WE WORK SAFE

FCCI INSURANCE COMPANY
PROTECTING BUSINESS, PROPERTY AND PEOPLE

FCCI Insurance Company's Safe Workplace Program

Workplace accidents are costly to employee health and to the financial well-being of your business. When you establish a safe workplace program, it can help reduce the possibility of accidents, even if you currently practice good safety measures. How? By formalizing a program at your company, you automatically increase awareness of its importance among managers and line workers. Here are some additional safety considerations our program addresses.

Safety is a top-to-bottom activity. Unless everyone in your company is committed and involved, you are only paying lip service to this dollar and cents issue. That is why there is a policy statement to be signed by top management and why we suggest you form a safety committee. The safety committee should include employees from supervisory and non-supervisory levels.

Good record keeping pays off. It's important to document your safety program.

- Minutes of safety meetings can be reviewed later. This helps ensure consistency in policies and actions taken. Minutes can be reviewed by all employees who are not part of a working committee.
- A safety record should be part of each employee's file to document what safety training sessions have been attended and when. These records need to be reviewed regularly by the safety director or supervisor to see if additional training is necessary.
- Accident reports help to accurately describe events surrounding an accident for claims filing, medical records, and legal considerations. This kit contains instructions for quickly and easily reporting an injury to FCCI.
- Accident review forms help assess what factors may have contributed to an accident. Examination of those factors can help determine whether or not current safety practices were followed or whether any new safety practices need to be put into place.

Safety training is not a one-time event. Prior to exposure to any hazards, training needs to take place to instruct new employees and to provide job-specific procedures to prevent injuries. Retraining needs to be a routine part of the work year.

Our team of loss control professionals are here to help. They can work with you to analyze your current safety program or to develop a customized program to meet your workplace needs. They are also available for training that meets or exceeds OSHA and EPA requirements.

As a certified safe workplace, you are entitled to a 2% credit on your FCCI premium after you implement the program. Mail the enclosed premium credit application to FCCI, Attention: Loss Control, 6300 University Parkway, Sarasota, FL 34240-8424. A loss control professional can help review your program to assist you in qualifying for this credit.

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TABLE OF CONTENTS

Management Commitment and Involvement Policy Statement 1

Safety Committee. 2

Safety Committee Minutes 3

Safety and Health Training 4

Employee Safety Indoctrination 5

First Aid Procedures. 6

Accident Investigation Report 7

Monthly Accident Trend Analysis/Monthly Loss Review by Department 8

Accident Review Form 9

Accident Review Examples. 10

Telephone Claims Reporting 14

Safety Premium Credit Checklist 15

Premium Credit Application 16

Disclaimer of Liability

This manual is advisory only and does not attempt to list or address all of the potential hazards or identify all possible remedial actions. The carrier is not responsible for the safety of your premises, operations, or products. The carrier assumes no liability whatsoever for any loss, injury, death, damage, or expense arising out of the use of this manual. You acknowledge that the carrier has no supervisory or inspection duties or safety obligations regarding your business operations or premises.

MANAGEMENT COMMITMENT AND INVOLVEMENT POLICY STATEMENT

The management of this organization is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries, and unsafe conditions to their supervisors. No such report will result in retaliations, penalty, or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

The primary responsibility for the coordination, implementation, and maintenance of our workplace safety program has been assigned to:

Name: _____

Title: _____ Telephone: _____

Senior management will be actively involved with other employees in establishing and maintaining an effective safety program. Our safety program coordinator, myself, or other members of our management team will participate with you or your department's employee representative in ongoing safety and health program activities, which include:

- Promoting safety committee participation
- Providing safety and health education and training
- Reviewing and updating workplace safety rules

This policy statement serves to express management's commitment and involvement in providing our employees a safe and healthful workplace. This workplace safety program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of employment.

_____
Signature of CEO/President

_____
Date

SAFETY COMMITTEE

Safety Committee Organization

A safety committee has been established to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The safety committee consists of the following supervisory and non-supervisory members of our organization:

Safety Program Coordinator _____

Supervisory Employee Member _____

Supervisory Employee Member _____

Non-Supervisory Employee Member _____

Non-Supervisory Employee Member _____

Non-Supervisory Employee Member _____

Responsibilities

The safety committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.

The safety committee will be responsible for assisting management in the following functions:

- Reviewing and updating workplace safety rules
- Updating workplace safety programs
- Evaluating employee accident and illness prevention programs
- Providing safety training and monitoring of workplace safety education and training

Safety rules will be updated by reviewing accident investigations, inspection findings, employee reports of unsafe conditions or work practices, anonymous complaints, and suggestions from employees.

The safety program will be updated by evaluating employee accident and injury records, establishing trends and patterns, and formulating corrective measures to prevent recurrence.

Safety committee members will participate in safety training and monitor workplace safety education and training to ensure that the safety program is being followed and pertinent information is being documented.

Meetings

Safety committee meetings will be held quarterly or more often if needed. The safety program coordinator will post the minutes of each meeting (see following page) within one week after each meeting.

SAFETY COMMITTEE MINUTES

Date of Committee Meeting: _____ Time: _____

Minutes Prepared By: _____ Location: _____

Members in Attendance

Name	Name	Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Action Items: _____

_____

Review of Accidents Since Previous Meeting: _____

_____

Recommendations for Prevention: _____

_____

Recommendations from Anonymous Employees: _____

_____

Suggestions from Employees: _____

_____

Recommended Updates to Safety Program: _____

_____

Recommendations from Accident Investigation Reports: _____

_____

Safety Training Recommendations: _____

_____

Next Meeting Date: _____ **Time:** _____ **Location:** _____

Comments: _____

_____

_____

SAFETY AND HEALTH TRAINING

Safety and Health Orientation

Workplace safety and health orientation begin on the first day of initial employment or job transfer. Each employee has access to a copy of this safety manual, through his or her supervisor, for review and future reference. Each employee will be given a personal copy of the safety rules, policies, and procedures pertaining to his or her job.

Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies, and job-specific procedures described in our workplace safety program manual. All employees will be instructed by their supervisors that compliance with safety rules described in the workplace safety manual is required.

Job Specific Training

- Supervisors will initially train employees on how to perform assigned job tasks safely.
- Supervisors will carefully review with each employee the specific safety rules, policies, and procedures that are applicable and that are described in the workplace safety manual.
- Supervisors will give employees verbal instructions and specific directions on how to do the work safely.
- Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
- All employees will receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors will review safe work practices with employees before permitting the performance of new, non-routine, or specialized procedures.

Periodic Retraining of Employees

All employees will be periodically retrained on safety rules, policies, and procedures and when changes are made to the workplace safety manual.

Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice and when a supervisor observes employees displaying unsafe acts, practices, or behaviors.

EMPLOYEE SAFETY INDOCTRINATION

The supervisor must thoroughly instruct each new employee in the safety requirements of his or her job. Check each of the items on this form at the time instruction is given. When completed, sign and return it for placement in the employee's file.

Employee's Name _____

Occupation _____ Date Hired _____

Department _____ Orientation Date _____

DATE COMPLETED		
_____	1.	Company safety policy reviewed and signed
_____	2.	General safety rules discussed
_____	3.	Specific job safety rules explained
_____	4.	Reporting of unsafe conditions explained
_____	5.	Proper lifting techniques reviewed
_____	6.	Required personal protective equipment discussed
_____	7.	Fire protection equipment & responsibilities explained
_____	8.	Reporting of injuries reviewed
_____	9.	All applicable Material Safety Data Sheets reviewed
_____	10.	First aid treatment procedures explained

I have instructed the above new employee on the safety requirement checklist and feel he/she can be reasonably expected to perform his/her duties safely.

_____ _____

Supervisor *Date*

1-LCWC-3122, 6/01

FIRST AID PROCEDURES

Emergency Phone Numbers

Safety Coordinator _____

Poison Control _____

First Aid _____

Fire Department _____

Ambulance _____

Police _____

Medical Clinic _____

Clinic Address _____

Minor First Aid Treatment

First aid kits are kept in the front office and in the employee lounge. ***If you sustain an injury or are involved in an accident requiring first aid treatment:***

- Inform your supervisor.
- Administer first aid treatment to the injury or wound.
- Seek further medical attention if needed.
- If a first aid kit is used, indicate usage on the accident investigation report.
- Provide details to your supervisor for the completion of an accident investigation report.

Non-Emergency Medical Treatment

For non-emergency, work-related injuries requiring professional medical assistance, management must first authorize treatment. ***If you sustain an injury requiring treatment other than first aid:***

- Inform your supervisor.
- Proceed to the posted medical facility. Your supervisor will arrange transportation.
- Provide details to your supervisor for the completion of the accident investigation report.

Emergency Medical Treatment

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- Use the emergency telephone numbers and instructions posted next to the telephone in your work area to request assistance and transportation to a local emergency room.
- If able, provide details to your supervisor for the completion of the accident investigation report.

First Aid Training

Each employee will receive training and instructions from their supervisor on first aid treatment procedures.

ACCIDENT INVESTIGATION REPORT

			REPORT NO.
COMPANY NAME			
ADDRESS			
CITY		STATE	ZIP
NAME OF INJURED	SEX ❑ M ❑ F	AGE	S.S. No.
EMPLOYEE'S JOB TITLE	LENGTH OF EXPERIENCE ON JOB *(years/months)*		

ACCIDENT INFORMATION: **REPORT DATE**

DATE OF ACCIDENT	DAY OF ACCIDENT	TIME OF ACCIDENT ❑ a.m. ❑ p.m.
ADDRESS OF ACCIDENT LOCATION		

1) Nature of injury, injury type, and part of the body affected: _____

2) Describe the accident and how it occurred: _____

3) Cause of the accident: _____

4) Was personal protective equipment required? ..... ☑ Yes ☑ No
Was it provided? ..... ☑ Yes ☑ No Was it being used? ..... ☑ Yes ☑ No
If "No," explain. lkj;lij
Was it being used as instructed by supervisor or designated trainer? ..... ☑ Yes ☑ No
If "No," explain. ljk;lkj;klj
l;ji;lkj;lkj

5) Witness(es): l;kj;lkj;
klj;lkj
l;kj;lkj

6) Safety training provided to the injured? ..... ☑ Yes ☑ No
If "No," explain lkj;lkj
;lkj;lkj

7) Interim corrective actions taken to prevent recurrence: ;lkjl;kj
l;kjl;k
j;lkj;lkj

8) Permanent corrective action recommended to prevent recurrence: l;kj;
lkj;l
kj;lkj;lkj

Supervisor *(Signature)* _____ Date: _____

9) Status and follow-up action taken by safety coordinator:
lkj;lkj
;lkj;l

Safety Coordinator *(Signature)* _____ Date: _____

1-LCWC-3123, 5/01

MONTHLY ACCIDENT TREND ANALYSIS

Month September

Comparison of injuries by:

TYPE		DEPARTMENT		LENGTH OF EMPLOYMENT		AGE	TIME OF DAY
Cuts	654	Maintenance	654	0-6 mos.	654	654	654
Eyes	654	Drivers	654	1 year	654	654	654
Falls	65	Service	4654	2 years	654	654	654
Strains	654	Assembly	654	3 years	654	65	465
Chem. exp.	4654	Shipping	654	4 years	654	654	654
Other	654	Office	654	5 years	654	654	654
				5+ years	654	654	654

MONTHLY LOSS REVIEW BY DEPARTMENT

	CUTS	EYES	FALLS	STRAINS	OCCUPATIONAL DISEASE	OTHER	TOTAL
Maintenance	654	654	654	654	654	654	654
Drivers	654	654	654	654	654	654	654
Service	6546	54	654	654	65465	4654	654
Assembly	654	654	654	654	654	654	654
Shipping	654	654	654	654	6546	54	654
Office	654	654	654	654	654	654	64654
Total	654	64654	654	65465	4654	6546	546

ACCIDENT REVIEW

Management Standard

hjkklhjklhj

kljhklj

hkljhkljh

kljhlk

jhkljhlk

Job Factors/Personal Factors

kljhklj

hljkhkljh

kljh

kjhklj

hkljh

Unsafe Act or Condition

kljhlk

jhlkj

hkljh

lkhjlk

jhkljh

Event

lkjhk

ljhlk

jhlkjh

jklh

kljh

Loss

kljh

lkjhlk

jhkj

hkljh

kljhjkh

ACCIDENT REVIEW EXAMPLES

Example #1

Tom is a framing carpenter for ABC Construction. While searching through a pile of scrap lumber, Tom steps on a nail and punctures his foot.

Example #2

Bill is a welder who works in a metal fabrication shop. The employee next to Bill is cutting steel with an oxyacetylene torch. Bill, who is just returning from lunch, is not wearing his safety glasses. A molten piece of slag embeds in Bill's eye.

Example #3

Mammoth Construction is building a new 25-story building. Two masons are working on a platform 12 feet high. To access the platform, another employee grabs a 10-foot wooden ladder with a split side rail and one cracked rung. The employee begins to climb the ladder and, at the height of nine feet, the ladder fails. The employee falls and fractures his skull on the concrete below.

ACCIDENT REVIEW

Example #1

Management Standard

Protruding nail policy.

klh

lkjhlkj

hlkjh

lkjh

Job Factors/Personal Factors

Management did not enforce the requirement that all nails be bent over or removed from scrap lumber.

lkjhlk

jhk

ljhlk

jhl

Unsafe Act or Condition

Nails protruding through scrap lumber.

khjl

kjhlk

jhk

ljhl

Event

Stepped on protruding nail.

kjhkjh

lkjh

lkjh

kljh

Loss

Punctured foot.

lkjhljkhkljh

ljkh

lkjhlkjh

lkjhlkjhlk

ACCIDENT REVIEW

Example #2

Management Standard

Safety glasses policy.

kljhkljh

kljh

kljh

lkjh

Job Factors/Personal Factors

Use of safety glasses not enforced in shop by management.

lkjhk

ljh

kljh

lkjh

Unsafe Act or Condition

Employee not wearing safety glasses in shop.

lkjh

kljh

ljk

h

Event

Hot slag blew into eye.

lkjhklj

hkl

jh

lkjh

Loss

Foreign body in eye.

lkjh

kljh

lkjh

kljh

ACCIDENT REVIEW

Example #3

Management Standard

Ladder and scaffold policy developed to include:

1) Inspection by supervisors

2) Safety training of employees in proper usage

lkjkjh

lkjh

Job Factors/Personal Factors

1) Supervisor either did not check the ladder's condition or failed to remove it from the job site.

2) Employee failed to recognize the defects in the ladder.

lkj

hlkj

hlkhj

Unsafe Act or Condition

Use of defective ladder.

lkj

hlk

jhk

ljh

Event

Employee fell nine feet onto concrete.

lkjh

lkjh

kljh

lkj

Loss

Fractured skull.

hkljh

kljh

kljh

lkj

TELEPHONE CLAIMS REPORTING

To make claims reporting easier for you, you may report employee injuries by phone using **FCCI FACTS** (Fast Action Claims Telephone Service).

FCCI FACTS offers several benefits. You can avoid a potential $500 fine by reporting injury information to FCCI's Claims Department before the seven-day deadline. All necessary information can be gathered and reported in one call. Claims investigation begins earlier to assure injured workers receive proper medical care.

In order to expedite your reporting, we ask you to have the following items gathered before you call:

All information on the First Report of Injury or Illness form (DWC-1), especially:

- Injured employee's:
  - Date of birth
  - Social Security number
  - Hire date
  - Home address and zip code
- Return to work date (if applicable)
- Rate of pay information

To report an employee injury by phone, call FCCI's Claims Department at (800) 226-3224 and select option 1.

As soon as all the information is received by FCCI, we will send you and the injured employee a printed First Report of Injury or Illness for your records. Please review your First Report of Injury or Illness for accuracy. If you find any errors, report them promptly to the Claims Department.

We are pleased to offer you the opportunity to utilize **FCCI FACTS** as another benefit to being an FCCI policyholder.

SAFETY PREMIUM CREDIT CHECKLIST

Business Name: _____ Policyholder # _____

Date: _____ LC Representative: _____ Contact: _____

I. Management Commitment/Involvement

___ 1. Written policy statement
___ 2. Assign and communicate written responsibility
___ 3. Documented management activities

II. Safety Committee

___ 1. Proper selection procedures
___ 2. Documented quarterly meetings
___ 3. Documented responses to committees recommendations
___ 4. Documented minutes of each meeting
___ 5. Written responsibilities of safety committee
(safety inspections, investigate incidents, and evaluate rules/policies and requirements of this rule)
___ 6. Posted minutes of committee meetings
___ 7. Safety committee members shall be paid at regular hourly wage while engaged in committee business
___ 8. Retain all original communication between employer and committee

III. Safety and Health Training

___ 1. Safety orientations of rules and procedures
___ 2. Job-specific training before assigning duties
___ 3. Periodic retraining

IV. First-Aid Procedures

___ 1. Established procedures
___ 2. First-aid kit available
___ 3. Documented first aid training
___ 4. Posted emergency telephone numbers and procedures

V. Accident Investigation

___ 1. Established investigation procedures
___ 2. Reviewed by safety committee

VI. Record-Keeping Procedures

___ 1. Maintain records for at least three years
___ 2. Updated OSHA 200 Form or SAF 200 Form
___ 3. Maintain Notice of Injury Forms

VII. Safety Rules, Policies & Procedures

___ 1. Available to all employees
___ 2. Updated periodically if needed
___ 3. General and job-specific safety rules

Eligible for safety premium credit? Yes ☐ No ☐

Evaluator signature: _____ Date: _____

Company officer signature: _____ Date: _____

NOTES:

APPLICATION FOR
EMPLOYER WORKPLACE SAFETY PROGRAM
PREMIUM CREDIT

Employer Name: _____

Name of Contact Person: _____ Telephone #: _____

Policy #: _____ Effective Date of Policy: _____

I am submitting a copy of my workplace safety program that meets the requirements of the Florida Occupational Safety and Health Act, Chapter 93-415, §52-74, Laws of Florida, and Rule 38I-17 of Florida Administrative Code. I certify that this safety program has been implemented in my workplace and is being maintained as submitted to my carrier.

This is to certify that my workplace safety program meets or exceeds the following provisions as provided for in Rule 38I-17:

1) Management Commitment to Safety
2) Safety Committee
3) Safety Health and Training
4) Safety Rules, Policy, and Procedures Requirements
5) Accident Prevention
6) First Aid Procedures
7) Record Keeping

The workplace safety program and application I am submitting for the purpose of obtaining a premium credit do not contain any misleading or untrue information. I am aware that I may be subject to an on-site inspection by the Florida Department of Labor and Employment Security, Division of Safety, or my carrier, for the purpose of validating the accuracy of this information.

I am aware that if I knowingly and willfully falsify or conceal a material fact, make a false, fictitious or fraudulent statement or representation; or make or use any false document knowing the document to contain any false, fictitious, or fraudulent entry or statement to my carrier of worker's compensation insurance under chapter 442, Florida Statutes, I will be guilty of a misdemeanor of the second degree, punishable as provided in section 775.082 or 775.083, Florida Statutes, and will be subject further to a penalty in the amount of $500 a day, not to exceed $50,000 for each occurrence; and

I am also aware that if I, in any matter within the jurisdiction of the division, knowingly and willfully falsify or conceal a material fact, make any false, fictitious, or fraudulent statement or representation, or make or use any false document, knowing the same to contain any false, fictitious, or fraudulent entry, that I commit a misdemeanor of the second degree, punishable as provided in section 775.082 or 775.083, Florida Statutes. Moreover, I understand that an employer who commits such an act will be subject further to a penalty in the amount of $500 a day, not to exceed $50,000 for each occurrence.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

_____
(Signature)

_____
(Print Name and Title)

_____
(Date)

State of Florida
County of _____

Sworn to, or affirmed, and subscribed before me

this _____ day of _____

20 _____, by _____

_____
(Signature of Notary)

_____
(Expiration Date and Number)

(NC3011)
Form SAFETY 09-3

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