

WE ARE YOUR DOL



Workplace Safety & Loss Prevention Incentive Program Evaluation Report Instructions

You can report the Evaluation findings from multiple sites on one Evaluation report, as long as those sites are covered by a single workers' compensation policy. Remember to sign and date the form, and check the box below the signature line to verify the information provided in the report is true and accurate to the best of your knowledge.

1. Evaluation Report Instructions

Select the appropriate form for the program you are evaluating.

- Form SH 926 is used to evaluate Safety Incentive Programs.
- Form SH 928 is used for Drug and Alcohol Prevention Programs.
- Form SH 929 is used for Return to Work Programs.
 - Report the date you completed the Evaluation in the Date of Evaluation field.
 - Report the date you completed your report in the Date of Report field.
 - Provide the date the employer fully implemented their Workplace Safety and Loss Prevention Incentive Program (WSLPIP) in the Implementation Date field.

Section A:

- Must list the employer address where the Department of Labor (DOL) should mail a Certificate of Approval after the employer's WSLPIP is approved.
- List the name, title, and email address for the employer's representative who will handle all communication with DOL about the WSLPIP.
- Provide the remaining information, as reported by the employer.

Section B:

- Provide the data in this section, as reported on the employer's most recent workers' compensation insurance policy documents. The contact information should list the employee at the underwriting insurer that will apply the WSLPIP credit.

Section C:

- Provide the information for each location the employer has employees covered by the WSLPIP. Use additional space on Appendix A if necessary.

Section D:

- Provide the information for each representative of employees and/or the representative of each collective-bargaining unit at each location. Use additional space on Appendix A, if necessary.

Section E:

- Report the work or production activity or activities this employer is primarily engaged, as well as a brief summary of the work operations.

Section F:

- For each program element listed, select whether or not the program element meets the requirements set forth in Code Rule 60.
- Indicate whether or not you made any recommendations to bring the program element into compliance with the Code Rule, or to improve on the employer's implementation of the program element.
- In the text box, give a detailed assessment of the employer's compliance with the program element requirements and a summary of the recommendation(s) you made, if any.

Section G:

- If the employer implemented any program elements in addition to those required by the code rule, please summarize them here and provide your assessment of the element, including any recommendations you made.

Section H:

- Describe additional services you provided to the employer. This includes materials, trainings, and other services other than the program element recommendations listed in Section F.

Section I:

- Record the details of the Opening and Closing Conferences conducted with the employer and employee representative(s).

Section J:

- Describe the records reviewed in determining the compliance status of the employer's WSLPIP.
- Provide an analysis of the employer's historical loss and claim information based on your review of their records. Identify trends in claims and losses, as well as specific areas of risk.

Section K:

- Provide information for the sites you physically visited. To ensure a thorough WSLPIP evaluation, you should conduct a site visit for each location for employers with one to three locations. For employers with four or more locations, you should conduct a site visit for at least half, up to ten sites. You may need to visit more than the suggested number of sites based on the employer's work activities and staffing.
- For Safety Incentive Programs only: list all safety and loss prevention deficiencies you identified on your site visit. List the recommendations you made to correct these deficiencies. Indicate whether or not the employer made those corrections.

Section L:

- Provide your information in this section. Please note that any reports turned in by Specialists whose certifications have expired will not be processed.

2. Submittal Information

Provide an electronic and paper copy of the report to the employer and keep an electronic copy on file. The employer must include a copy of this report with their application form. You do not need to turn in a copy to the Department; it is the employer's responsibility to do so.

3. General Information

Questions about the application process and the procedures that must be followed to conduct a consultation under the requirements of Industrial Code Rule 60 should be emailed to wslpip@labor.ny.gov or mailed to the following address:

New York State Department of Labor
Workplace Safety and Loss Prevention Programs
Harriman State Office Campus, Building 12, Room 167
Albany, NY 12226