHA/Bureau of Labor Statistics (BLS) published incidence rate for your business or industry; **OR**

**Section II:** Comparison of your injury and illness rate derived via the *Employer's Report of Occupational Injury or Disease (Form LIBC-344, Rev. 8-93)*, using the formula: **number of "First Reports" filed x 1,000 ÷ average number of employees**, and then comparing your rate to the rates published in the current edition of *Pennsylvania Work Injuries and Illnesses*, Table 2, "Injury and Illness Rates In Selected Industries"; **OR**

**Section III:** State the experience modification factor or loss ratio for the entire fiscal year and compare these rates to the previous two years; **OR** If another method is utilized, please check (✓) **Section IV** and attach a separate sheet identified as ITEM 7 (IV), to describe the method(s).

**NOTE 1:** *Since it may be necessary to clarify information reported, the person responsible for completing this report should be listed on the Contact line and his/her telephone number included. Also, the person signing this Report must be authorized to do so by an Officer of the company or corporation. The company or corporation assumes ultimate responsibility of the accuracy of responses contained herein.*

**(PLEASE USE ADDITIONAL SHEETS WHERE NECESSARY)**

**COMMONWEALTH OF PENNSYLVANIA  
INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM  
STATUS BY NEW GROUP SELF-INSURANCE FUNDS**

*This Report Must be Included With the Application to Operate as a Group Workers' Compensation Fund and Submitted to the Pennsylvania Bureau of Workers' Compensation, Self-Insurance and Safety Division.*

(Please type or print all information. Before completing, please refer to the accompanying instructions regarding items #1 through # 10)

**Application Date** \_\_\_\_\_

1. Proposed Fund Name: (Please see Instructions on Page 4)

2. Mailing Address: (Street, P.O. Box, City, State, Zip Code)

3. Total Number of Members to be Affiliated with the Group Self-Insurance Fund: \_\_\_\_\_

4. What methods will be utilized for determining program services commitments [Check (✓) all that apply]:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> a. Member Contribution (%) | <input type="checkbox"/> e. Incidence Rate    | <input type="checkbox"/> i. Fund Administrator Request  |
| <input type="checkbox"/> b. Request                 | <input type="checkbox"/> f. First Report Rate | <input type="checkbox"/> j. Annual Inspection           |
| <input type="checkbox"/> c. Request Only            | <input type="checkbox"/> g. Incurred Losses   | <input type="checkbox"/> k. Other [Explain /Identify as |
| <input type="checkbox"/> d. Loss History            | <input type="checkbox"/> h. Paid Losses       | Item 4(k) on additional sheets]                         |

5. Based on the current plan, state the elements that will be contained within the Fund's Accident & Illness Prevention Program at the time the Fund is approved [check (✓) all that apply]:

- |   |   |
|---|---|
| <input type="checkbox"/> a. Safety Program Policy Statement<br><input type="checkbox"/> b. Safety Program Coordinator Designated<br><input type="checkbox"/> c. Safety Program Responsibility Assignments<br><input type="checkbox"/> d. Safety Program Goals and Objectives<br><input type="checkbox"/> e. Hazard Identification Methods<br><input type="checkbox"/> f. Industrial/Occupational Health Services<br><input type="checkbox"/> g. Industrial Hygiene Services<br><input type="checkbox"/> h. Accident & Illness Prevention Program Training<br><input type="checkbox"/> i. Emergency Action Plan<br><input type="checkbox"/> j. Employee Safety Suggestion Program<br><input type="checkbox"/> k. Employee Involvement Methods<br><input type="checkbox"/> l. Safety Rules and Enforcement Procedure<br><input type="checkbox"/> m. Accident Investigation and Reporting<br><input type="checkbox"/> n. Availability of First-Aid & CPR<br><input type="checkbox"/> o. Program Evaluation Methods | <input type="checkbox"/> p. Work Environment Procedures Relating to:<br><input type="checkbox"/> 1. Electrical and Machine Guarding<br><input type="checkbox"/> 2. Personal Protective Equipment<br><input type="checkbox"/> 3. Hearing Conservation Program<br><input type="checkbox"/> 4. Vision Conservation Program<br><input type="checkbox"/> 5. Lock-Out/Tag-Out Program<br><input type="checkbox"/> 6. Hazardous Material & Waste Program<br><input type="checkbox"/> 7. Confined Space Entry Program<br><input type="checkbox"/> 8. Fire Prevention & Protection Program<br><input type="checkbox"/> 9. Bloodborne Pathogens Exposure Control<br><input type="checkbox"/> 10. Pre-Operational Process Review<br><input type="checkbox"/> q. Other Worksite Specific Procedures/Describe<br>[Explain - Identify as Item #5 (q) on additional sheet] |
|---|---|

**Page 2- Initial Report of Accident & Illness Prevention Program Status by New Group Self-Insurance Funds**

6. Indicate the number of qualified personnel the Fund plans on utilizing to provide Accident & Illness Prevention Program services (Fund Personnel or Contracted)

a. Fund Personnel

b. Contract Personnel

7. State the types of Accident & Illness Prevention Materials that the Fund intends to provide to it's members:  
[Check (✓) the types of materials to be provided]:

- |  |  |
|--|--|
| <input type="checkbox"/> a. Audiovisual Materials            | <input type="checkbox"/> f. Sample Programs  |
| <input type="checkbox"/> b. Posters/Payroll Stuffers         | <input type="checkbox"/> g. Awards   |
| <input type="checkbox"/> c. Booklets, Brochures or Pamphlets | <input type="checkbox"/> h. Other [Explain /Identify as Item # 7(h)<br>on additional sheets] |
| <input type="checkbox"/> d. Regulations/Standards            |  |
| <input type="checkbox"/> e. Sample Forms                     |  |

8. Which of the following method(s) will be used to determine the effectiveness of the Fund's Accident & Illness Prevention Program [check (✕) the method(s) used]:

- ☐ I. OSHA/BLS Incidence Rate Comparison By the Standard Industrial Classification (SIC) Code  
☐ II. Comparison of Statistics Derived from "First Report"  
☐ III. Experience Modification Factor or Loss Ratio  
☐ IV. Other [Explain-Identify as Item #10(IV) on additional sheets]

I, the undersigned, verify that the facts set forth in this report and any attachments are true and correct. This verification is made subject to the penalties of *Section 4904 of the Crime Codes, 18 Pa. C.S. Subsection 4904*, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Point of Contact Name (please print)\*\*

\_\_\_\_\_  
Title

\_\_\_\_\_  
( ) Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(\*\* Contact Person Name and Telephone Number of Person Signing this Form is Necessary in case Additional Information is Needed)

Send this Completed Report along with your Application to Operate as a Group Workers' Compensation Fund to:

Pennsylvania Bureau of Workers' Compensation  
Self-Insurance & Safety Division Room 324  
Health & Safety Section  
1171 South Cameron Street  
Harrisburg, PA 17104-2501  
(717) 772-1636

*(Please Attach Additional Sheets, Where Necessary, Labeled With  
Appropriate Form Section Number and Letter)*

**INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM STATUS  
BY NEW GROUP SELF-INSURANCE FUNDS**

This Form must be filed with the Bureau of Workers' Compensation, Self-Insurance & Safety Division along with the Application to Operate as a Group Workers' Compensation Fund.

**NOTE:** The term **Accident & Illness Prevention Program** as described in the *Pennsylvania Workers' Compensation Act* is synonymous with the terms **Safety and Health Program** and **Loss Control Program**.

- ITEM 1:** State the full name of the Group Self-Insurance Fund as it will be registered with the Self-Insurance & Safety Division
- ITEM 2:** The address of the Group Self-Insurance Fund as registered with the Self-Insurance & Safety Division.
- ITEM 3:** State the total number of members affiliated with the fund at the time application is made to Self-Insurance & Safety Division.
- ITEM 4:** Describe the method(s) that will be used in promoting Accident & Illness Prevention Program Services and/or reasons for lack of promotion. Include an attached sheet identified as ITEM 4.
- ITEM 5:** Check the elements that will be contained within the Accident & Illness Prevention Program offered by the fund. Items (a) through (o) are considered to be the minimum acceptable elements that the Fund is required to have for the Fund members. Elements listed under (p) are considered as required based on the nature of the Funds business. The following definitions apply to the specific program elements:
- (a) A statement regarding the Accident & Illness Prevention philosophy of Fund management that serves as a foundation for all program activities. This statement is signed by the Fund Manager and is communicated to all members. This statement may also be modified by any member for the purpose of establishing an individual member policy statement.
  - (b) Individual(s) appointed by the Fund to coordinate the function of Accident & Illness Prevention Program. Individual members should also appoint such an individual at their location to oversee their site specific program.
  - (c) Assignment of Accident & Illness Prevention Program responsibilities to Fund personnel, including both employees and contracted personnel available to provide services to Fund members on behalf of the Fund.
  - (d) A statement or description explaining how Accident & Illness Prevention Program goals and objectives will be set.
  - (e) System for conducting hazard identification and control assessments and for providing recommendations or suggestions to members for the purpose of eliminating or reducing occupational accidents, injuries and illnesses. Activities may include, but not be limited to: providing solutions, explanations resources, reference materials and referrals.

**INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM STATUS  
BY NEW GROUP SELF-INSURANCE FUNDS**

- (f) Services that include initial consultations concerning the physical, mental and emotional well-being of employees in relation to their job and working environment. These consultation may produce recommendations designed to identify, control and/or eliminate health hazards.
- (g) Services that include surveys and consultations concerning suspected chemical, physical or biological exposure. These surveys/consultations may produce recommendations designed to control, reduce and/or prevent , identified exposure.
- (h) Learning experiences which enable the Fund and its members to enhance knowledge and skills, attitudes and motivations concerning health and safety procedures relating to operation, processes and specific work environments. Included is training for mangement/labor safety committee members regarding their roles and responsibilities.
- (i) A plan an designed to provide a quick and pre-planned response to emergencies or unexpected or disastrous events that include, but are not limited to fires, floods, gas leaks and ordered evacuations.
- (j) A system whereby employees can offer recommendations that are expected to improve the overall Accident & Illness Prevention Program or improve related operating conditions.
- (k) A program whereby all employees are able to participate in Accident & Illness Prevention Program projects and activities, including assumption of certain program responsibilities, either on an assigned or voluntary basis.
- (l) Specifications regulating workplace and job performance behaviors and practices. Rules may be a result of legislative mandates and/or policies developed by the employer for specific site and task application.
- (m) Procedures for timely investigation of accidents, analysis of cause(s), completion of required reporting and recording, and a system for monitoring this information.
- (n) A program of services for providing immediate care to an injured or suddenly ill employee. This includes on-site services, as well as those provided by the medical community.
- (o) Method for assuring the quality of Accident & Illness Prevention Program Services. Different than effectiveness measures, this element would involve actual review and critique of the program for the purpose of determining the strength and weaknesses of it's components, as well as program areas that may require revision.



**INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM STATUS  
BY NEW GROUP SELF-INSURANCE FUNDS**

- (p)(1) Systems, programs, procedures, hardware and equipment installed upon, around, over or near any machine or electrical installation so as to eliminate accidental contact by any person with the hazardous mechanical and/or electrical components.
- (p)(2) Devices and apparel worn by the worker to protect against hazards in the work environment.
- (p)(3) A program established to reduce or eliminate, if possible, the level of noise in the work environment to safe levels through engineering controls, administrative controls and/or personal protective equipment.
- (p)(4) A program established to reduce or eliminate, any physical or environmental hazards to employees eyes. Methods may include personal protective equipment (safety glasses, goggles, and face shields), point of operation equipment guards, nonhazardous tools, proper illumination, and other similar engineering controls.
- (p)(5) A program consisting of an energy control procedure and employee training to ensure that a machine or equipment is isolated or inoperative (locked out) before servicing or maintenance takes place, thus protecting the employee from unexpected startup or energizing of machinery or equipment..
- (p)(6) A program identifying and controlling the receipt, use, storage and disposal of hazardous chemicals and products containing hazardous chemicals. Included is the development of a chemical inventory, procurement of material safety data sheets (MSDS) and training for employees in identifying hazardous materials, understanding possible exposures and routes of entry of the chemical into the body, knowledge of the signs and symptoms of overexposure and recommended first-aid procedures should overexposure occur. This also includes the provisions of the *Pennsylvania Worker and Community Right to Know Act, Pennsylvania Law 743, Number 159 for nonmanufacturing employers.*
- (p)(7) A program of procedures and requirements to follow when entering, for any reason, any area that has limited openings for entry and exit that would make escape difficult in an emergency, has a lack of ventilation, contains known and potential hazards and is not intended nor designed for continuous human occupancy.
- (p)(8) A program of procedures and requirements for the prevention and control of fires and their related cause factors. Also includes methods for responding to fires should they occur, employee evacuation procedures and other applicable techniques for protecting life and property.
- (p)(9) A program of requirements for protecting employees against the hazards related to exposure to blood or other potentially infectious body fluids. This also includes employee training and a procedure for immediate follow-up should an exposure incident occur.
- (p)(10) Review of plans, drawings, diagrams and specifications for processes, equipment and machinery prior to their use and introduction into the workplace. This review is for the purpose of identifying and correcting hazardous conditions.

**INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM STATUS  
BY NEW GROUP SELF-INSURANCE FUNDS**

(q) If other work site specific programs, procedures or activities are in place, please describe on an additional sheet identified as ITEM 5(q).

**ITEM 6:** State the number of *Qualified* Accident & Illness Prevention Service Providers, both employees of the Fund and contracted personnel who will be directly involved in the delivery of Accident & Illness Prevention Services in locations within the Commonwealth of Pennsylvania. Include both full and part-time personnel and contracted personnel who may, or may not have been called upon to provide services during the report year.

**ITEM 7:** If Accident & Illness Prevention Materials will be provided to members, check (✓) the types that are or will be available.

**ITEM 8:** Indicate the internal method(s) to be utilized in determining the effectiveness of the Accident & Illness Prevention Program.

**I:** Comparisons of the Fund's incidence rate using the OSHA/Bureau of Labor Statistics (BLS) formula: number of recordable injuries × 200,000 ÷ hours worked, and then comparing the Fund's incidence rate to the OSHA/Bureau of Labor Statistics (BLS) published incidence rate for your business or industry; **OR**

**II:** Comparison of the Fund's injury and illness rate derived via the *Employer's Report of Occupational Injury or Disease (Form LIBC-344, Rev. 8-93)*, using the formula: number of "First Reports" filed × 1,000 ÷ average number of employees, and then comparing the fund's rate to the rates published in the current addition of *Pennsylvania Work Injuries and Illnesses*, Table 2, "Injury and Illness Rates In Selected Industries"; **OR**

**III:** State the Experience Modification Factor or Loss Ratio for the entire fiscal year and compare these rates to the previous two years; **OR**

If another method is utilized, please check (✓) **IV** and attach a separate sheet identified as **ITEM #8 (IV)**, to describe the method(s).

**NOTE:** Since it may be necessary to clarify information reported, the person responsible for completing this report, or the person responsible for the operation of the Fund's Accident & Illness Prevention Program should be listed on the contact line and his/her telephone number included. Also, the person signing this report must be authorized to do so by an officer of the Fund. The Fund Administrator assumes ultimate responsibility of the accuracy of responses contained herein.

**(PLEASE USE ADDITIONAL SHEETS WHERE NECESSARY)**

**COMMONWEALTH OF PENNSYLVANIA  
ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM  
STATUS BY GROUP SELF-INSURANCE FUNDS**

*This Report Must be Included With the Annual Report Submitted to the Pennsylvania Bureau of Workers' Compensation, Self-Insurance and Safety Division as Required by 77 P.S. §1036.15.*

(Please print or type all information. Before completing, please refer to the accompanying instructions regarding Items #1 through #11)

Report for Fund Year \_\_\_\_\_, 19\_\_ to \_\_\_\_\_, 19\_\_

**PLEASE MAKE ANY NECESSARY CORRECTIONS TO INFORMATION IN ITEMS #1 AND #2**

Bureau Code (Self-Insurance Code):

--	--	--	--

1. Fund Name: (Please See Instructions on Page 4)

2. Mailing Address: Street, P.O. Box, City, State, Zip Code

3. Total Number of Members Affiliated  
with the Group Self-Insurance Fund:

\_\_\_\_\_

3a. Total Number of Members Receiving  
Accident & Illness Prevention Services:

\_\_\_\_\_

3b. Total Amount Spent on Accident &  
Illness Prevention Program Services:

\_\_\_\_\_

4. Total Number of Requests for Accident  
& Illness Prevention Program Services  
Received:

\_\_\_\_\_

4a. Total Number of Requests for  
Services that were Fulfilled:

\_\_\_\_\_

4b. Number of Member Service Requests  
Fulfilled Via Service Visits:

\_\_\_\_\_

5. Is the Availability of Program Services Promoted:    ☐ Yes    ☐ No

6. Method(s) Utilized for Determining Program Services Commitments (check (✓) all that apply):

- ☐ a. Member Contribution (%)
- ☐ b. Member Request
- ☐ c. Loss History
- ☐ d. Incidence Rate

- ☐ e. First Report Rate
- ☐ f. Incurred Losses
- ☐ g. Paid Losses
- ☐ h. Fund Administrator Request

- ☐ i. Annual Inspection
- ☐ j. Other [Explain - Identify as Item #6(j) on additional sheets]

7. Number of On-Site Inspections Performed:

\_\_\_\_\_

a. By Fund Personnel

\_\_\_\_\_

b. By Contracted Personnel

\_\_\_\_\_

**Page 2 - Group Self-Insurance Funds Accident & Illness Prevention Program Annual Report**

8. State the Elements Contained Within Your Accident & Illness Prevention Program [check (✓) all that apply]:

- |  |  |
|--|--|
| <input type="checkbox"/> a. Safety Program Policy Statement                | <input type="checkbox"/> o. Work Environment Procedures Relating to: |
| <input type="checkbox"/> b. Safety Program Coordinator Designated          | <input type="checkbox"/> 1. Electrical and Machine Guarding          |
| <input type="checkbox"/> c. Safety Program Responsibilities Assignments    | <input type="checkbox"/> 2. Personal Protective Equipment            |
| <input type="checkbox"/> d. Hazard Identification Methods                  | <input type="checkbox"/> 3. Hearing Conservation                     |
| <input type="checkbox"/> e. Industrial/Occupational Health Services        | <input type="checkbox"/> 4. Vision Conservation                      |
| <input type="checkbox"/> f. Industrial Hygiene Services                    | <input type="checkbox"/> 5. Lockout/Tagout (Energy Isolation)        |
| <input type="checkbox"/> g. Accident & Illness Prevention Program Training | <input type="checkbox"/> 6. Hazardous Materials                      |
| <input type="checkbox"/> h. Emergency Action Plan                          | <input type="checkbox"/> 7. Confined Space Entry                     |
| <input type="checkbox"/> i. Employee Safety Suggestion Program             | <input type="checkbox"/> 8. Fire Prevention and Protection           |
| <input type="checkbox"/> j. Employee Involvement Methods                   | <input type="checkbox"/> 9. Bloodborne Pathogen Exposure Control     |
| <input type="checkbox"/> k. Safety Rules                                   | <input type="checkbox"/> 10. Pre-Operational Process Review          |
| <input type="checkbox"/> l. Accident Investigation and Reporting           | <input type="checkbox"/> p. Other Worksite Specific Procedures       |
| <input type="checkbox"/> m. Availability of First-Aid & CPR                | [Explain - Identify as Item #8 (p) on additional sheets]             |
| <input type="checkbox"/> n. Effectiveness Evaluation Methods               |  |

9. Number of Qualified Accident & Illness Prevention Providers Utilized to Provide Program Services:	a. Staff Personnel	b. Contracted Personnel
[Please Attach Form LIBC-240Q, <i>Documentation of Qualifications Affidavit for Accident &amp; Illness Prevention Services Provider</i> for total entered for 9a and 9b]	_____	_____

10. State the Types of Accident & Illness Prevention Materials Provided to Members:

Check (✓) the Types of Materials Provided:

- |  |  |
|--|--|
| <input type="checkbox"/> a. Audio-visual Material          | <input type="checkbox"/> f. Sample Programs  |
| <input type="checkbox"/> b. Posters/Payroll Stuffers       | <input type="checkbox"/> g. Awards   |
| <input type="checkbox"/> c. Booklets, Brochures, Pamphlets | <input type="checkbox"/> h. Other [Explain - Identify as Item #10(h) on additional sheets] |
| <input type="checkbox"/> d. Regulations/Standards          | <input type="checkbox"/> i. Optional: What is the Total Cost of These Materials: \$_____   |
| <input type="checkbox"/> e. Sample Forms                   |  |

11. Which of the Following Method(s) are Used to Determine the Effectiveness of the Accident & Illness Prevention Services Program? [check (✓) method (s) used]: **For the Method (s) Used, Please Supply the Information Requested.**

☐ I. OSHA/BLS Incidence Rate Comparison (Please State Incidence Rate for the Fund)

- |  |       |
|--|-------|
| a. Prior Fund Year                       | _____ |
| b. One Year Prior to Last Fund Year      | _____ |
| c. Two Years Prior to Last Fund Year     | _____ |
| d. Number of Members Above OSHA/BLS Rate | _____ |
| e. Number of Members Below OSHA/BLS Rate | _____ |

**Page 3 - Group Self-Insurance Funds Accident & Illness Prevention Program Annual Report****( ) II. Comparison of Statistics Derived from "First Reports" (Please State Your Illness and Injury Rate Using the FORMULA in the Instructions)**

- a. Prior Fund Year \_\_\_\_\_
- b. One Year Prior to Last Fund Year \_\_\_\_\_
- c. Two Years Prior to Last Fund Year \_\_\_\_\_
- d. Number of Members Above State Specific Rate \_\_\_\_\_
- e. Number of Members Below State Specific Rate \_\_\_\_\_

**( ) III. Experience Modification Factor or Loss Ratio (Please State Your Experience Modification Factor or Loss Ratio as Per the Instructions)**

- |                                      | <u>E-MOD FACTOR</u> | <u>LOSS RATIO</u> |
|--------------------------------------|---------------------|-------------------|
| a. Prior Fund Year                   | _____               | _____             |
| b. One Year Prior to Last Fund Year  | _____               | _____             |
| c. Two Years Prior to Last Fund Year | _____               | _____             |

**( ) IV. Other [Explain - Identify as Item #11(IV) on additional sheets]**

I, the undersigned, verify that the facts set forth in this report and any attachments are true and correct. This verification is made subject to the penalties of Section 4904 of the *Crimes Code*, 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

_____ Name/Contact (please print)**	_____ Title	(    ) _____ Telephone
_____ Signature	_____ Date	

***(Please Attach Additional Sheets, Where Necessary, Labeled With  
Appropriate Form Section Number and Letter)***

**Send this Completed Report and the Documentation of Qualifications Affidavit of Accident & Illness Prevention Services Provider (DOQ) Affidavit along with your Group Self-Insurance Renewal Application to:**

Pennsylvania Bureau of Workers' Compensation  
Health and Safety Division  
1171 South Cameron Street, Room 324  
Harrisburg, PA 17104-2501  
(717) 772-1636

**(\*\*Name/Contact and Telephone Number of Person Signing this Form and Who Can Provide Additional Information)**

12/01/98

**Page 4 - Instructions for Completing Form LIBC-230G**

**ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES  
PROGRAM STATUS BY GROUP SELF-INSURANCE FUNDS**

This Form must be filed with the Bureau of Workers' Compensation, Self-Insurance and Safety Division for the most recently completed Group Self-Insurance Fund Year in conjunction with the Annual Report which each Fund must file under Section 815 of the Workers' Compensation Act (77 P.S. §1036.15). The period covered by each Fund Year is identified within each Group Self-Insurance Fund's Operating Permit. Please refer to accompanying instructions regarding Items #1 through #11.

**BUREAU CODE GROUP SELF-INSURANCE CODE:** The one to four digit Bureau Code/Group Self-Insurance Code assigned to you by the Bureau of Workers' Compensation.

- ITEM 1:** The full name of the Group Self-Insurance Fund as registered with the Commonwealth of Pennsylvania. Please insert any correction to this information.
- ITEM 2:** The mailing address of the Group Self-Insurance Fund as registered with the Department of Labor & Industry, Bureau of Worker's Compensation, Self-Insurance and Safety Division as entered on initial or renewal application. Please insert any corrections to this information.
- ITEM 3:** State the total number of Members affiliated with the Group Fund.
- 3a. State the total number of members that have received Accident & Illness Prevention Services during the Fund year.
- 3b. State the amount spent for providing Accident & Illness Prevention Program Services over the prior Fund Year. Include costs associated with preparation, travel, on-site inspections, including hazard identification and correction recommendations, accident cause analysis, Accident & Illness Prevention Program evaluation, industrial hygiene and industrial health services, member personnel training, safety committee certification training, telephone consultation, pre-operational/process reviews, report development, follow-up and provision of materials. DO NOT include overhead costs such as fund or contracted personnel training, or other expenses involved with member recruitment, financial management, or claims handling services.
- ITEM 4:** State the number of requests for Accident & Illness Prevention Program Services that have been received from members.
- 4a. State the total number of members that have received Accident & Illness Prevention Services during the report year.
- 4b. State the number of requests fulfilled and brought to closure via an on-site inspection, or completion of another requested activity.

**Page 5 - Instructions for Completing Form LIBC-230G****ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES  
PROGRAM STATUS BY GROUP SELF-INSURANCE FUNDS**

- ITEM 5:** Check (✓) "yes" or "no" regarding the promotion of Accident & Illness Prevention Program Services. Describe the methods for promoting such services and/or reason for lack of promotion. Include an attached sheet identified as ITEM 5.
- ITEM 6:** Check (✓) the method(s) utilized for determining program services commitments. Methods could include, but not be limited to (a) basis as a percentage of individual member's contributions to the fund; (b) Member request; (c) loss history, ie., summary of types and frequency of accidents that have occurred during the fund year and previous years and planning services to address these type(s) of accidents; (d) incidence rate using the OSHA/Bureau of Labor Statistics (BLS) formula (number of recordable injuries x 200,000 ÷ number of hours worked); (e) comparison of the member's injury and illness rate derived via the *Employer's Report of Occupational Injury or Disease (Form LIBC-344, Rev. 8-93)*, using the formula: number of "First Reports" filed x 1,000 ÷ average number of employees and then comparing the member rate to the rates published in the current edition of *Pennsylvania Work Injuries and Illnesses*, Table 2, "Injury and Illness Rates Total"; (f) incurred losses: losses paid plus change in outstanding loss reserves; (g) paid losses; (h) requests by Fund Administrator as a condition of membership; (i) an annual inspection as required by the fund; or (j) other method, describe using an attached sheet identified as ITEM 6.
- ITEM 7:  
(7a & 7b)** State the number of On-Site Inspections, including follow-up inspections performed during the fund year by **qualified** fund employees and contracted personnel. Please refer to the definitions included for ITEM 8 on the following page.
- ITEM 8:** Check (✓) the elements contained within the Accident & Illness Prevention Program offered by the fund. These are minimum elements that the fund should provide and each member should have available for implementation, if applicable. The following definitions apply to the specific Program elements:
- (a) Statement regarding the Accident & Illness Prevention Philosophy of Fund Management that serves as a foundation for all program activities. This statement is signed by the Fund Administrator and communicated to all members. This statement may also be modified by any member for the purpose of establishing an Individual Member Safety Program Policy Statement.
  - (b) Individual appointed by the Fund to administer the provision of their Accident & Illness Prevention Program. Individual Members should also appoint such an individual at their location to oversee their site specific program.
  - (c) Assignment of Accident & Illness Prevention Program Services responsibilities to fund personnel, including personnel available to provide services, schedules, and specific roles for each individual who will be providing services.

- Item #8 continued -

**Page 6 - Instructions for Completing Form LIBC-230G**

**ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES  
PROGRAM STATUS BY GROUP SELF-INSURANCE FUNDS**

**ITEM 8:  
(CONT'D)**

- (d) System for conducting hazard identification inspections, and control and for providing recommendations or suggestions to members for the purpose of eliminating or reducing occupational accidents, injuries and illnesses. Activities may include, but not be limited to: providing solutions, explanations, resources, reference materials and referrals.
- (e) Services that include an initial consultation concerning the physical, mental and social well being of people in relation to their job and working environment. This consultation may produce recommendations designed to identify, control, and/or prevent identified exposure and are directed towards implementing a program of Accident & Illness Prevention Services.
- (f) Services that include surveys and consultation concerning suspected chemical, physical or biological exposures. These surveys and consultation may produce recommendations designed to control identified exposures and are directed towards implementing a program of Accident & Illness Prevention Services.
- (g) Learning experiences which enable employers and/or existing and newly hired employees to enhance their knowledge and skills, attitudes, and motivations concerning health and safety requirements relating to operations, processes, and specific work environments. Included is training for management and labor, as well as, safety committee members regarding their roles and responsibilities.
- (h) A plan or plans designed to provide quick and pre-planned responses to emergencies or unexpected or disastrous events that include, but are not limited to fires, floods, gas leaks, and any other ordered evacuations.
- (i) A system whereby employees can offer recommendations expected to improve the overall Accident & Illness Prevention Program or improve related operating conditions.
- (j) A program whereby all employees are encouraged and are able to participate in Accident & Illness Prevention Program projects and activities, including assumption of certain program responsibilities, either on an assigned, or voluntary basis.
- (k) Specifications regulating workplace and job performance behaviors and practices. Rules may be a result of legislative mandates and/or policies developed by the employer for specific site and task application.
- (l) Procedure for timely investigation of accidents, analysis of cause(s), completion of required reporting and recording, and a system for tracking and monitoring this information.



- Item #8 continued -

**Page 7 - Instructions for Completing Form LIBC-230G**

**ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES  
PROGRAM STATUS BY GROUP SELF-INSURANCE FUNDS**

**ITEM 8:  
(CONT'D)**

- (m) A program of services for providing immediate care to an injured or suddenly ill employee. This program includes on-site services, as well as those provided by the medical community.
- (n) Method for assuring the quality of the Accident & Illness Prevention Program Services. Different than effectiveness measures, this element would involve actual review and critique of the program for the purpose of determining the strength and weaknesses of its components, as well as program areas that may require revision.
- (o)(1) Systems, programs, procedures, hardware and equipment installed upon, around, over, or near any machine or electrical installation so as to eliminate accidental contact by any person with the hazardous mechanical and /or electrical components.
- (o)(2) Devices and apparel worn by the worker to protect against hazards in the work environment.
- (o)(3) Program established to reduce or eliminate the level of noise in the work environment through administrative controls, engineering controls, or personal protective devices.
- (o)(4) Program established to reduce or eliminate any physical or environmental hazards to employees' eyes through protective eye wear, goggles, face shields, point-of-operation guarding, non-hazardous tools, illumination, and other engineering controls.
- (o)(5) A program consisting of an energy control procedure and employee training to ensure that a machine or equipment is isolated or inoperative (locked out) before servicing or maintenance, thus protecting the employee from unexpected machine start-up or energizing.
- (o)(6) A program of identifying and controlling the receipt, use, storage and disposal of hazardous chemicals and products containing hazardous chemicals. Included is development of a chemical inventory, procurement of material safety data sheets (MSDS) and training for employees in identifying hazardous materials, understanding possible exposures and routes of entry of the chemical into the body, knowledge of the signs and symptoms of overexposure, and recommended first-aid procedures if overexposure should occur. This also includes the provisions of the *Pennsylvania Worker and Community Right to Know Act*, Pennsylvania Law 743, Number 159 for non-manufacturing employers.

- Item #8 continued -

**Page 8 - Instructions for Completing Form LIBC-230G****ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES  
PROGRAM STATUS BY GROUP SELF-INSURANCE FUNDS****ITEM 8:  
(CON'T)**

- (o)(7) A program of procedures and requirements to follow when entering, for any reason, any area that has limited openings for entry and exit that would make escape difficult in an emergency, has a lack of ventilation, contains known and potential hazards, and is not intended nor designed for continuous human occupancy.
- (o)(8) A program of procedures and requirements for the prevention and control of fires and their related cause factors. Also includes methods for responding to fires should they occur, employee evacuation procedures, and other applicable techniques for protecting life and property.
- (o)(9) A program of requirements for protecting employees against the hazards related to exposure to blood or other potentially infectious body fluids. This also includes employee training and a procedure for immediate follow-up should an exposure incident occur.
- (o)(10) Review of plans, drawings, diagrams and specifications for processes, equipment and machinery prior to their introduction and use in the workplace. This review is for the purpose of identifying and correcting hazardous conditions.
- (p) If other work site specific programs, procedures, or activities are in place, please describe on an additional sheet identified as ITEM 8(p).

**ITEM 9:**

State the number of *Qualified* Accident & Illness Prevention Services Providers, both fund employees and contracted personnel, who are directly involved in the delivery of Accident & Illness Prevention Services to Members within the Commonwealth of Pennsylvania. Include both full and part-time personnel and contracted personnel that may, or may not have been called upon to provide services during the report year. Indicate in ITEM 9 (b) and (d) the number of each that are physically located within the boundaries of the Commonwealth of Pennsylvania. Attach copies of Form LIBC-240Q, Documentation of Qualifications Affidavit for Accident & Illness Prevention Services Provider.

**ITEM 10:**

If Accident & Illness Prevention Materials are provided to Members, check (✓) the types that are available. You may include the cost of these materials as an option. The cost stated for Item 10 will be a component of the amount declared in ITEM 3b.

**Page 9 - Instructions for Completing Form LIBC-230G**

**ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES  
PROGRAM STATUS BY GROUP SELF-INSURANCE FUNDS**

**ITEM 11:** Indicate by checking (✓) the internal method(s) utilized to determine the effectiveness of the Accident & Illness Prevention Program.

**Section I\*:** State the applicable rates for the prior Fund Year and one and two years prior to the last Fund Year. Calculation methods include: (a) comparison of the Fund incidence rate using the OSHA/Bureau of Labor Statistics (BLS) formula: number of recordable injuries x 200,000 ÷ hours worked, and then comparing the Fund incidence rate to the OSHA/BLS published incidence rate for all businesses and industries; **OR**

**Section II\*\*:** Comparison of the Fund injury and illness rate derived via the *Employer's Report of Occupational Injury or Disease (Form LIB-344, Rev. 8-93)*, using the formula: number of "First Reports" filed x 1,000 ÷ average number of employees and then comparing the Fund rate to the rates published in the current edition of *Pennsylvania Work Injuries and Illnesses*, Table 2, "Injury and Illness Rates Total"; **OR**

At Items 11I(d) and (e); \*\*11II(d) and (e), state the number of individual members whose individual incidence or first report rates are above or below the corresponding rates for the overall Fund. This information would be required to calculate the overall Fund rate.

**Section III:** State the experience modification factor or loss ratio for the entire Fund and compare these rates to the previous two years; **OR**

If another method is utilized, please check (✓) Section IV and attach a separate sheet identified as ITEM 11, to describe the method(s).

**NOTE:** *Since it may be necessary to clarify information reported, the person responsible for completing this report, or the person responsible for the operation of the Fund's Accident & Illness Prevention Services Program should be listed on the Contact line and his/her telephone number included.*

**(PLEASE USE ADDITIONAL SHEETS WHERE NECESSARY)**

**COMMONWEALTH OF PENNSYLVANIA  
SELF-INSURED EMPLOYERS INITIAL REPORT OF  
ACCIDENT & ILLNESS PREVENTION PROGRAM**

*This Report Must be Submitted to the Pennsylvania Bureau of Workers' Compensation, Health and Safety Division,  
With the Employer's Self-Insurance Application*

(Please print or type all information. Before completing, please refer to the accompanying instructions regarding Items #1 through #7)

Date Self-Insurance Application was Submitted to the Self-Insurance Division: \_\_\_\_\_, 19\_\_\_\_

**PLEASE ENTER YOUR FEDERAL EMPLOYER IDENTIFICATION NUMBER**

**FEIN:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. Employer Name: (Please See Instructions on Page 3)

2. Mailing Address: Street, P.O. Box, City, State, Zip Code

3a. Number of Physical Locations  
Within the Commonwealth of Pennsylvania:

3b. Total Number of Employees at all  
Pennsylvania Physical Locations:

4. Are Accident & Illness Prevention Program Goals and Objectives Established? ( ) Yes ( ) No

5. State the Elements Contained Within Your Corporate or Location Accident & Illness Prevention Program [check (✓) all that apply]:  
(NOTE: Items a through n are considered to be basic to any Accident & Illness Prevention Program and must be in place as a prerequisite for Self-Insurance. Items (o) 1 through 10 are required on the nature of the Self-Insured Employer's business)  
Check all that are in place at the time the Self-Insurance Application is submitted.

- |   |   |
|---|---|
| <p>( ) a. Safety Program Policy Statement</p> <p>( ) b. Safety Program Coordinator Designated</p> <p>( ) c. Safety Program Responsibility Assignments</p> <p>( ) d. Hazard Identification Methods</p> <p>( ) e. Industrial/Occupational Health Services</p> <p>( ) f. Industrial Hygiene Services</p> <p>( ) g. Accident &amp; Illness Prevention Program Training</p> <p>( ) h. Emergency Action Plan</p> <p>( ) i. Employee Safety Suggestion Program</p> <p>( ) j. Employee Involvement Methods</p> <p>( ) k. Safety Rules and Enforcement Procedure</p> <p>( ) l. Accident Investigation and Reporting</p> <p>( ) m. Availability of First-Aid &amp; CPR</p> <p>( ) n. Program Evaluation Methods</p> | <p>( ) o. Work Environment Procedures Relating to:</p> <p>( ) 1. Electrical and Machine Guarding</p> <p>( ) 2. Personal Protective Equipment</p> <p>( ) 3. Hearing Conservation Program</p> <p>( ) 4. Vision Conservation Program</p> <p>( ) 5. Lock-Out/Tag-Out Program</p> <p>( ) 6. Hazardous Material &amp; Waste Program</p> <p>( ) 7. Confined Space Entry Program</p> <p>( ) 8. Fire Prevention &amp; Protection Program</p> <p>( ) 9. Bloodborne Pathogens Exposure Control</p> <p>( ) 10. Pre-Operational Process Review</p> <p>( ) p. Other Worksite Specific Procedures/Describe<br/>[Explain - Identify as Item #5 (p) on additional sheet]</p> |
|---|---|

6. Number of Qualified Accident & Illness Prevention  
Personnel Involved With the Program:  
(See Instructions)

a. Staff Personnel

b. Contracted Personnel

**Page 2 - SELF-INSURED EMPLOYERS INITIAL REPORT OF ACCIDENT & ILLNESS PREVENTION PROGRAM**

7 Which of the Following Method(s) are to be Used to Determine the Effectiveness of the Accident & Illness Prevention Program [check (✓) Method(s) used]: For the Method(s) Indicated, (If Available) Please Supply the Requested Information.

( ) I. OSHA/BLS Incidence Rate Comparison By the Standard Industrial Classification (SIC) Code

*Please State Incidence Rate:*

- a. Prior Fiscal Year \_\_\_\_\_
- b. One Year Prior to Last Fiscal Year \_\_\_\_\_
- c. Two Years Prior to Last Fiscal Year \_\_\_\_\_

( ) II. Comparison of Statistics Derived from "First Reports"

*Please State Your Injury and Illness Rate Using the FORMULA in the Instructions:*

- a. Prior Fiscal Year \_\_\_\_\_
- b. One Year Prior to Last Fiscal Year \_\_\_\_\_
- c. Two Years Prior to Last Fiscal Year \_\_\_\_\_

( ) III. Experience Modification Factor or Loss Ratio

*Please State Your Experience Modification Factor or Loss Ratio as Per the Instructions:*

- |  | <u>E-MOD FACTOR</u> | <u>LOSS RATIO</u> |
|--|---------------------|-------------------|
| a. Prior Fiscal Year                   | _____               | _____             |
| b. One Year Prior to Last Fiscal Year  | _____               | _____             |
| c. Two Years Prior to Last Fiscal Year | _____               | _____             |

( ) IV. Other [Explain - Identify as Item #7 (IV) on additional sheets]

I, the undersigned, verify that the facts set forth in this report and any attachments are true and correct. This verification is made subject to the penalties of Section 4904 of the *Crimes Code*, 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

_____ Name/Contact (please print)**	_____ Title	( ) _____ Telephone
--	----------------	------------------------

_____ Signature	_____ Date
--------------------	---------------

***(Please Attach Additional Sheets, Where Necessary, Labeled With Appropriate Form Section Number and Letter)***

**Send this Completed Report to:**

Pennsylvania Bureau of Workers' Compensation  
Health and Safety Division  
1171 South Cameron Street, Room 324  
Harrisburg, PA 17104-2501

(\*\*Name/Contact and Telephone Number of Person Signing this Form and Who Can Provide Additional Information)



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF LABOR AND INDUSTRY  
BUREAU OF WORKERS' COMPENSATION

Dear Employer:

As per your request, enclosed please find the Department of Labor and Industry's Application for Certification of Workplace Safety Committee.

As provided for under Act 44 of 1993, which amends the Workers' Compensation Act (Act), an employer may apply to the Department for certification of a safety committee established in its workplace for the purpose of hazard detection and accident prevention. Under Section 1002(b) of the Act, those employers who receive certification for their workplace safety committees are entitled to receive an initial five percent discount in their workers' compensation insurance rates for one year effective upon renewal of their insurance policy. Once granted initial certification, the Act also permits employers up to four additional 5% premium discounts upon certification renewal.

Please note that a 5% discount is only available to employers who insure their workers' compensation liability. It is not available to employers who are exempt from the necessity of obtaining insurance under Section 305 of the Act (referred to as self-insurance status), unless the employer is a member of a group self-insurance fund which has approved granting individual members a 5% discount in member's annual contributions.

If your workplace safety committee is certified, the Department will issue you a letter of certification. This letter of certification should be provided to your insurance carrier to notify them that your safety committee has been certified by the Department and that you are therefore entitled to the five percent reduction of your workers' compensation insurance rates at the next renewal of your policy.

**Please be advised that if any required information is missing from the application, the entire application will be returned to you.** At that time, you will be advised of the missing information and you will have the opportunity to resubmit your application with the requested information in order that your safety committee become properly certified.

Also, be advised that upon certification of your workplace safety committee, the Department will notify the Pennsylvania Compensation Rating Bureau.

Please complete the enclosed application, sign the Acknowledgements and Agreements sheet, and send the application, the Acknowledgements and Agreements sheet, and attachments to the address listed below:

**Regular Mailing Address**

Department of Labor and Industry  
Bureau of Workers' Compensation  
Health and Safety Section Certification Unit  
P.O. Box 68570  
Harrisburg, PA 17106-8570

**Overnight Mailing Address**

Department of Labor and Industry  
Bureau of Workers' Compensation  
Health and Safety Section Certification Unit  
1171 South Cameron Street, Room 324  
Harrisburg, PA 17104-2501

Should you have any questions or comments, please contact the Certification Unit at your convenience at (717) 772-1635.

Sincerely,

A handwritten signature in cursive script that reads "Len E. Negley".

Len E. Negley, Manager  
Health and Safety Section Certification Unit

Enclosures



**National  
Safety  
Council**

Form Reviewed and Approved  
By National Safety Council

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF LABOR AND INDUSTRY  
APPLICATION FOR CERTIFICATION OF WORKPLACE  
SAFETY COMMITTEE**

**RETURN APPLICATION (PAGES 1 THRU 5) TO:** Department of Labor and Industry, Bureau of Occupational and Industrial Safety,  
Workers' Compensation Certification Unit, P.O. Box 68570,  
Harrisburg, PA 17106-8570

[illegible]

**Applicant's Federal Employer Identification Number**

**Current PA Workers' Compensation Insurance Carrier****Applicant Employer Name**

**Current Policy Number**

**Applicant Employer Contact Person Name & Phone No.**

**Effective Period of Current Policy****Street Address**

SIC Code

City

State

**Zip Code****Collective Bargaining Agent (if applicable)**

Collective Bargaining Contact Person Name & Phone No.  
(if applicable)

**NOTICE TO APPLICANT:** The Department requires that in order for your workplace safety committee(s) to be certified, you must show that it has operated effectively for a period of at least six (6) months.

**Please provide the following information. Attach additional sheets where necessary.**

**Write Federal Employer Identification Number on top right corner of each attachment.**

## Section I. Workplace Safety Committee Information

**DLI Use Only**

**Yes      No**

□ □

**A. Provide the following on all of the applicant's Pennsylvania workplaces:**

	NAME	ADDRESS	NO. OF EMPLOYEES	Covered By Safety Committee(s)	
				YES	NO
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

11

**B. If the workforce at one or more of your Pennsylvania workplaces is not covered by a safety committee, please explain.**

11

**C. If there is only one safety committee at the workplace or if there is a centralized safety committee covering multiple workplaces, then complete Sections II through VIII for that one safety committee.**

☐ ☐

**D. If there are multiple and separate safety committees covering your workforce, then duplicate, complete and attach a separate set of Sections II through VIII for each separate safety committee.**

BUREAU USE ONLY

B. Describe the specific content of the training program. (NOTE: The content should address accident and illness prevention generally, and safety and health concerns specific to the business of the employer.)

C. List committee members who were trained.

	NAME	TITLE	TRAINING DATE(S)	TOTAL TIME
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

D. Identify the instructor(s).

	NAME	CREDENTIALS	PHONE NO.	TRAINING ORGANIZATION (if applicable)
1.	_____	_____	( ) _____	_____
2.	_____	_____	( ) _____	_____
3.	_____	_____	( ) _____	_____

E. Describe educational and promotional activities performed by the committee for all employees. Attach copies of pamphlets, posters, etc., if available.

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### Section VII. Management Involvement

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A. Is the committee authorized to do the following:

1. Recommend safety and health goals ..... ☐ Yes ☐ No
2. Monitor the implementation of safety and health goals ..... ☐ Yes ☐ No
3. Monitor the enforcement of safety and health goals/standards in the workplace ..... ☐ Yes ☐ No

B. Does the committee have the resources to do the above? (e.g. financial, personnel, equipment, etc.) ..... ☐ Yes ☐ No

C. If you answered "No" to any of the items in question A, please explain.

D. Attach a copy of company policy standards on safety and health (if available).

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### Section VIII. Committee Accomplishments

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A. List the accomplishments of the committee during the past six months. Please provide specific examples.



## **ACKNOWLEDGMENTS AND AGREEMENTS**

In consideration of the approval of this application for certification of a workplace Safety Committee, the applicant expressly agrees and acknowledges the following:

1. To comply with all provisions of the Workers' Compensation Act and the guidelines, rules and regulations promulgated to explain and enforce Section 1002 of the Act;
2. That the Safety Committee has been created in good faith for the purpose of preventing accidents and illness in the workplace and to detect and correct hazards in the workplace;
3. That the Safety Committee is permanent and will not be disbanded by the employer except for valid business reasons;
4. That this applicant has not previously received the five percent discount in its Workers' Compensation insurance rates resulting from the certification of its Safety Committee by the Department;
5. That the Department reserves the right to verify any information submitted on this application for the purpose of certifying the Safety Committee;
6. That false statements contained on this application may result in revocation of certification and/or the imposition of sanctions by the Department which may result in the assessment of penalties;
7. That, if the Safety Committee is certified, the Department will provide notification to the Pennsylvania Compensation Rating Bureau, as well as the applicant employer;
8. That final approval of an application shall be at the discretion of the Department and shall be conditioned upon the applicant's completing all information as required on the application; and
9. That certification of the Safety Committee does not constitute a finding by the Department that the employer has complied with applicable labor laws and/or labor agreements in the formation of its committee.

This application must be signed by the applicant or, if a corporation, an official thereof.

I, the undersigned, verify that the facts set forth in the attached Application for Certification of Workplace Safety Committee are true and correct. This verification is made subject to the penalties of Section 4904 of the Crimes Code, 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE/POSITION

\_\_\_\_\_  
APPLICANT'S NAME (please print)

- DID YOU?** ☐ **COMPLETE THE APPLICATION FORM**  
☐ **ATTACH ALL REQUESTED INFORMATION**  
(Write Federal Employer Identification Number on top right corner of all attachments.)  
☐ **SIGN THE ACKNOWLEDGMENTS AND AGREEMENTS SHEET**  
☐ **STAPLE ALL FORMS TOGETHER**

# **QUESTIONS AND ANSWERS**

## **SAFETY COMMITTEE CERTIFICATION**

1. Q. If an employer has multiple workplaces, must that employer file a separate application for each workplace in order to receive certification?

A. No. An employer need only submit one application. However, the employer must demonstrate that the majority of its Pennsylvania workforce is covered by the activities of a centralized safety committee or more than one safety committee.

2. Q. How is the term "workplace" defined for the purpose of workplace safety committee certification?

A. A workplace is the primary place of employment which is a major economic unit at a single geographic location, comprised of a building, group of buildings and all surrounding facilities.

As a primary place of employment, the location would have both management and workers present, would have control over a portion of a budget, and would have the ability to take action on the majority of the recommendations made by a safety committee.

3. Q. May an employer combine auxiliary field, branch or satellite locations under one safety committee for purposes of certification?

A. Yes. If the safety committee is reasonably representative of the employer's major work activities and meets all other criteria of a safety committee. This centralized committee shall represent the safety concerns of all of the branch or satellite locations.

4. Q. On a multi-employer workers' compensation policy, must each employer file a separate application for safety committee certification?

A. Yes. If more than one employer (i.e. legal entity) is requesting certification of its safety committee, each must file a separate application.

5. Q. Must the workplace safety committee be composed of an equal number of employer and employee representatives?

A. The workplace safety committee must be composed of an equal number of employer and employee representatives, unless each side agrees that the number of employees on the committee will be greater than the number of employer representatives or vice versa. The Bureau requires a written explanation of this condition.

6. Q. What responsibilities should a workplace safety committee have?

A. At a minimum, a workplace safety committee should do the following:

- evaluate existing employer accident and illness prevention programs;
- establish procedures for periodic workplace inspections to identify and document in writing the location of safety and health hazards;
- make recommendations to the employer regarding correction of any hazards;
- review incidents resulting in work-related deaths, injuries, illnesses and complaints regarding safety and health hazards by committee members or other employees in a timely manner; and
- conduct follow-up evaluations of any newly implemented safety equipment or health and safety procedures to review for effectiveness.

DEPARTMENT OF LABOR AND INDUSTRY  
WORKERS' COMPENSATION CERTIFICATION UNIT

03/02/00

Dear Employer:

A major priority of the Ridge Administration has been to encourage the formulation of workplace safety committees. Such committees not only reduce insurance premiums, but serve to promote a safer working environment, thus leading to more effective and efficient workforces. In passing Act 57, the Workers' Compensation Reform Act, the legislature approved Governor Ridge's request to expand the 5% premium reduction for employers who establish workplace safety committees from one to five years.

Enclosed is a Certification Renewal Affidavit for workplace safety committees for which you have previously been granted certification from the Department of Labor and Industry. Under the Workers' Compensation Act (Act), an employer may apply to the Department for certification of a workplace safety committee established for the purpose of hazard detection and safety prevention. Under Section 1002(b) of the Act, those employers who receive certification of their workplace safety committee(s) are entitled to receive an initial 5% discount in their workers' compensation insurance rates effective at the next renewal of their insurance policy.

Once granted initial certification, the Act also permits employers to apply for certification renewal upon submission and approval of a renewal affidavit attesting to the continued operation of previously certified committees in accordance with criteria specified by the Department. Approval of a renewal affidavit entitles an employer to an additional 5% premium discount at the next premium renewal date. An employer may submit up to four certification renewal affidavits entitling them to a total of five 5% annual premium discounts including the discount granted upon receiving the initial certification.

Please note that a 5% discount is only available to employers who insure their workers' compensation liability. It is not available for employers who are exempt from the necessity of obtaining insurance under Section 305 of the Act (referred to as self-insurance status), unless the employer is a member of a group self-insurance fund which has approved granting individual members a 5% discount in member's annual contributions.

Upon certification or certification renewal, the Department will issue a letter of certification to you which should be provided to your insurance carrier or fund administrator. This letter serves as notification that you are entitled to a 5% reduction in your insurance premium or annual member contribution. The Department will also notify the Pennsylvania Compensation Rating Bureau or group self-insurance fund administrator.

The enclosed affidavit contains employer data and workplace safety committee information upon which the initial certification or last certification renewal was based which should be reviewed noting ANY changes that have occurred. If additional safety committees have been established since the initial certification, a completed "Application for Certification of Workplace Safety Committee" is required for each new committee, and must be approved along with the renewal affidavit before renewal certification can be granted.

Please complete the enclosed "Certification Renewal Affidavit", sign the Acknowledgement and Agreements Section, enclose any required attachments and mail all information to the address listed below. Please allow at least 20 work days for affidavit review and processing.

Regular Mailing Address

Attn: Len E. Negley  
Department of Labor and Industry  
Bureau of Workers' Compensation  
Health and Safety Section Certification Unit  
P.O. Box 68570  
Harrisburg, PA 17106-8570

Overnight Mailing Address

Attn: Len E. Negley  
Department of Labor and Industry  
Bureau of Workers' Compensation  
Health and Safety Section Certification Unit  
1171 South Cameron Street, Room 324  
Harrisburg, PA 17104-2501

The Department of Labor and Industry looks forward to working with you on implementing one of our major priorities.

If we can offer any assistance or should you have any questions or comments, please contact the Certification Unit at (717) 772-1635.

Sincerely,

Len E. Negley, Chief  
Health and Safety Division  
Bureau of Workers' Compensation

Enclosures

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE  
REGULATORY REVIEW ACT**

RECEIVED

I.D. NUMBER: 12-54  
SUBJECT: Workers' Compensation Health and Safety  
AGENCY: DEPARTMENT OF LABOR & INDUSTRY

2000 JUL 12 PM 3:08

REVIEW COMMISSION

AT

**TYPE OF REGULATION**

Proposed Regulation

Final Regulation

Final Regulation with Notice of Proposed Rulemaking Omitted

120-day Emergency Certification of the Attorney General

120-day Emergency Certification of the Governor

Delivery of Tolled Regulation

a. With Revisions                      b. Without Revisions

**FILING OF REGULATION**

DATE	SIGNATURE	DESIGNATION
7-12	<u>M. Eckhart</u>	HOUSE COMMITTEE ON LABOR RELATIONS
<del>7-12</del>	<del>S. Blum</del>	
7-12	<u>Rachel Dutcher</u>	SENATE COMMITTEE ON LABOR & INDUSTRY
7-12	<u>B.L. Cain</u>	
7-12	<u>J. Vaillancourt</u>	INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL
		LEGISLATIVE REFERENCE BUREAU

June 9, 2000