State of Montana

SAMPLE

Safety Program Manual

Workers' Compensation Management Bureau
Department of Administration

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TABLE OF CONTENTS

Introduction to Safety

Introduction

The Workers' Compensation Management Bureau (WCMB) works closely with state agencies and the Montana State Fund to help prevent injuries at work, assist in the management of workers' compensation claims for injured employees, and the return-to-work process when an employee is injured and out of work for a period of time. We serve as the central resource for state agencies in managing workers' compensation insurance. We work with state agencies to enhance existing safety, loss-prevention, risk management and return to work activities, as well as create access to these activities for state agencies which do not currently have them in place.

The Safety Program Manual establishes the minimum requirements for all Montana state agency safety programs and is compliant with the Montana Safety Culture Act (MSCA) and the Montana Department of Labor and Industry safety code that adopts by reference the Occupational Health and Safety Administration (OSHA) standards. The Safety Program Manual contains safety requirements for public sector employers, but does not specifically cite each industry or federal standard. In addition to compliance with the MSCA, this manual includes the components of a safety program that are necessary to build a strong safety culture and create a continually improving and sustainable safety program. A successful safety program involves all employees in the assessment of risk and regulatory compliance.

The Montana Department of Labor and Industry is the regulating authority for public sector employers in Montana. All state agencies are required to comply with declared rules and statutes established through the Montana Department of Labor and Industry. This safety manual complies with all regulations set by the regulating authority as follows:

> Safety code 24.30.102 OCCUPATIONAL SAFETY AND HEALTH CODE FOR PUBLIC SECTOR EMPLOYMENT and the Montana Safety Culture Act - §§ 39-71-1501 to 39-71-1508, MCA, ARM 24.30.2521

Why Have a Safety Program?

The main goal of a safety and health program is to prevent workplace injuries, illnesses, and deaths, as well as the suffering and financial hardship these events can cause for workers, their families, and employers. The recommended practices in this manual use a proactive approach to managing workplace safety and health. Traditional approaches are often reactive –that is, problems are addressed only after a worker is injured or becomes sick, a new standard or regulation is published, or an outside inspection finds a problem that must be fixed.

The recommended practices in this manual recognize that finding and fixing hazards before they cause injury or illness is a far more effective approach. The idea is to begin with a basic program and simple goals and grow from there. If you focus on achieving goals, monitoring performance, and evaluating outcomes, your workplace can progress along the path to higher levels of safety and health achievement.

Roles and Responsibilities

Employers

According to the Montana Safety Culture Act (MSCA) every employer shall establish, implement, and maintain an educational based training program that shall at a minimum:

1. Provide all new employees with a general safety orientation containing information common to all employees and appropriate to the business's operations before they begin their regular job duties. The orientation should contain both oral and written instruction and include, but not be limited to, information on:
    - Accident and hazard reporting procedures
    - Emergency procedures
    - Fire safety
    - First aid
    - Personal protective equipment
    - Work site hazards

2. Provide job-specific or task-specific safety training appropriate for employees before they perform that job or task without direct supervision. The training should include specific safety rules, procedures, and hazards.
    - Identify the employer's and employee's responsibilities regarding safety in the workplace;
    - Be conducted by personnel knowledgeable of the task being trained; and
    - Be conducted when the safety program is established, job assignments change, new substances are introduced to the workplace and when a new hazard is identified.

3. Offer continuing, regular, refresher safety training. The training should:
    - Be held on an annual basis at a minimum and when necessary, throughout the rest of the year; and
    - Contain material to maintain and expand knowledge and awareness of safety issues in the workplace.

4. Develop awareness and appreciation of safety through tools such as newsletters, periodic safety meetings, posters, and safety incentive programs.

5. Provide periodic self-inspection for hazard assessment when the safety program is implemented, new work sites are established and thereafter as is appropriate to business operations—but at least annually—that:
    - Identifies hazards and unsafe work practices or conditions;
    - Identifies corrective action(s) needed; and
    - Documents corrective action(s) taken.

6. Include documentation of performance of activities listed in 1-5 (above). This documentation must be kept by the employer for three years. Documentation should include:
    - Date
    - Time
    - Location
    - Name of trainer
    - Description of training
    - Inspections
    - Corrective action(s)
    - List of participants

Employers with more than five employees must meet all the requirements listed above as well as the additional requirements listed below. In making the determination of employment levels, the employers shall count all regular, temporary, and seasonal workers under the employer's direction. The following requirements apply when there are more than five employees and remain in effect until the number of employees is less than six for three consecutive months.

1. Implement and maintain policies and procedures that assign specific safety responsibilities and safety performance accountability. The policies and procedures should:
    - Include a statement of top management commitment to the safety program (Attachment A).
    - Encourage and motivate employee involvement in the program.
    - Define safety responsibilities for managers, personnel, supervisors, and employees;
    - Be reflected in job descriptions and performance evaluations; and
    - Be communicated and accessible to all employees.

2. Implement and maintain procedures for reporting, investigating, and taking corrective action on all work-related incidents, injuries, illnesses, fatalities and known unsafe work conditions or practices. Procedures should be nonpunitive and include but not be limited to:
    - Provisions for timely and effective reporting;
    - Recommendations and follow-up corrective action;
    - Documentation;
    - Signature requirements for reports, investigations, and corrective actions; and
    - Periodic evaluation of the procedures' effectiveness.

3. Shall have a safety committee in place that complies with the requirements listed in this manual under the title Safety Committee Roles and Responsibilities.

Supervisors/Managers

Supervisors are responsible for a great deal of what goes on day to day in the workplace. Supervisors must ensure a safe and healthy workplace for employees and employees must be able to report unsafe workplace conditions or hazards to a supervisor without fear of retaliation.

The following is a list of primary responsibilities supervisors have regarding occupational safety and health for all employees under their supervision:

Conduct Orientation and Training of Employees:

Train employees so they can perform their work safely. Know what personal protective equipment (PPE) is needed for each task and how this equipment must be properly used, stored, and maintained. When there are mandated safety training courses, ensure that your employees take them and that attendance/participation is appropriately documented.

Enforce Safe Work Practices:

It's the supervisor's responsibility to enforce safe work practices and procedures, and failure to do so is an invitation for accidents to occur. Workers should be encouraged to identify and report unsafe workplace conditions. Supervisors must set a good example by always following safe work practices.

Correct Unsafe Conditions:

Supervisors must take immediate steps to correct unsafe workplace conditions or hazards within their authority and ability to do so. When an unsafe workplace condition or hazard cannot be immediately corrected, the supervisor must take temporary precautionary measures. Supervisors must follow-up to ensure that corrective measures are completed in a timely manner to address the hazard.

Prevent Lingering Unsafe Workplace Conditions or Hazards:

Many near miss incidents are caused by unsafe workplace conditions or hazards. It's the supervisor's responsibility to train and periodically remind employees of what to look for and how to correct or report unsafe conditions or hazards. If a hazard is identified, the supervisor must act.

Report Occupational Injuries:

Supervisors must ensure that all occupational injuries are reported to Montana State Fund using the First Report of Injury (FROI) (Attachment B). The FROI is also available online at montanastatefund.com. Supervisors must notify their department's safety and/or human resource contact immediately or within 24 hours of notification of the injury. If medical care is necessary, the supervisor should encourage and assist the employee in obtaining any necessary medical care.

The MCA defines an occupational injury as "internal or external physical harm to the body that is established by objective medical findings."(MCA 39-71-119(a)).

Investigate Workplace Accidents:

Supervisors are responsible for conducting incident investigations (Attachment C) and for ensuring that all injured employees report injuries immediately or at least within 24 hours of the incident.

Supervisors will work with the injured employee and the designated department safety contact to identify hazardous conditions leading to injuries. The supervisor will document all facts and opinions regarding the cause of the accident on the Accident/Incident Investigation Report. Supervisors must review the circumstances, sign and submit the reports to the designated department safety contact within 48 hours of notification.

Stay at Work/Return to Work (SAW/RTW):

Supervisors must ensure injured employees are supplied with the Medical Status Form (MSF) (Attachment D) prior to initial and all future medical appointments. The supervisor must notify the safety/HR contact and provide them with a copy of the MSF prior to the employee returning to work. Please consider these forms may contain HIPPA protected information and use extreme caution when sharing an employee's medical status.

Employees must be encouraged to SAW/RTW as soon as medically possible. The longer an employee is away from work, the less likely they will return to their time of injury position. Light or limited duties should be identified and considered to assist in returning the employee to work. The WCMB is available to assist in identifying transitional duties for injured employees and provide guidance in the area of SAW/RTW.

Employees

Employees are responsible for their own safety and the safety of their colleagues.
Employees are required to report unsafe conditions and acts, behave in a safe manner, and participate in the department's overall safety and health program. This may include safety trainings, inspections, and active participation in safety committees.

Employees must report all work-related injuries/occupational diseases to their supervisors immediately or at least within 24 hours of incident. If medical care is necessary, the employee will submit a completed and signed MSF from their medical provider to the safety/HR contact after each medical appointment. Employees must provide a signed MSF form indicating there are no restrictions before returning to their time of injury position.

Safety Managers

Health and safety managers have oversight of the safety and health program. They work with leadership, managers, supervisors, and employees to deliver the goals of the organization in a safe manner. Health and safety managers create sustainable continuingly improving safety programs, that manage safety in a proactive manner through assessment of risk and compliance with regulations. The objective is to create a culture of trust through communication and feedback, which will positively reinforce safe behavior.

Health and safety managers develop and implement safety programs which support and promote a positive health and safety culture. Understanding of safety performance, organizational goals, hazards, risks, compliance, and safe behaviors will contribute to effectively managing your safety program. Health and safety managers conduct job hazard analysis as a method that focuses on job tasks to identify hazards before they occur, concentrating on the relationship between the worker, the task, the tools, and the work environment. After identifying uncontrolled hazards, health and safety managers will take steps to eliminate or reduce them to an acceptable risk level.

Safety Committees Roles and Responsibilities

Safety committees are essential to an effective safety program. They assist in the communication of safety activities and are key to involving your employees in managing the risks in the workplace. The size and geographical layout of your agency and the type of work that is done will determine how many safety committees you have. Larger agencies whose workplaces have high risk operations should have a safety committee at the agency level as well as divisionally.

Safety Committee Requirements:

- Have a written document which sets out the safety committees' purpose.
- Ensure all employee groups are represented, including union members.
- Meet at least once every four months.
- Meeting attendance records, agenda, and minutes shall be kept and provided upon request.
- Determine employee membership through volunteers or members elected by their peers.
- Provide information and training to members on their roles within the committee.

Safety Committee Roles and Responsibilities:

- Reviewing incident/accident/near misses and identification of corrective actions to prevent future injury/accident.
- Identifying hazards, conducting job hazard analyses, risk assessments and corrective action plans.
- Performing self-inspections and corrective action to address hazards identified. (Attachment E)
- Assessing safety training needs and awareness topics.
- Educating employees on safety related topics.
- Communicating with employees regarding safety committee activities.

- Developing safety rules, policies, and procedures.
- Evaluating the safety program on a regular basis.
- Motivating employees to create a safe culture in the workplace.
- Reviewing workplace incidents, injuries, illnesses, and fatalities.

Safety Committee Meeting Topic Ideas:

Having a set objective for each meeting can assist in making your safety committee more successful. Highlighting a specific topic throughout your agency can also increase the safety awareness of employees.

When setting a meeting objective, consider the following topics:

- Accident and Hazard Reporting
- Confined Spaces
- Defensive Driving
- Electrical Safety
- Emergency Preparedness
- Ergonomics
- Fire Extinguishers/Protection
- First Aid/CPR/AED
- Hand and Portable Power Tools
- Housekeeping
- Industrial (forklifts) Vehicles
- Ladder Safety
- Lighting and Ventilation
- Lockout / Tagout
- Machine Guarding/Hazards
- Material Storage/Handling
- Personal Protective Equipment (PPE)
- Proper Lifting
- Scaffolds
- Slips, Trips and Falls
- Unsafe Work Practices
- Walking and Working Surfaces

Job Safety Planning

Planning a job prior to beginning of work helps to identify potential hazards and risks to employees in the workplace and on worksites. Conducting a job hazard analysis is essential for maintaining the safety and health of employees and will assist in preventing injuries. Hazard assessments help prevent injuries and illnesses by identifying potential hazards and specifying how the risks will be addressed.

Job Hazard Analysis (JHA) requirements are as follows:

- A description of the work
- Start date and duration of the task
- Hours of work
- Key responsibilities
- Hazards associated with the task, site, and environment
- Training/competency required to complete the task safely
- The planned work procedure, the sequence of work and control measures
- Personal protective equipment requirements
- First aid/potential emergency procedures

The document should be communicated to employees onsite prior to initial start of work and reviewed frequently. See Attachment F for a JHA template.

Hazard Identification and Risk Assessment

One of the "root causes" of workplace injuries, illnesses, and incidents is the failure to identify or recognize hazards that are present, or that could have been anticipated. A critical element of any effective safety and health program is a proactive, ongoing process to identify and assess such hazards.

To identify and assess hazards, employers, and workers:

- Collect and review information about the hazards present or likely to be present in the workplace.
- Conduct initial and periodic inspections of the workplace to identify new or recurring hazards.
- Investigate injuries, illnesses, incidents, and close calls/near misses to determine the underlying hazards, their causes, and safety and health program shortcomings.
- Group similar incidents and identify trends in injuries, illnesses, and hazards reported.
- Consider hazards associated with emergency or nonroutine situations.
- Determine the severity and likelihood of incidents that could result for each hazard identified and use this information to prioritize corrective actions.

Some hazards, such as housekeeping and tripping hazards, can and should be fixed as they are found. Fixing hazards on the spot emphasizes the importance of safety and health and takes advantage of a safety leadership opportunity.

Development and implementation of risk assessments within the safety program is fundamental to involving the workforce in identifying the hazards and assessing the risks to themselves. Hazard assessments are simply a process of identifying hazards, evaluating the risks presented by those hazards, and managing the risks of the hazards.

The hazard identification and risk assessment requirements must involve employees, subject matter experts, supervisors, and others considered relevant and involved in the area. When assessing the risk, it is critical to determine who may be affected and how they may be harmed by the hazard (i.e., employees, contractors, members of the public). When a hazard is identified, assign a risk level to it by evaluating what could happen if there was a failure and if additional controls are needed to mitigate risk.

Getting Started

The Office Safety Inspection Checklist (**Attachment E**) is an example of an office, warehouse, and field work hazard assessment. At Safety Management - Hazard Identification and Assessment | Occupational Safety and Health Administration (osha.gov), you will find a detailed description on how to accomplish a personalized hazard identification program.

Conclusion

The Workers' Compensation Management Bureau is available for assistance in developing and maintaining your safety program. WCMB can be reached at (406) 444-7462, (800) 287-8266, TTY (406) 444-1421, or via email at wcmb@mt.gov. Additional resources can be found on the WCMB website, workerscomp.mt.gov.

ATTACHMENT A

(SAMPLE POLICY STATEMENT)
FROM THE DIRECTOR'S OFFICE

The (Agency Name) Safety Program is required under the Montana Safety Culture Act (§ 39-71-1504, MCA). Our safety program is being implemented on behalf of (agency name) employees.

Our employees are our most valuable resource, and protection of our employees will be given highest priority. In recognition of the responsibility of the (agency's name) to establish a program for the prevention of employee accidents and the safeguarding of state assets, this safety program has been developed.

The objectives of the employee safety program are to provide to the best of our ability:

1. **a safe working environment;**
2. **protection of the general public; and**
3. **reduction of costs associated with accidental losses.**

The achievement of these objectives is based upon good planning and ensuring that safety is an integral part of day-to-day operations and work procedures. This can only be accomplished if all (agency name) employees and supervisors take an active interest and participate in the safety program. (Agency name) will abide by all applicable Federal, State, local, and agency rules and regulations and agency policies and procedures.

The success of our program can be measured directly by its ability to prevent unnecessary loss. An accident resulting in personal injury, property damage, or equipment loss represents needless waste. It is imperative that all employees and supervisors recognize their responsibility to prevent these losses and take all necessary actions to do so. Employee performance in this regard will be measured.

It is my earnest request that all employees of (the agency's name) devote their serious attention toward making this program an integral part of day-to-day operations.

_____ _____

(Director) (Date)

ATTACHMENT B

First Report of Injury

OSHA Log Case #

***Once your have completed the employee section**
Submit to your agencies HR/Safety Contact

Adjuster Date Stamp

Last Name	First Name	M.I.	Date of Birth	Social Security Number

Mailing Address	City	State	Postal Code

Phone Number	Education	Gender	Marital Status	Number of Dependents
	☐ Less Than High School ☐ GED or High School Diploma ☐ Beyond High School	☐ Male ☐ Female ☐ Unknown	☐ Married ☐ Separated ☐ Unknown ☐ Widowed, Divorced, Single, Unmarried	

Wages

Date Hired	Gross earnings for four pay periods preceding the injury
	Date/Amount / Date/Amount / Date/Amount / Date/Amount /

Employment Status	Number of days worked per week	Wage	Wage Period
☐ Full Time ☐ Part Time ☐ Seasonal ☐ Piece Worker ☐ Volunteer ☐ Other			☐ Hour ☐ Week ☐ month ☐ Day ☐ Bi-weekly

In addition to Gross earnings cited above worker received	Estimated value if any	Time Employee began work
☐ Room & Board ☐ Overtime ☐ Bonus ☐ Commissions ☐ Other		

Worked next scheduled shift	Off work more than 4 work days	Date Last Worked	Date of Return to Work	Full wages paid for date of injury	Salary Continued
☐ Yes ☐ No	☐ Yes ☐ No ☐ Not Sure			☐ Yes ☐ No	☐ Yes ☐ No

Accident Description

Job Title	Description of Accident

Cause of Injury	Cause Code	Part of Body	Part Code	Nature of Injury	Nature Code	Date of Injury	Time of Injury

Date disability began	Date of Death	Names of witnesses
		1) 2) 3)

Accident on employer's premises	Accident address or location
☐ Yes ☐ No	City State Postal code

Date employer notified	Accident Reported to	Safety equipment provided	Safety Equipment used
		☐ Yes ☐ No	☐ Yes ☐ No

Medical

Attending Physician's Name	Address	State	Postal Code	Phone number
Hospital name	**Address**	**State**	**Postal Code**	**Phone number**

Type of initial medical treatment received ☐ No Treatment ☐ Emergency room/Urgent Care ☐ Treatment on-site by employer or medical staff ☐ Clinic/Dr. Office ☐ Hospital>24 Hours

Signature

"This is my claim for workers' compensation benefits due to the on-the-job injury, occupational disease, or death of the above named worker. I understand that signing this claim for compensation authorizes the release to the workers' compensation insurer (and its agents) and to the Montana Uninsured Employers' Fund of: Social Security records; rehabilitation records; and all health care information (medical records, pursuant to HIPAA, Public Law 104-191, 42 USC section 1301, et. seq., and section 39-71-604, MCA), that are directly relevant to the claimed injury, disease, or death. I also understand that if I obtain or exert unauthorized control over workers' compensation benefits to which I am not entitled, I may be prosecuted for theft."

Signature of Injured Worker or Beneficiary Date

Employer

Employer Name	Doing Business as	Federal Employer Identification Number (Tax ID)

Mailing Address	City	State	Postal Code	Phone Number

Location of operation, if different from mailing address	Nature of Business NAICS Code	Self-Insured?
		☐ Yes ☐ No

Employer is a	Injured worker is a
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company	☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ A member of the employer's (sole proprietor or partner) family living in the employer's household

Do you have any reason to question this accident? If yes, please explain fully. Use separate sheet if you need additional space	Was worker injured while in your employ
☐ Yes ☐ No	☐ yes ☐ no

Prepared By	Official Title	Phone Number	Date

Payroll Classification Code under which you report Employee's wages

Authorized Employer's Signature_____ Date_____

Insurer

Claim Administrator Claim Number	Date reported to Claim Administrator	The above information is correct with the following exceptions ☐ (Attach extra sheets if box at right is checked)

Claim Administrator's Name	Claim Administrator Address	Claim Administrator FEIN

Insurer Name	Insurer FEIN

Policy Number	Policy Effective date	Policy Expiration Date

ATTACHMENT C

Accident/Incident Investigation Report

Employee Name:		Date of Accident:	
Employee Job Title:		Date Reported:	
Employee Dept.:		Investigation Date:	
Supervisor Name:		Accident Location:	
Supervisor Job Title:		FROI #:	
Injury Type (strain, cut, etc.):		Body Part:	

Accident Description: Please provide a detailed description of the accident. If possible, have the employee re-create the accident; including who, what, when, where, and why.

Preliminary Root Cause Analysis For Consideration (check all that apply)							
Contributing Actions				**Contributing Conditions**			
Use of safety devices		Lost balance		Material Handling		Exposure	
Use of PPE		Housekeeping		Condition of surface		Noise	
Equipment condition		Use of tools		Ergonomic		Chemicals	
Appropriate equipment		Guards		Warning device		Fire hazard	
Procedural issues		Clothing		Tools/equipment		Radiation	
Speed of operation		Authorization		Tools/Equipment not available		Sharp object	
Lifting technique		Awareness		Lighting/Temp/Ventilation		Inclement weather	
Operator skill				Work area		Training	

Root Cause Narrative: Based on your analysis, please describe what caused this Accident

Possible Corrective Actions For Consideration (check those items that will help prevent recurrence)							
Isolate & guard hazard		Procedure change		Gloves		Hard hat	
Automate process		Safety training		Respirator		Face shield	
Design out/remove hazard		Ventilation		Safety glasses		Cut/Puncture items	
Add warning signs		Improve housekeeping		Safety shoes		Lab Coat	
New tools or equipment		Other:		Hearing protection			

Proposed timely corrective actions	**Person(s) responsible for completing corrective actions**

Safety Consultant Signature:	
Date:	

ATTACHMENT D

Employee Info

Employee's Name (Last, First) _____ Date of Birth (mm/dd/yyyy) _____ Provider Timestamp _____

Claim Number _____ Date of Injury (mm/dd/yyyy) _____ Provider Contact Information

Released for Work?

- ☐ Employee Released to Full Duty — Date _____ To _____
- ☐ Employee Released to Modified Duty (See Work Abilities) — Date _____ To _____
- ☐ Employee May Work Limited Hours: Hours Per Day — Date _____ To _____
- ☐ Employee May Work Part-time: — Date _____ To _____
- ☐ Employee Not Released to Work — Date _____ To _____
- ☐ Capacity Duration (Estimate Days): ☐ 1-10 ☐ 11-20 ☐ 21-30 ☐ 30+ ☐ Permanent

Modified Work Abilities

Blank Space = Not Restricted (NR)	Continuous	Frequent	Occasional	Never
Hand/Wrist L ☐ R ☐ B ☐	☐	☐	☐	☐
Grasping L ☐ R ☐ B ☐	☐	☐	☐	☐
Pushing/Pulling L ☐ R ☐ B ☐	☐	☐	☐	☐
Fine Manipulation L ☐ R ☐ B ☐	☐	☐	☐	☐
Reaching L ☐ R ☐ B ☐	☐	☐	☐	☐
Bending	☐	☐	☐	☐
Climbing	☐	☐	☐	☐
Lifting 01-10 lbs.	☐	☐	☐	☐
Lifting 11-20 lbs.	☐	☐	☐	☐
Lifting 21-25 lbs.	☐	☐	☐	☐
Lifting 26-50 lbs.	☐	☐	☐	☐
Lifting 51-70 lbs.	☐	☐	☐	☐

Number of Hours Employee May: Sit Stand Walk

List Other Restrictions:

Signatures

Employee Signature	Date
Provider Signature	Date

☐ Copy of Medical Status Form to Employee

Date of Next Visit

Medical Status Form Instructions

The purpose of the Medical Status Form is to:

1) facilitate communication between a worker with a work-related injury or occupational disease, the employer, and the health care provider for Stay at Work/Return to Work; and

2) provide necessary medical status to the insurer.

The Medical Status Form is a statutory requirement. MCA 39-71-1036 says, "The department shall create a medical status form to be provided to a health care provider providing treatment for a compensable injury or occupational disease." An insurer may request additional information not contained in the form from the health care provider. The treating physician (or a designee) is now required to complete the form following every office visit with the worker.

This three-part form is designed to transmit the correct and essential information to the appropriate parties, easily and accurately.

Employer Contact Information: Enter the name, address, phone number and facsimile number of the Employer. (Optional)

Employee Info: Enter Patient/Employee Name, Date of Birth, Claim Number and Date of Injury.

Provider Time Stamp: Health Care Provider may enter timestamp if necessary.

Provider Contact Information: Enter the name, address, phone number and facsimile number for the Provider.

Released for Work? The Medical Status Form will allow for more than one option to be selected. Check all the applicable boxes and enter the effective date, which in most cases is the date of current office visit. The "To" box is in most cases is the follow-up visit date and can be considered the "Anticipated MMI date" by the payer. See below for steps for each option.

Patient/Employee Released to Full Duty: If selected, enter the effective date, and skip to Signature and Treatment Plan.

Patient/Employee Released to Modified Duty: If selected, enter the effective date, answer the Capacity Duration (estimate days) and continue to the next section (Modified Work Abilities).

Patient/Employee Released to Limited Hours: If selected, enter the number of hours per day, enter the effective date, answer the Capacity Duration (estimate days) and skip to the questions at the bottom of the next section (Modified Work Abilities).

Patient/Employee Released to Work Part-time: If selected, enter days of the week, enter the effective date, answer the Capacity Duration (estimate days) and skip to the questions at the bottom of the next section (Modified Work Abilities).

Patient/Employee Not Released to Work: If selected, enter the effective date, answer the Capacity Duration (estimate days) and "To" date. Skip to Signature and Treatment Plan.

Capacity Duration (estimate days) is the provider's estimation of how long the current work restrictions will last. Are the work restrictions permanent? The capacity duration can also be used to estimate "Anticipated MMI Date" by the payer.

Modified Work Abilities: This section must be completed if Patient/Employee Released to Modified Duty was checked in the previous section. All categories should be completed if there are restrictions. If there is no restriction; BLANK SPACE means this area is normal and not restricted.

Work Abilities (Continuous/ Frequent/ Occasional/ Never): Check the appropriate box for each activity. If there is limitation to use just one side or hand check the appropriate "L" for left, "R" for right or "B" for bilateral box.

Number of Hours (Sit/Stand/Walk): Enter the maximum number of hours for each activity the patient/employee is limited to per day if these hours of limitations exceed normal break and lunch periods and are not accommodated by normal breaks and lunch periods in an 8-hour day.

List Other Restrictions: Is the patient/employee involved in treatment and/or medication related to the work-related injury/occupational disease that might affect their ability to work safely in any capacity? --*A response is required.* Enter in free text area of **List Other Restrictions. Will the patient/employee be required to use any devices or braces? --*A response is required.*** Enter in free text area of **List Other Restrictions. Additional comments specific to patient/employee's work abilities --*A response is required.*** Use the **List Other Restrictions** area to indicate any unaddressed limitations, such as driving restrictions.

Signatures: *The signature of the patient/employee is for the sole purpose of acknowledging receipt of the information on the form.*
Provider Signature to complete and date as indicated. Check box if copy of form is given to employee. Date of Next (scheduled) Visit.

The information above is automatically transferred to the Page Two (yellow copy of triplicate form) and Page Three (pink copy triplicate form) of the form. Page Three (pink copy) is for employer ONLY. The bottom section on Page One (white copy) and Page Two (yellow copy) contains confidential information for the medical provider, insurer, and patient/employee only and is NOT given to the employer without the patient/ employee's authorization.

Employee Progress: When slower than expected is checked this communicates to payer that more intervention or assistance may need to be undertaken to improve employee's progress.

Current Rehab: select appropriate category if applies.

Surgery: select one.

Comments: free text area to communicate further information regarding treatment plan or special circumstances or need for aggressive interventions to the payer; or Stay At Work/Return to Work.

Treatment concluded by this provider: select if this provider has no further treatments or interventions to offer the Employee. Enter effective date.

Max Medical Improvement (MMI): select if the Employee has reached MMI. Enter effective date.

Care Transferred to: complete if transferred indicating name of provider and specialty.

Consultation needed with: complete if necessary and indicate specialty and/or name of provider.

Study Pending: complete if there are diagnostic studies ordered and awaiting results.

Medications: complete for all medications whether OTC or prescribed for the work injury.

Opioids Prescribed for: indicate if Employee is receiving opioids and whether they are for acute (less than 30 days) pain or for chronic (greater than 30 days) pain.

Diagnosis: Enter the work injury/work disease diagnosed condition(s).

ATTACHMENT E

OFFICE SAFETY INSPECTION CHECKLIST

Facility Location: _____ **Evaluated by:** _____ **Date:** _____

	YES	NO	CORRECTIVE ACTION	PERSON RESPONSIBLE	DUE DATE
HOUSEKEEPING/STORAGE					
Are all stairways, aisles and access ways kept clear of trip hazards and not used for storage?					
Are walkways in each room, office, cubicle, and hallway free of trips hazards, such as cords, boxes, and files?					
Is lighting adequate in stairways, walkways, storage rooms, closets, and housekeeping areas to prevent a trip/fall?					
Is general housekeeping in good order? *Look for unnecessary debris, trip hazards, loose carpet, excessive accumulations of dust, standing water, other spilled liquids, etc.*					
Are file cabinets loaded properly to avoid being too top heavy creating a tipping hazard?					
Are materials stored properly to avoid falling? Are materials stored on shelves properly to avoid falling? Are heavy materials stored between knee and chest height to prevent shoulder and back strains?					
Are parking lots, sidewalks, or other exterior walking surfaces free from defects that could cause a trip/fall?					
WINTER HOUSEKEEPING					
Are walkways leading to and from the facility adequately maintained to minimize slips and falls from ice and snow?					
Are entryways maintained to minimize slips and falls from water and melted ice or snow?					
Are the building's gutters, downspouts and ice melting cords in proper condition and adequate to draw water and ice accumulation away from walkways?					
Is ice melt or sand readily available near exits that are likely to accumulate ice?					
EMERGENCY PREPAREDNESS/FIRE PROTECTION					
Are building evacuation drawings that indicate exit routes and staging areas for assembly outside the building up to date and posted near doorways?					
Are all fire doors to storage, telephone equipment and power rooms in working order, unobstructed and closed? *Open fire doors increase the speed at which fire spreads and allow smoke to circulate more freely, causing an increased risk to both occupants and equipment.*					
Are doors and passageways that may be mistaken for emergency exits marked "Not An Exit" to minimize possible confusion?					
Are fire extinguishers installed in appropriate locations? Are extinguishers clearly marked and unobstructed by equipment or materials? *ABC-rated dry chemical extinguishers are appropriate in most areas. Extinguishers should be distributed to limit employee travel distance to 75 feet or less.*					
Are hand-held extinguishers mounted on walls as opposed to being stored on the ground or in file cabinets? *OSHA requires portable fire extinguishers to be mounted on a wall. Extinguishers stored on the ground are likely to be moved and not returned to the same location, causing the extinguisher to not be located where expected when needed during an emergency.*					
Are wall, floor and ceiling penetrations for cables, wires, pipes and mechanical systems, such as ductwork, sealed to prevent the spread of fire and smoke? *Sealed wall penetrations prevent the spread of fire and smoke from one room to another. Penetrations can be sealed with drywall, fire retardant pipe seal or firestop pillows.*					

	YES	NO	CORRECTIVE ACTION	PERSON RESPONSIBLE	DUE DATE
EMERGENCY PREPAREDNESS/FIRE PROTECTION (CONTINUED)					
Have the facility's sprinkler and/or fire alarm systems been inspected in the past 12 months? Is the fire suppression system tagged to verify this inspection? *Additional inspection requirements may apply according to local regulations.*					
Have fire extinguishers been inspected within the past 12 months? *Extinguishers should each have attached inspection tags indicating that they have been inspected within the last 12 months.*					
ELECTRICAL					
Are electrical panels and circuit breakers labeled? *The wording on the label of a panel or circuit should adequately identify the panel and circuits so emergency personnel or the operating engineer can rapidly identify them for emergency shutdown or disaster recovery. Standardize names given to on-site panels to avoid confusion.*					
Are all circuit panels unobstructed and accessible to employees? Is the space in front of all circuit panels not less than 36 inches deep and 30 inches wide and free of stored materials?					
Are extension cords used for temporary use only? *OSHA and the National Electric Code do not allow extension cords to be used as permanent wiring. Only use surge protectors on equipment (computers, printers, etc.) when recommended by the manufacturer.*					
Are receptacles located within six feet of a water supply (sink, shower, pool) protected by ground fault circuit interrupters (GFCIs)? *Ground fault protection is required in these areas due to the additional electrical hazards in wet environments.*					
Are electrical appliances grounded? *Look for missing ground prongs on cord ends.*					
Are computer and other equipment cords in proper condition? *Look for damaged cord insulation, missing ground prongs on cord ends, and cord repairs made with tape.*					
Are surge protectors or electrical receptacles not overloaded with cords? *Check for daisy chaining of surge protectors or cords.*					
Are portable space heaters used? Are they UL listed? Is there adequate space surrounding the heater for heat dissipation?					
MISCELLANEOUS SAFETY ISSUES					

Job Hazard Analysis Form

TASK DESCRIPTION_____**Date:** _____

Weather: Sunny ☐ **Clear** ☐ **Cloudy** ☐ **Overcast** ☐ **Rain** ☐ **Ice** ☐ **Wind** ☐ **Fog** ☐ **Snow** ☐ **Other** ☐ **Temp.** ☐

Personal Protective Equipment

- ☐ Hard Hat
- ☐ Safety Vest
- ☐ Gloves
- ☐ Eye Protection
- ☐ Hearing Protection
- ☐ Nearest AED /Defibrillator
- ☐ Boots
- ☐ Weather related gear
- ☐ Chaps
- ☐ Fall protection/ harness
- ☐ Safety Toed Shoes

Hazards: √ All that apply

- ☐ Backing: Have spotter/ Walk around
- ☐ Pinch zones: Positioning awareness
- ☐ Traffic volumes: heavy/ light - Start later/ earlier
- ☐ Moving equipment: Use spotter
- ☐ Bending/ lifting: Proper technique/ get help
- ☐ Weather: winter/summer gear, PPE Gear
- ☐ Communications: Tailgate/radios
- ☐ Terrain hazards: Slip, trip or fall, Footwear/ Awareness
- ☐ Overhead hazards: awareness / PPE (hard hat)
- ☐ Underground hazards: Locate/ awareness
- ☐ Dust/ fumes: PPE
- ☐ Cuts/abrasions: PPE/clothing/gloves
- ☐ Visibility: PPE/ positioning awareness
- ☐ Noise levels: PPE/ ear protection
- ☐ Eyestrain: Relief person
- ☐ Blood pathogen: PPE /awareness
- ☐ Plants/Animals: Identification/PPE
- ☐ Collisions: slow down/ don't be in a hurry/ stay alert

Vehicle Inspection / Checklist

- ☐ Pre-trip Inspection
- ☐ Fire Extinguisher
- ☐ First Aid Kit
- ☐ Flares/ triangles
- ☐ Load properly secured
- ☐ Tire Chocks
- ☐ Cab equipment secured
- ☐ Signage

Equipment

- ☐ Flagging paddles
- ☐ Extra radio batteries
- ☐ Water
- ☐ Lighting
- ☐ Tools: power/ hand
- ☐ Portable radio
- ☐ Sun screen/ bug spray
- ☐ Signs (working order)
- ☐ Generator w/lights (night)
- ☐ Cones/barrels/grabbers

Ergonomic Risk Factors

- ☐ Repetitive motion
- ☐ Awkward postures
- ☐ Heavy exertion/lifting
- ☐ Other: _____

Have Employees been trained on all necessary tasks?

Has the Nearest Medical Facility been Identified?

Area Specific Hazards?

How will we access the work zone?

Vehicle / Equipment Backing

Park defensively: plan and think in advance, the driver is ultimately responsible for backing safely. Backing maneuvers should not be made if the driver does not reasonably believe they can make the maneuver in a safe manner.

The driver must exit the vehicle and walk around the entire vehicle to make a visual inspection of the surrounding area before backing. Emergency warning lights must be operating. Sound the horn twice (even if equipped with a backup alarm) before backing any vehicle.

☐ Back up alarm in working condition / audible ☐ Designated Spotter(s): If crews are in the area

☐ Designated safety person/spotter for pinch points: _____

Backing in a mobile operation the driver **MUST** contact the vehicle behind them prior to backing any vehicle/equipment to verify it is safe. If no contact is made **DO NOT BACK UP.**

Operators shall make every reasonable effort to avoid backing. Operators are always responsible for the vehicle's safe operation

Signatures Below		

Revised 08/2023

ATTACHMENT F

Job Hazard Analysis

Description of task being performed:
Date(s) task was completed:
Location of task:

Sequence of Events	Potential Accidents or Hazards	Preventive Measures

Additional Comments: