Workers’ Compensation
Basic Claims Procedures for
Clients
NOTICE AND DISCLAIMER
This publication is an overview of current workers’ compensation, workers’ compensation related concepts, and related issues affecting businesses. It is not legal advice. Specifically, each business has unique legal needs and situations, so the law may affect one business differently than another. Accordingly the authors and publisher disclaim any liability for action taken, or not taken, based on the material in this publication.
# Table of Contents

Preface ........................................................................................................................................ 1
  What You Need To Start...................................................................................................... ii
  Why There Is Workers’ Compensation ........................................................................ iii

**Section I - Claim Reporting & Return to Work** ................................................................. 1
  Claims Reporting Essentials .......................................................................................... 2
  Immediate Injury Management .................................................................................... 3
  Accident Investigation Guidelines ............................................................................... 5
  Supervisor’s Incident Report ......................................................................................... 6
  Return to Work ............................................................................................................. 9
  Job Offer Letters ......................................................................................................... 10
  Temporary transitional job ......................................................................................... 11
  Return to work full time .............................................................................................. 12
  New job ....................................................................................................................... 13

**Section II - Basic Safety** ............................................................................................... 1
  Minimum Elements of a Workplace Safety & Health Program ..................................... 2
  Safety Committees ...................................................................................................... 4
  Safety Committee ....................................................................................................... 5
  Safety Committee Minutes Form ............................................................................... 6
  Company Safety Self Evaluation ............................................................................... 9
  Sample Annual Safety Program Review .................................................................. 17
  Employee Safety Orientation ..................................................................................... 19
  Job Safety Analysis Guide ......................................................................................... 20
  Hazard Identification & ............................................................................................. 21

**Section III – Workers’ Compensation Options & Rates** .............................................. 1
  Washington Workers’ Compensation Options .......................................................... 2
    The “Plain” State Fund .............................................................................................. 2
    State Fund Retrospective Rating ............................................................................. 2
    Self-Insurance ......................................................................................................... 3
  How State Fund Rates Work ....................................................................................... 4
    Risk Classification ..................................................................................................... 4
    Experience Modification Factor ............................................................................. 4
    Experience Period .................................................................................................... 5
    Special Rates .......................................................................................................... 6
  How Retrospective Rating Works ............................................................................... 7
    Retrospective Rating Time Line .............................................................................. 7
    Developed” Losses ................................................................................................... 8
    Standard Premium .................................................................................................... 8

**Section IV – Claim Validity & Other** ........................................................................... 1
  Claim Validity ............................................................................................................. 2
  Valid Injury Claims ..................................................................................................... 2
  Valid Occupational Disease Claims ........................................................................... 4
  Pre-existing Conditions ............................................................................................. 4
  Third-Party Claims ..................................................................................................... 4
  Fraud ........................................................................................................................... 5
  Malingering .................................................................................................................. 6
<table>
<thead>
<tr>
<th>Section Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subconscious Malingering</td>
<td>6</td>
</tr>
<tr>
<td>Using a Private Investigator</td>
<td>7</td>
</tr>
<tr>
<td>Good Hiring Practices</td>
<td>9</td>
</tr>
<tr>
<td>Medical Provider Relationships</td>
<td>10</td>
</tr>
<tr>
<td>Section V – Forms</td>
<td></td>
</tr>
<tr>
<td>HIPAA\Workers’ Compensation Information</td>
<td>1</td>
</tr>
<tr>
<td>Supervisor’s Incident Report (SIR)</td>
<td>2</td>
</tr>
<tr>
<td>Accident Investigation Guidelines</td>
<td>3</td>
</tr>
<tr>
<td>Return to Work Brochure (Spanish)</td>
<td>4</td>
</tr>
<tr>
<td>Return to Work Brochure (English)</td>
<td>5</td>
</tr>
<tr>
<td>Workers’ Compensation File Checklist</td>
<td>6</td>
</tr>
<tr>
<td>Alternative Mod-Duty Description</td>
<td>7</td>
</tr>
<tr>
<td>Work Status Worksheet</td>
<td>9</td>
</tr>
<tr>
<td>Employment Application</td>
<td>10</td>
</tr>
<tr>
<td>Workers’ Compensation Exit Interview</td>
<td>111</td>
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<tr>
<td></td>
<td>122</td>
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<tr>
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<td>144</td>
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Workers’ Compensation Basics:
Preface
What You Need To Start

This manual is set up in five sections; it would be in the best interests of you, your company, and Employer Resources Northwest (ERNWest) if you were able to read the entire manual. However, with the time constraints many have in today’s business environment the manual has been structured in the order of importance. Please completely read and understand the first section as it is the most important for claims management purposes. We also strongly recommend that you read and use the tools in Section II: Basic Safety. After that the information becomes less urgent, but important nonetheless.

ERNWest is a company that helps companies in Washington State control their local workers' compensation exposures. The goals of Employer Resources Northwest’s (ERNWest’s) services are three-fold in the following order of importance:

• Over time, reduce how much money you pay to the Department of Labor and Industries (L&I) each quarter in workers’ compensation premiums
• Reduce the time and frustration you and your staff spend in managing workers’ compensation issues.
• Achieve a good refund each plan year.

It is impossible to achieve the three goals above just by managing workers’ compensation claims, you must manage your company’s entire safety and workers’ compensation program. The following are the basic components of a effective program no matter what state you operate in or how you are insured.

• Commitment from the executive, senior, and line managers in the company
• An active safety program
• An employee who “owns” your workers’ compensation program
• The ability to investigate all workplace incidents/accidents
• A method of reporting all incidents within 24 hours of becoming known
• A reasonable return-to-work program

If you do not already have a staff member that “owns” the workers’ compensation program one needs to be identified and selected. This person should be give the authority to make all line decisions in the claims process, this includes the ability to offer modified duty jobs for a limited period of time, and the authority to do so in an work location. In order to communicate the importance of this position and the authority it has we recommend that highest-level executive in the company announce the selection.
Why There Is Workers’ Compensation

The history of workers' compensation begins with the industrial revolution. The work processes at the core of the revolution dramatically changed the economy and work environment from a largely agricultural model, to an industrial production model.

This change in economy produced many workplace changes, which included:

- The birth of large groups of workers exposed to new and hazardous conditions;
- Little or no regulation of workplace hazards;
- Rapid increases in the number workplace injuries

Workers' compensation was born out of an agreement between business, labor, and government that was necessary to reduce the burden of new workplace injuries on their respective interests, much like the tort reform proposals of today.

Before workers’ compensation systems existed injured workers had to pursue relief though the courts.

- They had to pay for their own medical treatment
- If they were unable to work they did not get paid anything
- There was no assistance available for returning to the workforce
- In order to receive any benefits for an injury the employee had to file a civil suit against their employer
- To win the civil suit they had to prove that the employer was at fault for their injury

While this might seem to be a more judicious system, there were some very expensive problems associated with it for employers:

- Each workplace injury claim was a lawsuit with all applicable costs
- Increased frequency of suits
- Increased unfavorable judgments

With the increased frequency of suits being filed the government began to take notice because the judicial system was overflowing with workplace injury claims. So, in 1911, Washington, Wisconsin, and New Jersey were the first states to enact workers’ compensation laws. In order for the laws to pass, trade-offs between employers and labor were required. The trade off labor received the workers’ compensation provisions of no fault and certain coverage while business also received an exceptional benefit called exclusive remedy.

**No fault** means that there needs to be no establishment or assignment of negligence for a claim to be allowed which makes it easier to file a claim than under the judicial system.

**Exclusive remedy** means that if a claim is filed and accepted, the employee has no other recourse under the law regardless of negligence which protects employers against many expensive lawsuits.
Workers’ Compensation Basics:
Section I - Claim Reporting & Return to Work
Claims Reporting Essentials

Information we need from you for every employee incident/accident:

Employee Injuries Not Requiring Medical Care:
1. The injured employee’s supervisor should complete a Supervisors Report of Incident for each workplace incident that occurs regardless of whether it is going to be a claim.
2. The completed Incident Report form should be immediately faxed to ERNWest at (877) 717-0590 review and processing.

Employee Injuries Requiring Medical Care:
1. The injured employee’s supervisor should complete a Supervisors Report of Incident (SIR) for each workplace incident that occurs regardless of whether it is going to be a claim.
2. The completed Incident Report (SIR) form should be immediately faxed to ERNWest at (877) 717-0590 review and processing.
3. The injured employee and supervisor need to review the tri-fold (return-to-work brochure and sign where indicated.
4. The injured employee needs to take the return-to-work brochure to their first doctor’s visit
5. The brochure needs to be returned to you within one business day
6. Fax the inside portion of the Return-To-Work Brochure to ERNWest.

Our telephone numbers are: (253) 874-9731 or (800) 433-7601
Our fax numbers are: (253) 874-3684 or (877) 717-0590
Our email address is: claimsreporting@ernwest.com
Immediate Injury Management

The goal of ERNWest’s claims management activities is to control the cost of injuries after they occur. Components of good claims management programs include:

- Availability of prompt and competent medical care
- Conscientious and thorough accident investigation
- Effective return-to-work programs
- Monitoring medical costs
- Getting and staying involved with the injured employee
- Getting and staying involved with the physician

Importance of Managing Claims Quickly

ERNWest adheres what we call Immediate Injury Management (IIM). While this is a detailed way to manage claims, essentially it focuses a large amount of time and effort in the first 12 weeks of a claim. If done consistently, Immediate Injury Management (IIM) is a powerful tool to reduce how much money you pay L&I every quarter.

The first 12 weeks of a claim are the most important of a claim because of what is known as disability syndrome. The graph below demonstrates this syndrome.

The information in this graph comes from *The Journal of Workers Compensation* and shows that if one is off work for just four weeks the chances that they will return to sustained employment ever again drops to about 90%, at eight weeks 75%, at twelve 50%.

The basic materials that you need to have prepared for the IIM process used to include six documents, but we have worked hard and reduced this down to three documents, the Supervisors Incident Report, the tri-fold return to work brochure mentioned in the previous section, and a few “fill in the blank” modified duty job offer letters.
How IMM works:

IIM in its simplest form is managing every incident, by assuming that the incident will become a workers’ compensation claim the second the injury occurs.

1) When an employee is injured, document the injury even if it seems minor in nature
2) If medical treatment is necessary, before the worker leaves your worksite give him or her a packet that contains the documentation described in the next section
3) Immediately have the injured employee’s supervisor investigate the accident
4) Fix or discontinue work at the accident location if the injury was the result of a machinery malfunction or an unsafe work condition
5) Contact the injured worker at home within 24 hours
6) Contact the treating doctor within 24 hours

IIM also requires providing modified duty work to your employees, but for only a limited duration of time. It is unreasonable for most employers to keep someone at a modified job for more than 30 days unless there is significant medical progress that allows the employee to routinely increase their job duties.

When providing modified duty work to your employees it is important to do so using a job offer letter. This is a necessary formality because if the offer is made in writing and the job is declined the employee’s time loss payments will stop. It cannot be stressed strongly enough that modified duty job offer letters are well worth the time it takes to “fill in the blanks.”

ERNWest has created an easy to follow checklist and set of instructions to help you understand our claims management process and how your company needs to be involved. The most important points of this process are:

1) Report your work-related injury/incidents to ERNWest within 24 hours
2) Investigate your accidents immediately
3) Review the tri-fold return to work brochure with each employee after every incident
4) Provide modified duty work
5) Inform ERNWest you are providing modified work
6) If there has been no increase in the modified job duties after 30 days inform ERNWest and fax us the employee’s job application
Accident Investigation Guidelines

The purpose of an investigation is to find the cause of an accident and prevent further occurrences, not to fix blame. An unbiased approach is necessary to obtain objective findings.

- If possible, interview injured workers at the scene of the accident and “walk through” a re-enactment. Be careful not to repeat the act that caused the injury.
- Privacy is important during interviews. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident, even if they did not actually witness the mishap.
- Record names, addresses, and statements of witnesses. Consider taking signed statements if facts are unclear or an element of controversy exists.
- In major injuries, use sketches, diagrams and photos to document details graphically. Take measurements when appropriate.
- Identify the circumstances preceding and surrounding the injury—what were underlying and contributing causes, as well as immediate causes?
- What physical hazards existed at the time of the accident, such as unprotected openings, poor housekeeping, slippery surfaces, protruding nails, etc.?
- Were defective tools, equipment or materials provided to or used by the employee(s)?
- Was personal protective equipment (PPE) not provided? Was PPE defective, not used, or used improperly? Was PPE needed?
- Did unsafe work practices contribute to the injury, including improper lifting, handling of materials or equipment failure?
- What safety rules or safety training might have prevented the accident?
- If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claim costs.

**Investigation Wrap-Up Questions:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you discuss with the injured employee’s supervisor the details of the incident and obtain the names of witnesses?</td>
<td></td>
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</tr>
<tr>
<td>Did you get statements from all witnesses with information (directly or indirectly) concerning incident/injury?</td>
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<tr>
<td>Did you investigate the safety measures that were in force the time of the incident?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you investigate whether or not equipment, mechanism failure, or another person/party (contractor etc...) was a factor in the incident/injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you reviewed and evaluated all documentation to identify the cause of the incident (including the circumstances preceding the injury)?</td>
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<tr>
<td>Have you taken to implement a solution so this type of incident does not occur again?</td>
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<tr>
<td>Did you report this incident to Employer Resources Northwest (ERNWest)?</td>
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<tr>
<td>Did you enter this incident on the OSHA 300 log (if applicable)?</td>
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SUPERVISOR’S INCIDENT REPORT

Rev. 6-05

Facility Name: ________________________________

OSHA Log case number ________________
(Transfer the case number from the Log after recording the case)

Was the incident fatal? [ ] Yes [ ] No

Was employee given first aid? [ ] Yes [ ] No

PART I – TO BE COMPLETED BY SUPERVISOR

Employee: Occupation: SS#: ________________
Date of Injury: Time of Injury: AM/PM Location:
Date Reported: Time Reported: AM/PM Reported To Whom:
Home or Mailing Address: Home Phone: [ ] Male [ ] Female
Date of Hire: Date of Birth:
[ ] [ ] Male [ ] Female

Time employee began work ________________ AM / PM

[ ] Emergency Room [ ] Doctor [ ] Other [ ]

Treat Caregiver’s Name, Address & Phone:

[ ] [ ] Head [ ] Hand (L or R) [ ] Knee (L or R)
[ ] [ ] Eyes (L or R) [ ] Finger [ ] Abdomen
[ ] [ ] Nose [ ] Leg (L or R) [ ] Entire
[ ] [ ] Mouth [ ] Foot (L or R) [ ] Glasses
[ ] [ ] Ear [ ] Toes [ ] Teeth
[ ] [ ] Shoulder (L or R) [ ] Internal [ ] Groin
[ ] [ ] Back [ ] Multiple [ ] Neck
[ ] [ ] Chest [ ] Ankle (L or R) [ ] Elbow (L or R)
[ ] [ ] Arm (L or R) [ ] Wrist (L or R) [ ] Rib
[ ] [ ] Hip [ ] Face

MARK INJURED AREAS ABOVE

PART II TO BE COMPLETED BY EMPLOYEE

Employee statement of how incident occurred, and how it could have been avoided.

MEDICAL RELEASE AUTHORIZATION: I hereby authorize my physician, clinic, hospital, agency, HMO network or therapy provider to release to my employer’s representative any medical records regarding current or previous treatment(s) that has been furnished to me.

Employee’s Signature ____________________________ Date ________________

Employer’s Signature ____________________________ Date ________________
EMPLOYER’S Commitment to the Team
• Investigate all incidents to identify if any safety enhancement can be made to prevent similar incidents in the future.
• Employees will not lose their job because of the result of reporting an industrial injury.
• We will make reasonable efforts to maintain your current employment and pay/benefit level.
• Provide temporary modified-duty work to assist in your recovery efforts.
• Work with you, your doctor, and L&I to make sure your claim for benefits is processed in a timely manner.
• Help you receive the best medical care available for your work-related condition.
• Work with you and L&I to ensure timely payments on your claim.

DOCTOR’S Commitment to the Team
• Provide our employee with the best medical treatment available.
• Obtain a complete medical history regarding this and any other similar injuries.
• Make a concerted effort to return our injured employee back to work in the swiftest and safest manner possible.
• Provide fair and realistic work restrictions.
• Provide the opportunity for open communication with both the employee and company.

EMPLOYEE’S Commitment to the Team
• Give this pamphlet to your treating doctor at the first visit.
• Return this pamphlet to ____________________________ (supervisor or supervisor’s designee) within one (1) business day of being seen by your doctor.
• Follow the treatment plan prescribed by the treating doctor.
• Follow the restrictions provided by your treating doctor in both work and non-work related activities to help ensure a safe and swift recovery.
• Make all reasonable efforts to return to work as quickly and safely as possible.
• Within one (1) business day of each medical appointment hand-deliver new physical restrictions or disability certification to your supervisor or their designee.

I have read and understand my responsibilities and agree to follow these responsibilities and all company policies.

Employee’s Signature

______________________________

Date Signed

Employer Signature

______________________________

Date Signed

Our Commitment Regarding On-the-Job Injuries
You are a valuable member of this company’s team and we need to work together to return to work as quickly and safely as possible. Please join us in our commitment to accomplish this.

We have made every attempt to make this return-to-work program as easy as possible for all parties involved. The steps in the process are as follows:

1) Review this pamphlet with your employer and doctor.

2) Take this pamphlet to your doctor appointment and have him/her fill it out in front of you.

3) Return this to your supervisor, in person within one (1) business day of your appointment.

4) Continue to return every disability certificate or work restriction in person, provided it is medically reasonable, to your supervisor.
Return to Work Job Analysis and Medical Information

We are committed to returning our team member back to work as soon as medically possible and we need your help! Please give this document back to our employee during your visit with them, they are required to return this to us within one (1) business day so we can try and assist in their rehabilitation by providing modified work. YOU CAN BILL FOR FILLING OUT THIS FORM BY USING L&I CODE M1037.

Employee: __________________________________________ Company: _____________________________________   L&I Claim No.: ___________________

Date of injury: ________________   Today's date: _________________  Return visit on _____________________  First injury/condition of this type? □ Yes □ No

Initial Diagnoses: _________________________________________________________________________  Estimated full-duty release date 

Treatment Plan (check all that apply)

☐ Physical Therapy ______ times per week, for _____ weeks  ☐ Occupational Therapy _____ times per week, for _____ weeks
☐ Surgery - anticipated date ________________________
☐ X- Ray □ MRI □ CT Scan □ EMG □ Other _________________________

Referral to other providers: □ None □ Neurology □ Orthopedic Surgeon □ Physiatrist/Occ. Med. □ Rheumatologist □ Other__________________

We have identified four (4) stages of modified duty, please check the appropriate stage our employee is able to perform and cross out any task our employee should not be performing.

□ Stage 1: Tasks may include feeding residents, serving trays, folding laundry, assisting residents with all forms of hygiene, taking vital signs, adjusting bed heights, straightening bedside tables and closets, organizing drawers, dusting, delivering mail, resident activities, light clerical functions, review flow sheets and list changes needed in resident care area and other duties within the physical demands described below.

Standing: Rare/Occasional  Carrying: 1 - 10 lbs.  Grasping/Handling: Frequently
Sitting: Rare/Occasional  Lifting: 1 - 10 lbs.  Bending/Squatting: Occasionally
Walking: Rare/Occasional  Push/Pull: 1 - 10 lbs.  Twisting/Climbing: Rare

□ Stage 2: Tasks may include all of stage 1 and labeling beds and drawers, assisting with serving at meal time, clean bathroom sinks, cleaning dishes and tables, monitor and chart weights and vital signs, changing bedding, all clerical functions, assist residents with dressing & hygiene, stock utility rooms with clean linens, deliver resident laundry, assists in preparing meals and meal trays and other duties within the physical demands described below.

Standing: Occasionally  Carrying: 11 - 25 lbs.  Grasping/Handling: Continuously
Walking: Occasionally  Push/Pull: 11 - 25 lbs.  Twisting/Climbing: Rare

□ Stage 3: Tasks may include all of stages 1 and 2 as well as transporting linen, make beds, assist in turning mattresses, wash walls, vacuuming, clean floors in all areas using broom and mop, cleaning of equipment, empty trash, assist residents to and from activities, push wheel chairs and other four wheeled carts, touch up painting and other duties within the physical demands described below.

Standing: Frequently  Carrying: 26 - 50 lbs.  Grasping/Handling: Continuously
Sitting: Occasionally  Lifting: 26 - 50 lbs.  Bending/Squatting: Occasionally
Walking: Frequently  Push/Pull: 26 - 50 lbs.  Twisting/Climbing: Rare

□ Stage 4: Return to full duty no restrictions:

Doctor Signature  ________________________________  Required Date  ________________  Medical provider name and phone ________________________________

DEFINITIONS

Rare: 0% - 10%
Occasional: 11% - 33%
Frequent: 34% - 66%
Constant: 67% - 100%

WAC 296-19A-030 requires doctors to respond to requested information in a timely manner, which includes physical capabilities or restrictions.
Return to Work

Offering work to an injured employee is the best, and often the only, way to dramatically reduce the cost and duration of workers’ compensation claims. Unfortunately, employers often do not have the knowledge necessary to make a return to work program work. Here are some guidelines to help you understand this process better.

There are three goals for returning an employee to work:
- Better faster recovery
- Prevent abuse of the system
- Reduce the cost of disability

Essentials of offering and monitoring modified duty jobs:
- Work offered should resemble the employee’s regular job as closely as possible
- Always offer work in writing (see next section)
- Don’t give duties outside restrictions
- Know when employee is fixed and stable because this is when the restrictions defined at this point become permanent – when restrictions are permanent, there is no reason to continue in a light or temp mod job.

Identifying when temporary modified duty should end:
- When the worker is physically able to return to regular job
- The employee goes 60 days without showing improvement or gets worse
- Not a reasonable expectation the person will return to a job the employer can offer and obtain value from
- Person has reached MMI and is unable to perform a full-time job on a reasonably continuous basis.
- Do NOT place employee on indefinite leave of absence or into indefinite light duty and forget about person.

Before terminating transitional duty work it is important to:
- Follow all established personnel policies & regulations
- Verify that all necessary claims management activities have taken place or are in the works (referral for rehabilitation or appropriate medical management is in place).

Optimal Complex Indemnity Time Line

<table>
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<tr>
<th>Waiting Period</th>
<th>DOI</th>
<th>Day 1</th>
<th>Day 2</th>
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<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4-6</th>
<th>Week 7-9</th>
<th>Week 10-12</th>
<th>Week 12+</th>
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<tr>
<td>Kept-On-Salary KOS Period</td>
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<td>Temporary Modified Duty</td>
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<td>Vocational Rehabilitation</td>
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Job Offer Letters

Job offer letters are often seen as an administrative hassle, but, if properly used, they are the single most important tool employers have to control their workers’ compensation costs. We have also included three “fill in the blank” job offer letters you can use to help bring your injured workers back to gainful employment. Job offer letters are important for the following reasons:

- Provides written communication between the employee and the employer
- Documents the job offer to the Department of Labor and Industries
- Provides proof to the worker that a job offer was made
- Clearly establishes expectations for the worker

We have included three types of job offer letters for you:

1) Temporary Transitional (modified duty)
2) Part time to full time employment (modified duty)
3) Offer of a new position
Dear ____________________________

According to the medical information that we have received from your doctor, you are able to return to work effective ____/____/____ in a transitional capacity (see attached medical information). We are offering you a temporary transitional job with our company intended to help you return to your regular job: the position being offered is that of ____________________. The details of this offer are subject to all hiring and employment requirements (e.g. reference checking, drug testing, etc...), the details of our offer are as follows:

1) You will report for duty on ____/____/____. Your shift will begin at ___:____ and will end at ___:____. You will be scheduled for ____ shifts per week.
2) You will report to _________________, who will act as your direct supervisor.
3) Your wage will be $______ per hour and you will receive benefits in accordance with our company policy.
4) If you have additional medical appointments, you must schedule them outside of work hours unless approved by a supervisor, or scheduled by L&I.
5) As necessary, training will be provided to help satisfactorily complete assigned duties not previously performed.

Should you have any questions regarding this letter, please contact me at (____)______-________. Please contact me by telephone no later than ____/____/____. to accept or decline this job offer.

Please check the appropriate box below and return this letter to me, by hand, or post-marked no later than ____/____/____. If you do not contact me by ____/____/____, and/or you do not show up for work on ____/____/____, your time loss benefits will most likely end.

____ I ACCEPT THIS OFFER
____ I DECLINE THIS OFFER (may affect L&I time loss benefits)

Employee’s Signature ______________________ Date ________________

Sincerely,

Encl.: Approved Job Analysis
Cc: Claims Manager, ERNWest, Vocational Counselor, Attending Doctor
According to the medical information that we have received from your doctor, your work status has changed; you are able to return to work full time effective ____/____/____. The position being offered is that of ____________________, and is being offered to you on a temporary basis, but is subject to all hiring and employment requirements (e.g. reference checking, drug testing, etc...). The details of this offer are as follows:

6) You will report for duty on ____/____/____. Your shift will begin at ____:____ and will end at ____:____. You will be scheduled for ____ shifts per week.

7) You will report to ________________, who will act as your direct supervisor.

8) Your wage will be $______ per hour and you will receive benefits in accordance with our company policy.

9) If you have additional medical appointments, you must schedule them outside of work hours unless approved by a supervisor, or scheduled by L&I.

10) As necessary, training will be provided to help satisfactorily complete assigned duties not previously performed.

Should you have any questions regarding this letter, please contact me at (____)______-________. Please contact me by telephone no later than ____/____/____. to accept or decline this job offer.

Please check the appropriate box below and return this letter to me, by hand, or post-marked no later than ____/____/____. If you do not contact me by ____/____/____, and/or you do not show up for work on ____/____/____, your time loss benefits will most likely end.

_____ I ACCEPT THIS OFFER

_____ I DECLINE THIS OFFER (may affect L&I time loss benefits)

____________________________________________________________________________

Employee’s Signature        Date

Sincerely,

Encl.:  Approved Job Analysis  
Cc:   Claims Manager, ERNWest, Vocational Counselor, Attending Doctor
Dear

According to the medical information that we have received from your doctor, you are able to return to work effective ____/____/____ in a **new job** with this company (see attached medical information). The position being offered is that of ____________________, and is being offered to you on a reasonably continuous basis, but is subject to all hiring and employment requirements (e.g. reference checking, drug testing, etc...). The details of this offer are as follows:

11) You will report for duty on ____/____/____. Your shift will begin at ___:____ and will end at ___:____. You will be scheduled for ____ shifts per week.

12) You will report to __________________, who will act as your direct supervisor.

13) Your wage will be $______ per hour and you will receive benefits in accordance with our company policy.

14) If you have additional medical appointments, you must schedule them outside of work hours unless approved by a supervisor, or scheduled by L&I.

15) As necessary, training will be provided to help satisfactorily complete assigned duties not previously performed.

Should you have any questions regarding this letter, please contact me at (____)______-________. Please contact me by telephone no later than ____/____/____. to accept or decline this job offer.

Please check the appropriate box below and return this letter to me, by hand, or post-marked no later than ____/____/____. If you do not contact me by ____/____/____, and/or you do not show up for work on ____/____/____, your time loss benefits will most likely end.

_____ I ACCEPT THIS OFFER

_____ I DECLINE THIS OFFER (may affect L&I time loss benefits)

________________________________________________________________________

Employee’s Signature Date

Sincerely,

Encl.: Approved Job Analysis  
Cc: Claims Manager, ERNWest, Vocational Counselor, Attending Doctor
Workers’ Compensation Basics:
Section II - Basic Safety
Minimum Elements of a Workplace Safety & Health Program

Management Leadership & Employee Participation
1) An employer must: Establish the program responsibilities of managers, supervisors, and employees for safety and health in the workplace and hold them accountable for carrying out those responsibilities; Provide managers, supervisors, and employees with the authority, access to relevant information, training, and resources they need to carry out their safety and health responsibilities; and Identify at least one manager, supervisor, or employee to receive and respond to reports about workplace safety and health conditions and, where appropriate, to initiate corrective action.

2) The employer must provide employees with opportunities for participation in establishing, implementing, and evaluating the program.

Hazard Identification & Assessment
1) The employer must systematically identify and assess hazards to which employees are exposed and assess compliance with the General Duty Clause and OSHA standards.

2) Conduct inspections of the workplace; Review safety and health information; Evaluate new equipment, materials, and processes for hazards before they are introduced into the workplace; and assess the severity of identified hazards and rank those that cannot be corrected immediately according to their severity.

Hazard Prevention & Control
1) The employer must keep records of the hazards identified and their assessment and the actions the employer has taken or plans to take to control those hazards.

2) The employer must carry out a hazard identification and assessment process initially; As often thereafter as necessary to ensure compliance with the General Duty Clause and OSHA standards and at least every two years; and When safety and health information or a change in workplace conditions indicates that a new or increased hazard may be present.

Information & Training
1) The employer must ensure that: Each employee is provided with information and training in the safety and health program; and each employee exposed to a hazard is provided with information and training in that hazard.

2) The employer must provide information and training in the following subjects: The nature of the hazards to which the employee is exposed and how to recognize them; What is being done to control these hazards; What protective measures the employee must follow to prevent or minimize exposure to these hazards; and The provisions of applicable standards.

3) The employer must provide initial information and training as follows: For current employees, before the compliance date specified in paragraph (i) for this paragraph (f); and For new employees, before initial assignment to a job involving exposure to a hazard.

4) The employer must provide periodic information and training: As often as necessary to ensure that employees are adequately informed and trained; and When safety and health information or a change in workplace conditions indicates that a new or increased hazard exists.
Evaluation of Program Effectiveness

1) The employer's basic obligation is to evaluate the safety and health program to ensure that it is effective and appropriate to workplace conditions.

2) The employer must evaluate the effectiveness of the program: As often as necessary to ensure program effectiveness; At least once within the 12 months following the final compliance date specified in paragraph (i); and Thereafter at least once every two years.
Safety Committees

A safety committee is required for employers with 11 or more employees. However, every employer should consider participating as Safety Committees:

- Evaluate and recommend changes which can dramatically reduce work-related injuries and incidents.
- Require that employees and managers work together on a routine basis to promote and ensure a safe workplace.

**Safety Committee formation consists of 6 basic steps:**

1. Determine the number of members to serve on the Safety Committee:
   - Standing members: Member of Management, and person ultimately responsible for safety.
   - Mix of Management and Employees - the number of employee-elected members must equal or exceed the number of employer-selected members.

2. Set expectations – why the committee was established and what it intends to accomplish.

3. Ask for volunteers to serve on the committee.

4. Elect officers: Chairperson and Secretary.

5. Instruct the committee to meet on a regular basis at the same time and place. For example, the safety committee will meet the first Thursday of the month at 8 am in the Conference Room.

6. Establish accountability by requiring members of the committee to determine what is to be done prior to the next meeting, as well as, who will be responsible for carrying out each action item. Possible action items include (but are not limited to) auditing one section of the safety policy, inspections of work areas, reviewing incidents arising since the last meeting, etc.

**Tips for forming a safety committee:**

- If you do not receive enough volunteers for a good cross section of your business, appoint employees. Once the committee starts operation, and other employees see that it is well-organized, and effective, others may be willing to volunteer.

- State what members of the committee need to know in order to fulfill their responsibilities. Describe how they will receive that training.

- Emphasize management’s commitment for the safety committee. Lack of support for the committee underscores the lack of emphasis or concern a company has for the safety of their employees.

- Recognize that a strong safety committee can enhance the performance of the company. Less accidents = increased productivity.

The formation of a strong safety committee is critical to a company’s ability to ensure a safe workplace. Contact your ERNWest loss control manager for assistance.
Company Name: ________________________________

Location: ____________________________________

Safety Committee Agenda for ________________ ______, 20__

Company Safety Policy:
(Company/Location) believes safety is a cardinal responsibility and is committed to providing a safe workplace for all employees and has developed this manual to integrate safety and health practices into every job task to prevent occupational injuries and illnesses. This will be accomplished through the cooperative efforts of managers, supervisors and employees to identify and eliminate hazards that may develop during our work process.

1. Call to Order

2. Roll Call (members and nonmembers present)

3. Review Minutes of Previous Meeting (see attached)

4. Chairperson Report

5. Monthly Safety Training Topic
   a. Incident Reporting

6. Committee Report:
   a. Accident Investigation Committee (list of committee members)
      i. Review of accident/incidents for current month
      ii. Identification of corrective measures
      iii. Implementation of corrective measures

7. Unfinished Business
   a. Inspections & Corrections
      i. Last month’s inspection and policy review results
         1. Safety Inspections and Program Audits (policy review)
         2. Offices (inspection)
      ii. Inspections and policy reviews due at next month’s meetings
         1. Disaster Planning (policy review)
         2. Deli (inspection)
   b. Other Items

8. New Business
   a. Committee Members and non-members concerns
   b. Other items

9. Next meeting date & time (to be determined at meeting)

10. Adjournment
Safety Committee Minutes Form

Date: ____________________________
Location: ____________________________
Start Time: __________ am/pm (circle)

Roll Call (members and non-members present)

__________________________________        __________________________________
__________________________________        __________________________________
__________________________________        __________________________________
__________________________________        __________________________________
__________________________________        __________________________________

Review Minutes of Previous Meeting (see attached)
☐ Approved w/out amendment(s)
☐ Approved w/amendment(s) – describe amendment ______________________________

Chairperson Report (briefly describe)

__________________________________
__________________________________
__________________________________
__________________________________
__________________________________

Monthly Safety Training Topic (briefly describe actual training covered)

__________________________________
__________________________________
__________________________________
__________________________________
__________________________________
Accident/Incident Review Committee Report


Unfinished Business
Inspections & Corrections


Inspections and Policy reviews due at next month’s meetings
1. 
2. 
3. 
4. 

New Business
Next meeting date & time (to be determined at meeting)

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

End Time: _____________ am/pm (circle)
Company Safety Self Evaluation

Washington State requires all employers to provide a safe and healthy working environment for all employees. The most basic safety plan Labor and Industries requires is the (APP) Accident Prevention Program, WAC 296-24-040 and should be tailored to the particular needs and hazards of your facility. ERNWest has reproduced this into a self-audit you can use to see where you are for a beginning or current safety program.

Remember that this is a basic self-audit and may include areas that are not applicable to your company, or not include other areas you may be required to have in your safety program. If you need further assistance with information and guidance or development, ERNWest would be happy to help you.

Do you have these main components in your safety program?

### Employer Postings

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- Is the required OSHA workplace poster displayed in a prominent location where all employees are likely to see it?
- Are emergency telephone numbers posted where they can be readily found in case of emergency?
- Where employees may be exposed to any toxic substances or harmful physical agents, has appropriate information concerning employee access to medical and exposure records, and “Material Safety Data Sheets,” etc., been posted or otherwise made readily available to affected employees?
- Are signs concerning “Exiting from buildings,” room capacities, floor loading, exposures to x-ray, microwave, or other harmful radiation or substances posted where appropriate?
- Is the Summary of Occupational Illnesses and injuries (300 Log) posted in the month of February?

### Record Keeping

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- Are all occupational injury or illnesses, except minor injuries requiring only first aid, being recorded as required on the OSHA 300 Log?
- Are employee medical records and records of employee exposure to hazardous substances or harmful physical agents up-to-date?
- Have arrangements been made to maintain required records for the legal period of time for each specific type record?
### Safety & Health Program

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- Do you have an active safety and health program in operation?
- Is one person clearly responsible for the overall activities of the safety and health program?
- Do you have a safety committee or group made up of management and labor representatives that meet regularly and report and post in writing on its activities?
- Do you have a working procedure for handling in-house employee complaints regarding safety and health?
- Are you keeping your employees advised of the successful effort and accomplishments you and/or your safety committee have made in assuring they will have a workplace that is safe and healthful?

### Medical Services & First Aid

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- Is there a hospital, occupational clinic, or infirmary for medical care in proximity of your workplace?
- Is at least one employee on each shift currently qualified (current) to render first aid?
- Are medical personnel readily available for advice and consultation on matters of employees’ health?
- Are emergency phone numbers posted?
- Are first aid kits easily accessible to each work area, with necessary supplies available, periodically inspected and replenished?
- Are first aid kit supplies adequate for a particular area or operation?
- Do you have a working procedure for handling in-house employee complaints regarding safety and health?
- Are means provided for quick drenching or flushing of the eyes and body in areas where needed?

### Fire Protection

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- Is your local fire department well acquainted with your facilities, its location and specific hazards?
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<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
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<tr>
<td>If you have a fire alarm system, is it tested at least annually?</td>
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<td>If you have interior standpipes and valves, are they inspected regularly?</td>
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<td>Are fire doors and shutters in good operating condition?</td>
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<td>Are doors and shutters unobstructed and protected against obstructions, including their counterweights?</td>
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<td>Are fire doors and shutter fusible links in place?</td>
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<td>Are automatic sprinkler system water control valves, air and water pressure checked weekly/periodically as required?</td>
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<td>Is the maintenance of automatic sprinkler systems assigned to responsible persons or to a sprinkler contractor?</td>
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<td>Are sprinkler heads protected by metal guards, when exposed to physical damage?</td>
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<td>Is proper clearance maintained below sprinkler heads?</td>
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<td>Are portable fire extinguishers provided in adequate number, placement and type?</td>
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<td>Are fire extinguishers recharged regularly and noted on the inspection tag?</td>
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<td>Are employees periodically instructed in the use of extinguishers and fire protection procedures?</td>
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<td>Do you have a working procedure for handling in-house employee complaints regarding safety and health?</td>
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**Personal Protective Equipment**

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<th>Question</th>
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<tr>
<td>Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials?</td>
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<tr>
<td>Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, biohazard splash, contusions or burns?</td>
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<td>Are employees who need corrective lenses (glasses or contacts) in working environments having harmful exposures, required to wear only approved safety glasses, protective goggles, or use other medically approved precautionary procedures?</td>
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<td>Are protective gloves, aprons, shields, or other means provided against cuts, biohazards, corrosive liquids and chemicals?</td>
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<td>Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, poisonous substances, falling objects, and crushing or penetration actions?</td>
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<td>Are approved respirators provided for regular or emergency or emergency use where needed?</td>
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<td>Is all protective equipment maintained in a sanitary condition and ready to use?</td>
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<td>Do you have eye wash facilities and quick drench shower within the work area where employees are exposed to injurious corrosive materials?</td>
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<td>Where lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other bio health hazards?</td>
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<td>Is protection against the effects of occupational noise exposure provided when sound levels exceed those of the OSHA noise standard?</td>
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<td>Are adequate work procedures, protective clothing and equipment provided and used when cleaning up spilled toxic, biohazards, or hazardous materials or liquids?</td>
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**General Work Environment**

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<td>Are work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant?</td>
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<td>Are all spilled materials or liquids cleaned up immediately?</td>
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<td>Are combustible scrap, debris and waste stored safely and removed from the work site promptly?</td>
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<td>Are covered metal waste cans used for oily and paint soaked waste?</td>
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<td>Are all oil and gas fired devices equipped with flame failure controls that will prevent flow of fuel if pilots or main burners are not working?</td>
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<td>Are all toilets and washing facilities clean and sanitary?</td>
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<td>Is all protective equipment maintained in a sanitary condition and ready to use?</td>
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<td>Are all work areas adequately illuminated?</td>
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<td>Are pits and floor openings covered or otherwise guarded?</td>
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### Walkways

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**Questions:**
- Are aisles and passageways kept clear?
- Are aisles and walkways marked as appropriate?
- Are wet surfaces covered with non-slip materials?
- Are holes in the floor, sidewalk or other walking surface repaired properly, covered or otherwise made safe?
- Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?
- Are materials or equipment stored in such a way that sharp projectives will not interfere with walkway?
- Are spilled materials cleaned up immediately?
- Are changes of direction or elevations readily identifiable?
- Is adequate headroom provided for the entire length of any aisle or walkway?
- Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground?

### Floor & Wall Openings

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**Questions:**
- Are floor openings guarded by a cover, a guardrail, or equivalent on all side (except at entrance to stairways or ladders)?
- Are toe boards installed around the edges of permanent floor opening (where persons may pass below the opening)?
- Are sky light screens of such construction and mounting that they will withstand a load of at least 200 pounds?
- Is the glass in the windows, doors, walls, subject to human impact, of sufficient thickness and type for the condition of use?
- Are grates or similar type covers over floor openings such as floor drains, of such design that foot traffic or rolling equipment will not be affected by the grate spacing?
- Are floor or wall openings in fire resistive constriction provided with doors or covers compatible with the fire rating of the structure and provided with self closing feature when appropriate?
### Stairs & Stairways

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<td>Are standard stair rails or handrails on all stairways having four or more risers?</td>
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<td>Are all stairways at least 22 inches wide?</td>
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<tr>
<td>Do stairs have at least a 6’6” overhead clearance?</td>
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<td>❑</td>
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<tr>
<td>Do stairs angle no more than 50 and no less than 30 degrees?</td>
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<td>❑</td>
<td>❑</td>
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<tr>
<td>Are step risers on stairs uniform from top to bottom, with no riser spacing greater than 71/2 inches?</td>
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<td></td>
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<tr>
<td>❑</td>
<td>❑</td>
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</tr>
<tr>
<td>Are steps on stairs and stairways designed or provided with a surface that renders them slip resistant?</td>
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<tr>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Are stairway handrails located between 30 and 34 inches above the leading edge if stair treads?</td>
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<tr>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are stairway handrails capable of withstanding a load of 200 pounds, applied in any direction?</td>
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<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Are floor or wall openings in fire resistive constriction provided with doors or covers compatible with the fire rating of the structure and provided with self closing feature when appropriate?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Exiting or Egress

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are all exits marked with an exit sign and illuminated by a reliable light source?</td>
<td></td>
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</tr>
<tr>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are the directions to exits, when not immediately apparent, marked with visible signs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked “NOT AN EXIT,” “TO BASEMENT,” “STOREROOM,” etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are exit signs provided with the “EXIT” in lettering at least 5 inches high and the stroke of the lettering at least ½ inch wide?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are all exits kept free of obstructions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are at least two means of egress provided from elevated platforms, pits or rooms where the absence of a second exit would increase the risk of injury from hot, poisonous, corrosive, suffocating, flammable, or explosive substances?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are there sufficient exits to permit prompt escape in case of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Are the number of exits from each floor of a building and the number of exits from the building itself, appropriate for the building occupancy load?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are exit stairways which are required to be separated from other parts of a building, enclosed by at least 2-hour fire resistive construction in buildings more than four stories in height, and not less than 1-hour fire resistive constructive elsewhere?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where ramps are used as part of required exiting from a building, is the ramp slope limited to 1 foot vertical and 12 feet horizontal?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where exiting will be through frameless glass doors, glass exit doors, storm doors, etc., are the doors fully tempered and meet the safety requirements for human impact?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Exit Doors

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are doors which are required to serve as exits designed and constructed so that the way of exit travel is obvious and direct?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are windows, which could be mistaken for exit doors made inaccessible by means of barriers or railings?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are exit doors able to open from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a revolving, sliding or overhead door prohibited from serving as a required exit door?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where panic hardware is installed on a required exit door, will it allow the door to open by applying a force of 15 pounds or less in the direction of the exit traffic?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are doors on cold storage rooms provided with an inside release mechanism, which will release the latch and open the door even if it’s padlocked or otherwise locked on the outside?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are doors that swing in both directions and are located between rooms where there is frequent traffic, provided with viewing panels in each do?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hazardous Material

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all compressed gas cylinders stored and secured properly?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are oxygen storage areas or rooms isolated and properly marked and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintenance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are all hazardous materials labeled correctly?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hazard Communication**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are there a written program, documented training, and all records available upon request?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are all MSDS’s kept in an easy excisable area for all employees?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are all MSDS’s updated annually?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are all chemical containers properly labeled?</td>
<td></td>
<td></td>
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</tbody>
</table>
## Sample Annual Safety Program Review

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>Weekly Safety Inspection</td>
</tr>
<tr>
<td></td>
<td>Weekly incident review</td>
</tr>
<tr>
<td><strong>Monthly</strong></td>
<td>Compile Safety Training Report</td>
</tr>
<tr>
<td></td>
<td>Safety Committee Inspection</td>
</tr>
<tr>
<td></td>
<td>Safety Committee Meeting</td>
</tr>
<tr>
<td></td>
<td>Fire Prevention Inspection</td>
</tr>
<tr>
<td></td>
<td>Spill / Hazmat Equipment Inventory</td>
</tr>
<tr>
<td></td>
<td>Fire Extinguisher Inspection</td>
</tr>
<tr>
<td></td>
<td>Monthly Boiler Inspection</td>
</tr>
<tr>
<td></td>
<td>Monthly Sprinkler Inspection &amp; Test</td>
</tr>
<tr>
<td></td>
<td>Test Emergency Lighting</td>
</tr>
<tr>
<td><strong>Semi-Annual</strong></td>
<td>Fire Department Tour of Plant</td>
</tr>
<tr>
<td></td>
<td>Emergency Lighting 90 Minute Test</td>
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<tr>
<td></td>
<td>Evacuation Drill</td>
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<tr>
<td></td>
<td>Boiler External Inspection</td>
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<tr>
<td></td>
<td>Boiler Internal Inspection</td>
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<tr>
<td><strong>Annual</strong></td>
<td>MSDS Audit</td>
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<tr>
<td></td>
<td>Accident Prevention Program Review</td>
</tr>
<tr>
<td>Bloodborne Pathogen Program Review</td>
<td>Jan</td>
</tr>
<tr>
<td>-----------------------------------</td>
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<tr>
<td>Emergency Plan Review</td>
<td></td>
</tr>
<tr>
<td>Safety Incentive Program Review</td>
<td></td>
</tr>
<tr>
<td>Fire Hydrant Flow Test</td>
<td></td>
</tr>
<tr>
<td>Annual Sprinkler Inspection &amp; Tests</td>
<td></td>
</tr>
</tbody>
</table>

**Annual Training**

<table>
<thead>
<tr>
<th>First Aid - CPR -BBP</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td>Ergonomics</td>
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<tr>
<td>Caution Zone Identification</td>
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<tr>
<td>Hazard Zone Identification</td>
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<tr>
<td>Incident Reporting Procedures</td>
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<td>Personal Protective Equipment</td>
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<tr>
<td>Hazard Communication</td>
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<tr>
<td>Lockout / Tagout</td>
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<tr>
<td>Hearing Conservation</td>
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<tr>
<td>Workplace Violence Prevention</td>
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<tr>
<td>Fire Prevention and Protection</td>
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<tr>
<td>Emergency Plans</td>
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</tbody>
</table>
Employee Safety Orientation

Name: ______________________________ Date Employed: ______________

Supervisor: ________________________ Date Assigned: ______________

Job Title: __________________________

Checklist of orientation briefing items:

- Elements of the company safety program, policy and procedures. Employee to read the safety manual.
- Function of the safety committee, told who their safety committee representative is.
- Job specific safety rules.
- How and when to report injuries/accidents.
- Hazard awareness-How to identify and report unsafe conditions.
- Fire and emergency evacuation plan.
- Location and use of fire extinguishers.
- Location of first aid supplies.
- Chemical safety.
- Use and proper storage of hazardous chemicals.
- Location and use of MSDS’s and emergency eyewash/shower facility.
- Personal Protective Equipment, location, issue, and proper usage.
- Ergonomics.
- Safe lifting practices, Work-related Muscular Skeletal Disorder Syndrome.
- Horseplay, housekeeping, safety through professionalism.
- Light duty/Modified duty is available for work related injuries.
- Additional training requirements toward specific job assignment.

______________________________________________________________________

I acknowledge that the above safety orientation briefing items were completed for the named employee on the date listed. I accept responsibility for maintaining a safe and healthful work environment.

Date: ___________ Supervisor: ___________________________________________

I acknowledge that the above safety orientation briefing items were discussed with me by the named supervisor on the date listed. I understand all the above information that has been presented to me and will bring forward to my supervisor any questions that arise. I accept responsibility for maintaining a safe and healthful work environment.

Date: ___________ Employee: ___________________________________________
Job Safety Analysis Guide

JOB: _______________________________ DATE: _______________________________

EMPLOYEE WHO PERFORMS THE TASK: _______________________________

EMPLOYEE SUPERVISOR: _______________________________

JOB ANALYSED BY: _______________________________

SAFETY ANALYSIS REVIEWED BY: _______________________________

1. HOW IS THE JOB OR TASK COMPLETED:

Break down the task step by step from start to finish. It is not necessary to explain the
details of how the steps are completed; just what is done. Methods of recording a task can
be done by observing the task, discussing it with those who perform the task, using your
own experience or consulting someone else with the expertise on that task.

2. HAZARD POTENTIAL RELATED TO THE TASK:

For each step of the task, assess what hazards are present to the employee, what mishap
could happen, and what is the probability of mishap or injury occurring. Some questions to ask:

- Can workers be struck by or contacted by anything?
- Can they strike against or come in contact with any item that may cause injury?
- Can they be caught in or between anything?
- Can they fall?
- Are they required to do repetitive lifting or heavy lifting?
- Are there environmental hazards such as chemicals, high noise levels, or
  bloodborne pathogens?
- Can they fall?
- Can they overexert?

3. RECOMMENDED SAFE PROCEDURES FOR PERFORMING THE TASK:

- For each identified potential health and safety hazard, consider the following:
- How can the workers perform the task step to avoid or eliminate the potential
  hazard or injury?
- What can be done to eliminate the hazard through redesign of the work area or
  equipment?
- How can the procedure be redesigned to eliminate the hazard?

Describe in detail the precaution workers must take and ensure these steps are in the task
procedure or checklist. Take special care that no important steps or details are inadvertently
omitted from the task. Guidance on the task must be clear, specific and easily understood
by all employees.
Hazard Identification & Control Sheet

TASK PERFORMED: ___________________________ DATE: ______________________

Detailed description of potential hazard and risk assessment.

A potential hazard or mishap risk exists for the task above. The following engineering and/or administrative procedural solutions are recommended to control or eliminate the potential hazard or risk.

**Proposed Engineering Solution:**

**Proposed Administrative Solution:**

Submitted by: ________________________________ Date: ___________________________

Reviewed by: ________________________________ Date: ___________________________
Workers’ Compensation Basics:
Section III – Workers’ Compensation Options & Rates
Washington Workers’ Compensation Options

Washington State is one of five states that have a “monopolistic” workers’ compensation system. This means that the state is responsible for providing all workers’ compensation coverage in the state, a company is allowed to “self-insure” in Washington, but L&I still issues closing orders on all claims that involve time loss. In this monopolistic setting, there are three types of workers’ compensation “coverage”:

- Plain State Fund
- State Fund Retrospective Rating
- Self Insurance

The “Plain” State Fund

This option is generally a good for small businesses (< 5 employees) that pay low premium base rates. Characteristics of the “Plain” State Fund:

- It’s a guaranteed cost type of program.
- You pay your premiums to L&I quarterly
- Your rates are based on the type of work you do and how much cost the owner of the company has incurred over the oldest three of L&I’s most recent four completed fiscal years
- Your claims are managed by L&I
- The only cost control measure you have is to keep your Experience Modification Factor (EMF) as low as possible

State Fund Retrospective Rating

Retrospective rating is an “add on” to “Plain State Fund” enabling employers in the State Fund State can earn a refund of their workers compensation premiums through establishment of a strong safety and cost control program.

In general, retrospective rating is good if:

- If you pay a lot per hour in premium or pay at least $10,000 but less than $750,000 in premium
- You have your losses under control
- You pay attention to the key elements of managing your workers compensation exposure

In general, retrospective rating is not as good of an option if:

- You don’t have your losses under control
- You don’t know the key elements of managing a workers compensation program
- All you are in the program for is a refund
Self-Insurance
Self-insurance in Washington is an excellent program if your company meets the majority of the criteria below, otherwise retrospective rating or staying in the State Fund are, likely, your best bet.

- Are part of a large corporation that is self-insured in other states
- Pay more than $750,000 in premiums to the State Fund
- Work for a company that has a net worth of > $5 million
- Have sufficient bonding capacity >$380,000
- Generate enough cash flow to meet all claim costs
- Have an active and effective safety program in place
- Pay more than $0.22 per employee per hour in State Fund premium
How State Fund Rates Work

Washington is the only state were the amount of premium is based on the number of hours your employees work each quarter, typically rates are based on payroll totals. How much your company pays in premiums are a result of three things:

- The type of work your business performs (risk classifications)
- The frequency and severity of your claims (experience modification factor)
- How many labor hours you report

Key Point -- It is better to have one big claim than multiple small to mid-size claims - so focus your efforts on injury prevention and return to work !!!!!

Risk Classification

Listed below is the rate information for a number of risk classifications. There are three components to each “Base” or “Composite” rate (Accident Fund, Medical Aid Fund, and Supplemental Pension Rate). Washington sets itself apart from other states in another way when it comes to rates, it allows the employer to deduct a portion of the premium from employee’s paychecks (also listed below). The goal of this is so employees see the impact of unsafe behavior also.

<table>
<thead>
<tr>
<th>Risk Class</th>
<th>Risk Class Description</th>
<th>Accident Fund</th>
<th>Medical Aid Fund</th>
<th>Sup. Pension</th>
<th>Comp. Rate</th>
<th>Payroll Deduct</th>
</tr>
</thead>
<tbody>
<tr>
<td>0510</td>
<td>Wood Frame Building</td>
<td>1.7031</td>
<td>1.0197</td>
<td>0.0742</td>
<td>2.7970</td>
<td>0.54695</td>
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<tr>
<td>0504</td>
<td>Painting - Exterior Work</td>
<td>1.3779</td>
<td>0.8471</td>
<td>0.0742</td>
<td>2.2992</td>
<td>0.46065</td>
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<tr>
<td>0112</td>
<td>Sand and Gravel Production</td>
<td>0.8408</td>
<td>0.5241</td>
<td>0.0742</td>
<td>1.4391</td>
<td>0.29915</td>
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<tr>
<td>6402</td>
<td>Supermarkets</td>
<td>0.2745</td>
<td>0.2706</td>
<td>0.0742</td>
<td>0.6193</td>
<td>0.17240</td>
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<tr>
<td>6108</td>
<td>Nursing Homes</td>
<td>0.3724</td>
<td>0.4094</td>
<td>0.0742</td>
<td>0.8560</td>
<td>0.24180</td>
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<tr>
<td>3905</td>
<td>Restaurants and Taverns</td>
<td>0.1389</td>
<td>0.1610</td>
<td>0.0742</td>
<td>0.3741</td>
<td>0.11760</td>
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<td>6909</td>
<td>Medical and Testing Labs</td>
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<td>0.1009</td>
<td>0.0742</td>
<td>0.2820</td>
<td>0.08755</td>
</tr>
</tbody>
</table>

Experience Modification Factor

An Experience Modification Factor (EMF) is a multiplier that is determined based on the frequency and cost of claims that are filed against an employer over a three year period call the experience period. This is the way L&I “customizes” an industry rate to an individual employer. An average EMF is 1.0, theoretically the minimum EMF is 0.0 and there is not maximum, but typically one will see EMF’s between .3 (good) and 2.0 (bad).
A company’s EMF, with a couple of exceptions, can only increase, or decrease, by 25% each year. This is good when it limits your EMF increases, but it also slows down how much your EMF can decrease. In reality, if you have a really bad claim, or a number of them, that cause(s) your EMF to increase the maximum 25% per year for the three year experience period (see below) these claims will affect your EMF for five years instead of three because it will take a couple of years for your EMF to drop back to its previous level.

Experience Period

Knowing the “experience period” from which your EMF is calculated is also important so you know on which claims you need to focus your attention. It is important to note that every year on June 1, L&I takes a “snapshot of your claims from the experience period to calculate your rates for the next calendar year this is known as the “claim valuation date”. It is important to make every effort to have all claims closed as of this date to make sure your EMF will be as low as possible. Below is a chart that show when claims will affect your company.

![Experience Period Table]

To calculate a company’s workers’ compensation rate you use the following formula:

\[ EMF \times (\text{Accident Fund} + \text{Medical Aid Fund}) + \text{Supplemental Pension} = \text{Company Rate} \]

In the example below we used the Nursing Home risk classification. If a nursing home with 75 employees controls their claims, both in frequency and severity, and achieves an EMF of .5000 they will pay about $72,500 less in workers’ compensation premiums annually. This example becomes even more dramatic when using industries with higher rates, like construction.


<table>
<thead>
<tr>
<th>EMF</th>
<th>Comp. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5000</td>
<td>$0.4651</td>
</tr>
<tr>
<td>0.7500</td>
<td>$0.6606</td>
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<tr>
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</tr>
<tr>
<td>1.5000</td>
<td>$1.2469</td>
</tr>
<tr>
<td>2.0000</td>
<td>$1.6378</td>
</tr>
</tbody>
</table>
The way a company controls the amount of premium they pay is by controlling their EMF. Using some of the information from the example above, when you compare a company that has the “average” EMF of 1.0000, compared to the company that has the .5000, assuming a 5% profit margin, the company with the 1.0000 EMF must sell $1,450,000 in goods and services MORE than the other using the same amount of labor. This is why you want to control your company’s EMF!

Special Rates

Mid-size to large companies that have the lowest EMF’s typically keep their employees on salary (KOS) the entire time they are off work and have established relationships with medical providers (but they do not pay medical bills directly as this is illegal). Smaller companies also choose to KOS, but typically do so because L&I has a “special EMF” that employers with no indemnity costs (time loss or PPD) during their experience period (see above) can achieve. It is important for companies that have achieved this special rate do everything possible to keep time loss from being paid on a claim because when the year that has an indemnity payment (even if it is just $1.00) the EMF is not subject to the 25% maximum increase (see “Experience Modification Factor” above).

Controlling Your EMF

Most employers feel helpless in dealing with L&I, but there are cost controls you can use even with L&I:

- Kept On Salary (KOS)
- Third-party claim flags
- Modified duty work
- Aggressive claims management
- Second injury fund pension
- Apportionment of liability (occupational disease claims)
- Employee premium contribution
- Loss control (prevention/reduction)
- Know when reserves are put on claims
- Know the claim valuation date for your EMF

If you have any questions about these items please contact ERNWest and we will be able to help you.
How Retrospective Rating Works

Retrospective Rating (retro) is an optional financial incentive program offered by L&I that is designed to reward employers who effectively minimize the cost of their workers' compensation claims. If a company consistently achieves retro refunds it is almost certain they will have an EMF below.

Employers can enroll on their own, or in group plans offered by trade or professional organizations ("Individual" versus "Group" Retro). A retro coverage period lasts 12 months, beginning any calendar quarter.

Enrolling in retro doesn't change at all the rates assigned to an employer, or the premiums which are paid on a quarterly basis. There is no special up-front "discount" just for enrolling in Retro. An employer's rates and experience factor are re-calculated for each calendar year, just as it otherwise would be.

Retrospective Rating Time Line

About nine (9) months after the end of a given retro year, L&I calculates retrospective premium. If claim costs for the retro year are lower than anticipated, a portion of the premiums paid are refunded. However, if claim costs are beyond a certain point (depending on the retro plan and level of risk which were chosen), an assessment or "penalty" for additional premium would be made. There is a pre-selected limit to this additional assessment, but it is critical that the downside risk in retro is recognized and understood. It is a very real contingent liability.

One of the key features about retro is that when calculating retrospective premium, only claims with a date of injury within the retro coverage year are considered. No other claims, even if they are still open with benefits being paid, are considered. Because you start each retro year with a "blank slate", sometimes the best time to participate in retro is when your regular rates are relatively high because of some previous unfavorable claims experience.

![July Start Date Single Plan Year Time Line](image)

A second and third retro adjustment, which may result in additional refunds or assessments, is performed about 12 months after the first adjustment (about 22 and 34 months after the retro...
year ended). The time period between the end of a retro year and when adjustments are done allows employers more time to get their claims closed, and more time for the retro claims to "mature" (so the department will have a better estimate of their eventual final costs).

“Developed” Losses

In retro it is important to understand the concept of “developed” losses. Because retro will refund premium paid for a particular time period L&I artificially increases the cost of claims using a multiplier that increases the cost of each claim between 1.1 and 2.5 times the actual value of the claim. The reason for this is workers’ compensation claims have a long “tail” which means L&I will likely refund you money while your company still has open claims, thus they must estimate the ultimate value of all of your claims before a refund is calculated. In addition, workers’ compensation claims can also be reopened which L&I has to account for in the premium refund.

Thus, a routine $100 closed claim might have developed losses of around $200, and an open claim with a $50,000 case reserve might have developed losses of around $100,000. In both cases, the development attempts to account for the future extra costs of all retro claims in the plan year thus, all the enrollees in a given coverage period share the same "loss development factors”.

Standard Premium

Also when the company’s or group’s retrospectively rated premium is calculated (the assessment or refund) L&I does not use the full premium that has been paid, they use an amount of premium called “standard” premium which is about $0.06 to $0.09 per labor hour. The reason why L&I does not use paid premium to calculate a refund is both state fund and self-insured companies pay the supplemental pension premium and because self-insured companies cannot earn a refund of this money, neither can state fund employers.

To determine your standard premium rate simply take the amount you pay per employee per hour and subtract the supplemental premium portion of the premium.
Workers’ Compensation Basics:
Section IV – Claim Validity & Other Information
Claim Validity

Many of ERNWest clients have questions about what is a valid workers’ compensation claim. As with many thing in life the reality is that there is not a specific answer for ever situation, but the staff has put together this section to answer the most general questions.

In Washington State there are two types of workers’ compensation claims that can be filed:

- Injury Claims
- Occupational Disease Claims

An injury claim is defined as: A sudden traumatic event, occurring from without (an external cause) that produces an immediate result and conditions arising from it.

An occupational disease claim is defined as: A disease that arises naturally and proximately out of employment.

The key distinctions between these two types of claims are that the disease comes about over time rather than from a fixed event and that the disease must regarded as a natural consequence of the work process.

Valid Injury Claims

The validity of injury claims relies on four specific criteria being met:

- Timely filing - filing a claim in a timely manner means that the claim must be filed within one year of the date of injury
- Causal relationship - a causal relationship is usually established through a medical opinion relating the condition diagnosed to the incident or exposure on a more probable than not basis (50%).
- Prima facie case - the definition of a prima facie case is: Such as will prevail until contradicted and overcome by other evidence or according to BIIA substantial evidence, evidence of a character which, if un-rebutted or un-contradicted, would convince an unprejudiced, thinking mind of the truth of the issues.
- Course of employment - the definition of acting in the course of employment is defined as a worker acting at his or her employer's direction or furthering the employer's business (this definition leaves room for injuries that are not caused by a work-related activity the person was hired to perform).

The criteria laid out above may seem to be fairly self-explanatory, but in practice they are not. To help clarify some of the more typical types of injury claims, and what is, and is not, an allowable claim.

- Parking lots - in general, one is not acting in the course of employment if an injury occurs at work while arriving or departing for a work shift or personal errand; however . . .
  - One may be acting in the course of employment if job duties require them to be in the parking lot, for example:
- Lot attendant checking tickets
- Walking in a lot to get to a vehicle to attend, or return from business related to employer

**Coming and going** - As a rule a worker injured going to and coming from the place of work in a private vehicle is not considered in the course of employment; however . . .  
- Assume coverage exists if a worker is coming or going from an employer-designated parking area and the route exposes the worker to hazards not commonly shared by the general public and/or an employees are required to change into work uniforms even if not clocked in for pay purposes.

**Deviation** - A worker is not considered in the course of employment if he or she significantly deviates from the expected route during an otherwise authorized trip; however . . .  
- One is considered in the course of employment if the injury occurs:
  - Before the worker deviates from the expected route
  - The worker is furthering the interests of the employer
  - The worker is performing duties as directed by the employer

**Personal Comfort/ Lunch** - A worker is COVERED while engaging in personal acts that are reasonably necessary to his or her life and comfort, including: eating, drinking, using the rest room, seeking warmth, or coolness, including:
  - Lunch breaks (on premises)
  - Falling in a bathroom on a break
  - Running to get out of the rain

**Recreational Activities** - In general, a worker is not covered during all employer related social, recreational, athletic events, parties, and picnics regardless of whether the employer is paying for the event; however . . .  
- One is covered if:
  - They participate in an event during normal work hours; or
  - They are paid by the employer to participate; or
  - They are directed or ordered (or have a reasonable belief they are directed or ordered) by the employer to participate.

**Horseplay** - A worker is covered while engaged in horseplay unless it is considered a substantial deviation from the course of employment; however the following considerations are usually part of the validity decision:
- The extent and duration of the deviation
- The extent to which the practice had become an accepted part of employment
- The extent to which the nature of employment or activity during unavoidable idleness on the job could be expected to include such horseplay.

**Altercations & Assaults** - The guide to whether coverage is afforded during altercations or assaults is similar to those found under horseplay; however . . .  
- The worker is not considered in the course of employment at the time of the assault
- If he or she is assaulted by someone completely unrelated to the job, and if the reason for the assault was unrelated to the job.

**The Rescue Doctrine** - A worker is covered for injuries sustained while engaged in acts of heroism or service; however . . .  
- The worker’s employment brought them in contact with the emergency situation.
- The conditions of employment lead a worker to assist in pursuit of fugitives when it is considered a public duty.
The situation in some way was connected to the worker’s job beyond mere proximity.
The employer derives some benefit from the act.

Valid Occupational Disease Claims

For an occupational disease claim to be valid it must:

- Result from a recognizable or characteristic risk that is required or expected of the worker to perform his/her job duties
- Need not be peculiar to, or unique to, the worker’s particular occupation
- Must be related to the worker’s employment, rather than merely the workplace
- Must be related to the particular employment, rather than those present in everyday life or all employment

Diseases or disease-based disabilities that are the result of distinctive conditions of employment include three general classifications:

- Unique to employment
- Created by greater risk
- Caused by continuous and specific activity

The most problematic issue about occupational disease claims for the employer is “the distinctive conditions of employment” need only be one of the causes of the disease. In effect this means that if one spends all of their free time sewing, and only part of their day at work doing repetitive activities, it is likely a claim will be allowed for carpal tunnel syndrome and charged to the employer.

Pre-existing Conditions

Four questions should be answered if there is any question of a pre-existing condition on a claim filed by one of your employees:

- Was the pre-existing condition symptomatic before the work injury?
- If so did the work injury accelerate the nature of the condition?
- Did the incident cause measurable aggravation or increased disability that other work activities would not cause.
- Was the pre-existing condition dormant and non-disabling prior to the work injury?

Once the pre-existing condition returns to pre-injury status the company’s responsibility for the condition ends, however, it is important to note that if a dormant condition is aggravated or “lighted up” due to a work injury (this means if a dormant pre-existing condition again becomes problematic) the entire impairment is attributed to the injury that occurred while working for your company, rather than to the pre-existing condition.

Third-Party Claims (Subrogation)
Occasionally a claim is, or may have been, caused by a third-party. Part of our job is to help identify these cases because if a financial recovery from a third-party is likely only 50% of all claim costs will be held against your company, until the actual settlement is reached. Typical third-party claims:

- Motor vehicle accidents
- Construction injuries such as when a painter steps into a hole in the floor left by another subcontractor
- Machine breakdowns (e.g. grill shocking a worker because of a faulty electrical cord)
- Slips and falls where the responsibility for the upkeep of the floor or ground belongs to someone other than the employer.
- Animal bites
- Assaults
- Suffering an injury as a result of treatment for an accepted condition

It is extremely important that you inform your ERNWest claims manager or the L&I claims manager that a claim may be the result of a third-party as there are serious financial savings that can be realized if the issues surrounding the claim are thoroughly investigated and persevered.

**Fraud**

In workers’ compensation there are three types of fraud, employer (e.g. misreporting premium due), provider (over billing), and employee (e.g. working while collecting time loss). This section only addresses worker fraud.

It is commonly accepted that about 2% of all workers’ compensation claims filed have some element of fraud associated with them. In Washington State a new statue was passed that makes it easier for L&I to prosecute claimant fraud. The new statue changed two things to make this easier, the term “fraud” to “willful misrepresentation” and the can now impute wages to the activities of a task that one would usually be paid for, but no wage information can be found.

Now, if a claimant receives benefits by willfully making a false statement or misrepresentation, omission or conceals a material fact with the intent of obtaining, continuing, or increasing benefits, they can be punished.

If you feel like a claim filed against your company is fraudulent, please inform your claims manager immediately. Here is a brief list of some of the flags ERNWest has found useful:

- Employee is involved in seasonal work that is about to end.
- Employee took unexplained or excessive time off prior to claimed injury.
- Employee is new on the job.
- Employee is experiencing financial difficulties
- Employee recently purchased private disability policies.
- Employee changes physician when a release for work has been issued.
- Review of a rehab report describes the employee as being muscular, well tanned, with callused hands and grease under the fingernails.
• Disputes the average weekly wage due to additional income.
• Has several other family members also receiving worker’s compensation benefits or other “social insurance” benefits (UI or SSI)
• Is unusually familiar with workers’ compensation claim handling procedures and laws.
• Is consistently uncooperative.
• A substantial material misrepresentation on the employment application.
• Employee complains to Director’s office to press for payments.
• Employer’s first report of claim contrasts with description of accident in medical history.
• Diagnosis is inconsistent with treatment.
• Physician is known for handling suspect claims.
• Employee is immediately referred for a wide variety of psychiatric tests.
• Attorney becomes involved early in the claims process.
• Story changes after confronted with conflicting account.
• Short duration between date of hire and filing the claim
• Employee’s version of events is not credible.
• Employee experiences domestic difficulties prior to submitting a claim.
• Employee is reluctant to talk to the employer.
• Injury occurs immediately prior to or after disciplinary action against the worker.

Malingering

Malingering may or may not be classified as fraud depending on its extent, the basic definition of this is extending the duration of a claims through feigning incapacities to return to work or recover from an injury. Some of the identifying characteristics of this include:

• Injury lingers long after it should have been resolved.
• Employee is not actively seeking or seldom seeks treatment
• Frequently misses or reschedules medical appointments
• Hires an attorney when there appears to be nothing in dispute on the claim.
• Refuses alternate duty
• Is a frequent user of the leave plans and/or has poor attendance

There is a single cure for claimants that you feel are malingering, get them back to work in any job. In the meantime you as the employer and ERNWest must work the claim equally as hard, or harder that the claimant is in staying off work.

Subconscious Malingering

In some cases “malignerers” are not engaged in this behavior consciously, they truly believe that they are disabled and cannot return to work, regardless the consequence of their behavior. Some of the identifying characteristics include:

• Bizarre symptoms or symptoms that continue to expand or increase in severity well after the injury
• Past history of difficulty coping with life such as financial problems, substance abuse or poor family relations.
• Preoccupations with the disability – injury is the source of all his or her personal problems
• Employee is cooperative and open and expresses frustration over lack of progress.
• Medical providers believe the patient but are unable to offer effective care.
• Many referrals to specialists with no firm diagnosis.
• Increasingly invasive treatment that provides no benefit.
• Unusual or unconventional diagnosis (RSD, Fybromyalgia) that does not respond to treatment.

There are a number of control measures that can be used to mitigate the damage that occurs from these claimants, but these are truly the most difficult claims to resolve:

• First step is return to work
• Keep case moving
• No deny pain-reward cycle, provide empathy, but not sympathy

Using a Private Investigator

Private investigators are useful in some very specific situations, but they are expensive, typically to provide a background check on a claimant and follow them for one to three days will cost about $3,000. Some of the conditions that should be present before you consider hiring an investigator include:

• When the investigator does not need to find much to help the case (you know when and where they are working ‘under the table’)
• When you already know that the investigator will find - or have a good idea – and it will help your case
• An extremely expensive case where it is worth taking a shot in the dark.

When one or more of the conditions are present there are three primary reasons why one would hire an investigator:

• To determine whether the claimant’s physical restrictions imposed the doctor are consistent with their every day activities (important for employability issues).
• To determine if there is fraud or willful misrepresentation (working for another employer or self employed).
• Sending a message to the claimant (let the claimant know you are watching)

Using an investigator can be extremely helpful and cost effective in many cases, but it is an expensive resource that should be used wisely. In addition ERNWest recommends to its clients that even if you feel that a claim is fraudulent, or fraud is being perpetuated avoid making generalized or unsubstantiated accusations because those statements no immunity from civil
liability under the workers’ compensation statues, and do not designate people for special
attention because of their origins, ethnicity, or profession, for the same reasons.
Good Hiring Practices

Don’t hire your next claim! Your hiring practices should include a number of basic, but important steps. Often when reviewing bad claims ERNWest personnel notice glaring problems that occurred during the hiring process that would have prevented the employee filing the claim from being hired in the first place. Here are some easy starting points:

- Use a job application (see attached)
- Get and full and complete work history for at least five years
- Check references
- Review job applications for warning signs
- Drug Testing
- Fit for Duty Testing

Included in the “Forms Section” of this manual you will find a number of forms helpful in constructing good hiring practices if you company does not already have them.

Washington State has some liberal rules and laws allowing workers’ compensation claims, protect yourself by using these and other hiring practices because workers’ compensation is like many retail store policies, if you break it, you buy it.
Medical Provider Relationships

Building a good relationship with a medical provider in your area is as important as your company’s relationship with its accountant or attorney. While injured employees have the right to select any medical provider they wish to see, many will go see a doctor with which you, as their employer, have a relationship. Request contact information from your chosen medical provider and post it on the wall in the employee break area and by the time clock.

Here are some other recommendations:

- Provide the employee a ride to the medical provider’s office
- Make sure your chosen provider keeps either a modified-duty job description or the ERNWest tri-fold brochure (see Section 1) on file.
- Call the medical provider before your injured employee arrives or leaves to discuss his/her condition and how to accommodate their return to work.
- If there is any question about the validity of the claim call the medical provider immediately; if you wait too long the provider will completely discount your side of the story.

ERNWest does not have relationships established in every part of the state, but we do in many. If you need some pointers, or recommendations please call ERNWest at your convenience.
Workers’ Compensation Basics:
Section V – Forms
Background
On April 14, 2003 the HIPAA Privacy Rule took effect. HIPAA reformed many aspects of the
health care industry, but one of its more controversial pieces is the Privacy Rule. A provision
of this rule requires health care providers to obtain an authorization (a formal, written release)
from a patient before disclosing medical information to any entity that is not directly involved
with the patient’s treatment or insurance claim processing.

Exemptions for Worker's Compensation and WISHA
Some of you may have run into physicians who are reluctant or unwilling to discuss a worker's
condition or to send medical information. HIPAA allows health care providers to disclose health
information without an authorization in certain circumstances. These are referred to as HIPAA
exemptions. The three exemptions that affect employers are for and disclosure of health care
information that is:

- Required by law
- Made to comply with workers’ compensation.
- Related to a WISHA examination or medical surveillance

How to Persuade a Reluctant Medical Provider to Cooperate
The information below may help if you run across a doctor who says HIPAA won’t allow them to
talk with you or send medical information. It is taken from the Department of Labor and
Industries HIPAA website, http://www.lni.wa.gov/hsa/HIPAA/. These sections contain the
Privacy Rule citation for each exemption.

**Washington State law requires physicians to submit health information to employers:**
HIPAA does not overrule any state law that requires the disclosure of health information (45 CFR §
164.512(a)). Washington State has a specific law that requires medical providers to disclose health
information to employers for workers' compensation claims:

**RCW 51.36.060, Duties of attending physician - Medical information:**
…all medical information in the possession or control of any person and relevant to the particular
injury in the opinion of the department pertaining to any worker whose injury or occupational disease
is the basis of a claim under this title shall be made available at any stage of the proceedings to the
employer, the claimant's representative, and the department upon request, and no person shall incur
any legal liability by reason of releasing such information.

**Authorizations are not needed when employees are covered by workers’ compensation:**
The HIPAA Privacy Rule exempts workers' compensation from its authorization requirement (45
CFR § 164.512(l)). HIPAA allows physicians to disclose health information without an authorization
directly to employers regarding work related illnesses or injuries (45 CFR § 164512(b)(v)(B)). This
means a physician can release information about an employee’s physical restrictions.

**WISHA examinations do not require a patient authorization**
HIPAA allows physicians to disclose health information to an employer without an authorization from
an employee if the health information disclosed deals with a work-related injury or illness, workplace-
related medical surveillance, or a return-to-work examination (45 CFR § 164.512 (b)(v)(A)(B)).
**SUPERVISOR’S INCIDENT REPORT**

**Rev. 6-05**

**Facility Name: ________________________**

**OSHA Log case number ___________**  
*(Transfer the case number from the Log after recording the case)*

Was the incident fatal?  [ ] Yes  [ ] No  
Was employee given first aid?  [ ] Yes  [ ] No

**PART I – TO BE COMPLETED BY SUPERVISOR**

<table>
<thead>
<tr>
<th>Employee:</th>
<th>Occupation:</th>
<th>SS#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Injury:</td>
<td>Time of Injury:</td>
<td>AM/PM</td>
</tr>
<tr>
<td>Date Reported:</td>
<td>Time Reported:</td>
<td>AM/PM</td>
</tr>
<tr>
<td>Home or Mailing Address:</td>
<td>Home Phone:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date of Hire:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date of Birth:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treat As caregiver's Name, Address &amp; Phone:</th>
<th>Was employee placed on modified duty?  [ ] Yes  [ ] No</th>
</tr>
</thead>
</table>

| Will employee lose time from work?  [ ] Yes  [ ] No |
|---------------------------------------------|---------------------------------------------------------|

<table>
<thead>
<tr>
<th>If lost time, approximate number of days</th>
<th>Was worker hospitalized overnight?  [ ] Yes  [ ] No</th>
</tr>
</thead>
</table>

| Was treatment refused?  [ ] Yes  [ ] No |
|-------------------------------|----------------------------------------|

**Supervisor –** Describe in detail what employee was doing just before the incident occurred. Describe the activity, as well as the tools, equipment, or material the employee was using.  ________________________________________________

**Supervisor –** How did the injury occur?  ____________________________________________

**Supervisor –** What object or substance directly harmed the employee (concrete floor, power tool, etc.)?  ____________________________________________________________

**Part of Body (Circle side if applicable)**

- [ ] Head
- [ ] Eyes (L or R)
- [ ] Nose
- [ ] Mouth
- [ ] Ear
- [ ] Shoulder (L or R)
- [ ] Back
- [ ] Chest
- [ ] Arm (L or R)
- [ ] Hip
- [ ] Hand (L or R)
- [ ] Finger
- [ ] Leg (L or R)
- [ ] Foot (L or R)
- [ ] Toes
- [ ] Internal
- [ ] Multiple
- [ ] Ankle (L or R)
- [ ] Wrist (L or R)
- [ ] Face
- [ ] Knee (L or R)
- [ ] Abdomen
- [ ] Entire
- [ ] Glasses
- [ ] Teeth
- [ ] Groin
- [ ] Neck
- [ ] Elbow (L or R)
- [ ] Rib

**MARK INJURED AREAS ABOVE**

**PART II TO BE COMPLETED BY EMPLOYEE**

Employee statement of how incident occurred, and how it could have been avoided: ____________________________________________________________

**MEDICAL RELEASE AUTHORIZATION:**  I hereby authorize my physician, clinic, hospital, agency, HMO network or therapy provider to release to my employer's representative any medical records regarding current or previous treatment(s) that has been furnished to me.

<table>
<thead>
<tr>
<th>Employee’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
The purpose of an investigation is to find the cause of an accident and prevent further occurrences, not to fix blame. An unbiased approach is necessary to obtain objective findings.

- If possible, interview injured workers at the scene of the accident and “walk through” a re-enactment. Be careful not to repeat the act that caused the injury.
- Privacy is important during interviews. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident, even if they did not actually witness the mishap.
- Record names, addresses, and statements of witnesses. Consider taking signed statements if facts are unclear or an element of controversy exists.
- In major injuries, use sketches, diagrams and photos to document details graphically. Take measurements when appropriate.
- Identify the circumstances preceding and surrounding the injury--what were underlying and contributing causes, as well as immediate causes?
- What physical hazards existed at the time of the accident, such as unprotected openings, poor housekeeping, slippery surfaces, protruding nails, etc.?
- Were defective tools, equipment or materials provided to or used by the employee(s)?
- Was personal protective equipment (PPE) not provided? Was PPE defective, not used, or used improperly? Was PPE needed?
- Did unsafe work practices contribute to the injury, including improper lifting, handling of materials or equipment failure?
- What safety rules or safety training might have prevented the accident?
- If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claim costs.

**Investigation Wrap-Up Questions:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you discuss with the injured employee’s supervisor the details of the incident and obtain the names of witnesses?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you get statements from all witnesses with information (directly or indirectly) concerning incident/injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you investigate the safety measures that were in forces the time of the incident?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you investigate whether or not equipment, mechanism failure, or another person/party (contractor etc…) was a factor in the incident/injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you reviewed and evaluated all documentation to identify the cause of the incident (including the circumstances preceding the injury)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you taken to implement a solution so this type of incident does not occur again?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you report this incident to Employer Resources Northwest (ERNWest)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you enter this incident on the OSHA 300 log (if applicable)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Compromiso del EMPLEADOR al Equipo

• Investigar todo incidente para identificar mejorías que pudieran ser implementadas para prevenir ocurrencias similares en un futuro.
• Nuestros trabajadores no perderán su empleo a causa de reportar una lesión de trabajo.
• Haremos todo esfuerzo razonable para mantener su empleo y nivel de pago y beneficios.
• Brindar trabajo modificado temporal para asistir en su recuperación.
• Trabajar con usted, su médico y el departamento de Labor e Industria para asegurar que su reclamo sea procesado de manera eficaz.
• Ayudarle a obtener el mejor cuidado médico disponible para su condición médica relacionada a una lesión de trabajo.
• Trabajar con usted y con Labor e Industrias asegurándonos de que reciba pagos a tiempo su reclamo.

Compromiso del EMPLEADO al Equipo

• Entregar este folleto a su doctor de cabecera en su primera visita.
• Devolver este folleto a ________________ (supervisor or supervisor’s designee) a no más de 24 horas después de ver a su doctor.
• Seguir el plan de tratamiento médico indicado.
• Obedecer las restricciones físicas provistas por su médico dentro y fuera del trabajo para asegurar que se recupere rápidamente y de la manera más sana.
• Hacer todo esfuerzo razonable para retornar al trabajo lo más pronto posible y de la manera más segura.
• Entregar personalmente las notas de restricciones físicas o certificados de incapacidad a su supervisor o al designado a no más de 24 horas después de ver a su doctor.

He leído y comprendo mis responsabilidades y acuerdo a seguir estas responsabilidades y pólizas de la empresa.

________________________
Firma del Empleado

________________________
Fecha Firmado/Date Signed

________________________
Employer Signature

________________________
Date Signed

(Nombre de la compañía)

Nuestro Compromiso con Respecto a las Lesiones Ocupacionales

Es usted un valioso miembro del equipo de esta empresa y necesitamos trabajar unidos para que pueda volver a trabajar lo más pronto posible y de la manera más sana. Únase a nuestro esfuerzo para lograr esta meta.

Nos empeñamos en hacer este programa de retorno-al-trabajo fácil a seguir para todos los partidos involucrados. Los pasos a seguir en este proceso son:

5) Revisar este folleto con su doctor y su médico.
6) Llevar este folleto a su cita con el médico y pida que lo complete en su presencia.
7) Devolver este folleto a su supervisor personalmente, el mismo día o al día siguiente de su cita.
8) Continúe devolviendo todo certificado de incapacidad o de restricciones médicas personalmente.
Return to Work Job Analysis and Medical Information

We are committed to returning our team member back to work as soon as medically possible and we need your help! Please give this document back to our employee during your visit with them, they are required to return this to us within one (1) business day so we can try and assist in their rehabilitation by providing modified work. YOU CAN BILL FOR FILLING OUT THIS FORM BY USING L&I CODE M1037.

Employee: __________________________________________ Company: _____________________________________   L&I Claim No.: ___________________
Date of injury: ________________ Today’s date: _________________  Return visit on _____________________ First injury/condition of this type?  □ Yes  □ No
Initial Diagnoses: ___________________________________________ Estimated full-duty release date ________________

Treatment Plan (check all that apply)

□ Physical Therapy _____ times per week, for _____ weeks   □ Occupational Therapy _____ times per week, for _____ weeks
□ Surgery - anticipated date _____________________________
□ X-Ray □ MRI □ CT Scan □ EMG □ Other ____________________________

Referral to other providers:  □ None   □ Neurology □ Orthopedic Surgeon □ Physiatrist/Occ. Med. □ Rheumatologist □ Other__________________

We have identified four (4) stages of modified duty, please check the appropriate stage our employee is able to perform and cross out any task our employee should not be performing.

☐ Stage 1: Tasks may include feeding residents, serving trays, folding laundry, assisting residents with all forms of hygiene, taking vital signs, adjusting bed heights, straightening bedside tables and closets, organizing drawers, dusting, delivering mail, resident activities, light clerical functions, review flow sheets and list changes needed in resident care area and other duties within the physical demands described below.

Standing: Rare/Occasional Carrying: 1 - 10 lbs. Grasping/Handling: Frequently
Sitting: Rare/Occasional Lifting: 1 - 10 lbs. Bending/Squatting: Occasionally
Walking: Rare/Occasional Push/Pull: 1 - 10 lbs. Twisting/Climbing: Rare

☐ Stage 2: Tasks may include all of stage 1 and labeling beds and drawers, assisting with serving at meal time, clean bathroom sinks, cleaning dishes and tables, monitor and chart weights and vital signs, changing bedding, all clerical functions, assist residents with dressing & hygiene, stock utility rooms with clean linens, deliver resident laundry, assists in preparing meals and meal trays and other duties within the physical demands described below.

Standing: Occasionally Carrying: 11 - 25 lbs. Grasping/Handling: Continuously
Walking: Occasionally Push/Pull: 11 - 25 lbs. Twisting/Climbing: Rare

☐ Stage 3: Tasks may include all of stages 1 & 2 as well as transporting linen, make beds, assist in turning mattresses, wash walls, vacuuming, clean floors in all areas using broom and mop, cleaning of equipment, empty trash, assist residents to and from activities, push wheel chairs and other four wheeled carts, touch up painting and other duties within the physical demands described below.

Standing: Frequently Carrying: 26 - 50 lbs. Grasping/Handling: Continuously
Sitting: Occasionally Lifting: 26 - 50 lbs. Bending/Squatting: Occasionally
Walking: Frequently Push/Pull: 26 - 50 lbs. Twisting/Climbing: Rare

☐ Stage 4: Return to full duty no restrictions:

DEFINITIONS

Rare: 0% - 10%
Occasional: 11% - 33%
Frequent: 34% - 66%
Constant: 67% - 100%

WAC 296-19A-030 requires doctors to respond to requested information in a timely manner, which includes physical capabilities or restrictions.
EMPLOYER’S Commitment to the Team

- Investigate all incidents to identify if any safety enhancement can be made to prevent similar incidents in the future.
- Employees will not lose their job because as the result of reporting an industrial injury.
- We will make reasonable efforts to maintain your current employment and pay/benefit level.
- Provide temporary modified-duty work to assist in your recovery efforts.
- Work with you, your doctor, and L&I to make sure your claim for benefits is processed in a timely manner.
- Help you receive the best medical care available for your work-related condition.
- Work with you and L&I to ensure timely payments on your claim.

EMPLOYEE’S Commitment to the Team

- Give this pamphlet to your treating doctor at the first visit.
- Return this pamphlet to ________________ (supervisor or supervisor’s designee) within one (1) business day of being seen by your doctor.
- Follow the treatment plan prescribed by the treating doctor.
- Follow the restrictions provided by your treating doctor in both work and non-work related activities to help ensure a safe and swift recovery.
- Make all reasonable efforts to return to work as quickly and safely as possible.
- Within one (1) business day of each medical appointment hand-deliver new physical restrictions or disability certification to your supervisor or their designee.

I have read and understand my responsibilities and agree to follow these responsibilities and all company policies.

___________________________
Employee’s Signature
___________________________
Date Signed
___________________________
Employer Signature
___________________________
Date Signed

DOCTOR’S Commitment to the Team

- Provide our employee with the best medical treatment available.
- Obtain a complete medical history regarding this and any other similar injuries.
- Make a concerted effort to return our injured employee back to work in the swiftest and safest manner possible.
- Provide fair and realistic work restrictions.
- Provide the opportunity for open communication with both the employee and company.

Our Commitment Regarding On-the-Job Injuries

You are a valuable member of this company’s team and we need to work together to return to work as quickly and safely as possible. Please join us in our commitment to accomplish this.

We have made every attempt to make this return-to-work program as easy as possible for all parties involved. The steps in the process are as follows:

1) Review this pamphlet with your employer and doctor.

2) Take this pamphlet to your doctor appointment and have him/her fill it out in front of you.

3) Return this to your supervisor, in person within one (1) business day of your appointment.

4) Continue to return every disability certificate or work restriction in person, provided it is medically reasonable, to your supervisor.
Return to Work Job Analysis and Medical Information

We are committed to returning our team member back to work as soon as medically possible and we need your help! Please give this document back to our employee during your visit with them, they are required to return this to us within one (1) business day so we can try and assist in their rehabilitation by providing modified work. YOU CAN BILL FOR FILLING OUT THIS FORM BY USING L&I CODE M1037.

Employee: __________________________________________ Company: _____________________________________   L&I Claim No.: ___________________

Date of injury: ________________   Today’s date: _________________  Return visit on _____________________  First injury/condition of this type?  □ Yes  □ No

Initial Diagnoses: _________________________________________________________________________  Estimated full-duty release date  ______________

Treatment Plan (check all that apply)

☐ Physical Therapy _____ times per week, for _____ weeks   ☐ Occupational Therapy _____ times per week, for _____ weeks
☐ Surgery - anticipated date  __________________________
☐ X- Ray  ☐ MRI  ☐ CT Scan  ☐ EMG  ☐ Other __________________________

Referral to other providers:  □ None  □ Neurology  □ Orthopedic Surgeon  □ Physiatrist/Occ. Med.  □ Rheumatologist  □ Other__________________

We have identified four (4) stages of modified duty, please check the appropriate stage our employee is able to perform and cross out any task our employee should not be performing.

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Standing:  Rare/Occasional  ☐ Carrying:  1 - 10 lbs.  ☐ Grasping/Handling:  Frequently
Sit:ing:  Rare/Occasional  ☐ Lifting:  1 - 10 lbs.  ☐ Bending/Squatting:  Occasionally
Walking:  Rare/Occasional  ☐ Push/Pull:  1 - 10 lbs.  ☐ Twisting/Climbing:  Rare

☐ Stage 2:   Tasks may include all of stage 1 and labeling beds and drawers, assisting with serving at meal time, clean bathroom sinks, cleaning dishes and tables, monitor and chart weights and vital signs, changing bedding, all clerical functions, assist residents with dressing & hygiene, stock utility rooms with clean linens, deliver resident laundry, assists in preparing meals and meal trays and other duties within the physical demands described below.

Standing:  Occasionally  ☐ Carrying:  11 - 25 lbs.  ☐ Grasping/Handling:  Continuously
Walking:  Occasionally  ☐ Push/Pull:  11 - 25 lbs.  ☐ Twisting/Climbing:  Rare

☐ Stage 3:   Tasks may include all of stages 1 and 2 as well as transporting linen, make beds, assist in turning mattresses, wash walls, vacuuming, clean floors in all areas using broom and mop, cleaning of equipment, empty trash, assist residents to and from activities, push wheel chairs and other four wheeled carts, touch up painting and other duties within the physical demands described below.

Standing:  Frequently  ☐ Carrying:  26 - 50 lbs.  ☐ Grasping/Handling:  Continuously
Sit:ing:  Occasionally  ☐ Lifting:  26 - 50 lbs.  ☐ Bending/Squatting:  Occasionally
Walking:  Frequently  ☐ Push/Pull:  26 - 50 lbs.  ☐ Twisting/Climbing:  Rare

☐ Stage 4:   Return to full duty no restrictions:

We have identified four (4) stages of modified duty, please check the appropriate stage our employee is able to perform and cross out any task our employee should not be performing.

☐ Stage 1:   Tasks may include feeding residents, serving trays, folding laundry, assisting residents with all forms of hygiene, taking vital signs, adjusting bed heights, straightening bedside tables and closets, organizing drawers, dusting, delivering mail, resident activities, light clerical functions, review flow sheets and list changes needed in resident care area and other duties within the physical demands described below.

Standing:  Rare/Occasional  ☐ Carrying:  1 - 10 lbs.  ☐ Grasping/Handling:  Frequently
Sit:ing:  Rare/Occasional  ☐ Lifting:  1 - 10 lbs.  ☐ Bending/Squatting:  Occasionally
Walking:  Rare/Occasional  ☐ Push/Pull:  1 - 10 lbs.  ☐ Twisting/Climbing:  Rare

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Walking:  Frequently  ☐ Push/Pull:  26 - 50 lbs.  ☐ Twisting/Climbing:  Rare

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We have identified four (4) stages of modified duty, please check the appropriate stage our employee is able to perform and cross out any task our employee should not be performing.

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Walking:  Rare/Occasional  ☐ Push/Pull:  1 - 10 lbs.  ☐ Twisting/Climbing:  Rare

☐ Stage 2:   Tasks may include all of stage 1 and labeling beds and drawers, assisting with serving at meal time, clean bathroom sinks, cleaning dishes and tables, monitor and chart weights and vital signs, changing bedding, all clerical functions, assist residents with dressing & hygiene, stock utility rooms with clean linens, deliver resident laundry, assists in preparing meals and meal trays and other duties within the physical demands described below.

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☐ Stage 3:   Tasks may include all of stages 1 and 2 as well as transporting linen, make beds, assist in turning mattresses, wash walls, vacuuming, clean floors in all areas using broom and mop, cleaning of equipment, empty trash, assist residents to and from activities, push wheel chairs and other four wheeled carts, touch up painting and other duties within the physical demands described below.

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Walking:  Frequently  ☐ Push/Pull:  26 - 50 lbs.  ☐ Twisting/Climbing:  Rare
Workers’ Compensation
File Checklist

This checklist should be the first document in the workers compensation claim file and used as a quick way to reference what has been completed during the claim life.

Injured Employee: ____________________________ Date of Incident: _________________
Person completing List: ____________________________ Claim Number: _________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you contact and/or confirm incident/injury with supervisor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did employee fully complete and sign Supervisor Incident Report (form 1) and has the form been faxed to ERNWest?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did employee go to the Doctor? <strong>If not, stop here and follow up with employee in a couple of days.</strong> If yes, continue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you give employee the modified duty tri-fold (return to work brochure) to take it to the doctor (form 2)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did employee return to work <strong>without restrictions? If yes, stop here and continue to follow up with employee.</strong> If no, continue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this a time loss injury? If so, call ERNWest.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you notify ERNWest the employee was given work restrictions? <strong>If so, fax the following information to ERNWest:</strong> employment application, wage information, and modified job being offered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to follow up with employee and continue to fax medical reports and any other pertinent information to ERNWest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you offer modified duty? <strong>If not, stop here and call ERNWest.</strong> If yes, continue on to next question.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you discuss and explain your modified duty program to Doctor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you review with your employee policies and procedures regarding your intention to get them back to work as soon as possible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did employee accept and sign the return to work offer letter?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If #12 was not completed, then a modified duty offer letter with tasks and medical restrictions attached, <strong>must</strong> be mailed both regular and certified mail to the injured employee.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to follow up with employee everyday. Make sure all medical updates are sent to ERNWest.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the employee returned to regular duty? If yes, and the there are no problems, call ERNWest for claim closure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the employee has not been released to regular duty, has it been more than 30 days? If yes, go to next question.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have the employee’s restrictions changed substantially? If yes, start again at number 9.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Alternative Mod-Duty Description -- EXAMPLE ONLY

Employee Name: ______________________________________________________

Modified Duty Offer
Schedule: T-W- Th- Sat-Sun
1100 - 1900

1100 - 1200 Clean Utilities room and the nourishment room
1200 - 1345 Assist with lunch in the main DR
1345 - 1355 Break (10 min.)
1355 - 1500 V.S. for the evening shift
1500 - 1545 Pass and administer nourishments
1545 - 1615 Lunch break (30 min.)
1615 - 1730 Fill and pass Ice water
1730 - 1740 Break (10 min)
1740 - 1900 Assist with dinner in main DR
1900 Go Home

<table>
<thead>
<tr>
<th>Condition</th>
<th>Unrestricted</th>
<th>Restricted</th>
<th>Extent of Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hours at a time</td>
<td>Hours in 8 hour day</td>
<td></td>
</tr>
<tr>
<td>Sitting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bending</td>
<td>Never</td>
<td>Occasionally (1-33%)</td>
<td>Frequently (34-66%)</td>
</tr>
<tr>
<td>Squatting</td>
<td>Never</td>
<td>Occasionally (1-33%)</td>
<td>Frequently (34-66%)</td>
</tr>
<tr>
<td>Kneeling/Crawling</td>
<td>Never</td>
<td>Occasionally (1-33%)</td>
<td>Frequently (34-66%)</td>
</tr>
<tr>
<td>Repetitive Arm Use</td>
<td>Never</td>
<td>Occasionally (1-33%)</td>
<td>Frequently (34-66%)</td>
</tr>
<tr>
<td>Repetitive Finger Use</td>
<td>Never</td>
<td>Occasionally (1-33%)</td>
<td>Frequently (34-66%)</td>
</tr>
<tr>
<td>Grip, Pinch, Grasp</td>
<td>Never</td>
<td>Occasionally (1-33%)</td>
<td>Frequently (34-66%)</td>
</tr>
<tr>
<td>Reaching Above Shoulder</td>
<td>Never</td>
<td>Occasionally (1-33%)</td>
<td>Frequently (34-66%)</td>
</tr>
<tr>
<td>Operating Foot Controls</td>
<td>Never</td>
<td>Occasionally (1-33%)</td>
<td>Frequently (34-66%)</td>
</tr>
<tr>
<td>Climbing</td>
<td>Never</td>
<td>Occasionally (1-33%)</td>
<td>Frequently (34-66%)</td>
</tr>
<tr>
<td>Exposure-fuel, fumes etc.</td>
<td>Never</td>
<td>Occasionally (1-33%)</td>
<td>Frequently (34-66%)</td>
</tr>
<tr>
<td>Push/Pull Force</td>
<td>Restricted to</td>
<td>Lbs. Occasionally</td>
<td>lbs. frequently</td>
</tr>
<tr>
<td>Lifting</td>
<td>Restricted to</td>
<td>Lbs. Occasionally</td>
<td>lbs. frequently</td>
</tr>
<tr>
<td>Carrying</td>
<td>Restricted to</td>
<td>Lbs. Occasionally</td>
<td>lbs. frequently</td>
</tr>
</tbody>
</table>

☐ I accept this offer    ☐ I decline this offer

Employee Signature ___________________________ Date __________

Supervisor Signature ___________________________ Date __________
# Work Status Worksheet

Injured Employee: ___________________________ L & I Claim # __________

ATTENDING PHYSICIAN: Please complete this form and FAX it to (____) - __________ as soon as possible so we can help get our employee back to work as quickly and safely as possible.

1) Diagnosed Condition(s):

2) Return to Work Guidelines for the employer and employee:

<table>
<thead>
<tr>
<th>Condition</th>
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<th>Extent of Restriction</th>
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<td></td>
<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
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<td></td>
<td>Lbs. Occasionally</td>
</tr>
<tr>
<td>Carrying</td>
<td>Restricted to</td>
<td></td>
<td>Lbs. Occasionally</td>
</tr>
</tbody>
</table>

3) Estimated time to return to full duty ________________________ days.

4) Treatment Plan (check all that apply):

- No further curative treatment is required.
- Physical Therapy Frequency: ______ times per week for ______ weeks.
- Occupational Therapy Frequency: ______ times per week for ______ weeks.
- Chiropractor Frequency: ______ times per week for ______ weeks.
- Surgery Anticipated Date for Surgery ______ Recovery Time ______
- Medication/Rx type(s) __________________________
- Diagnostic Tests (check all that apply) MRI CT Scan EMG Other

5) Referral to other providers: None Neurosurgeon Orthopedic surgeon
   Neurologist Rheumatologist Occ./Physical Med

6) Next appointment date: ______/_____/_______

Doctor's Signature ___________________________ Date __________
### EMPLOYMENT APPLICATION FOR

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<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
<th>Date of Application</th>
<th>Application No.</th>
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#### EQUAL EMPLOYMENT OPPORTUNITY

It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, union affiliation, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

#### Position(s) Applied For

1. __________________________
2. __________________________

Date Available: __________________________

Rate of Pay Expected: __________________________

### Referred By (Check and indicate name)

- [ ] Newspaper
- [ ] Employee
- [ ] On My Own
- [ ] School
- [ ] Agency
- [ ] Other

Name of Source: __________________________

Have you ever worked for us before?

- [ ] Yes
- [ ] No

Where? __________________________

When? __________________________

Are you available for work every day of the week?

- [ ] Yes
- [ ] No

(We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.)

Check Shifts you can work:

- [ ] Days
- [ ] Swing
- [ ] Graveyard
- [ ] Rotating

Are you authorized to accept employment in the United States? (Successful applicants will be required to prove identity and eligibility for employment.)

- [ ] Yes
- [ ] No

Are you 18 years of age or older?

- [ ] Yes
- [ ] No

RELATIVES/FRIENDS: Some positions may not be held by certain individuals to avoid the possibility of conflicts of interest. Qualified relatives/friends are eligible for employment except in those unusual situations (for example, placement in a supervisor-subordinate relationship). Do you have any relatives or friends (such as roommates) who currently work for us?

- [ ] Yes
- [ ] No

If yes, please state his/her name(s):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

QUALIFICATIONS:

Please list ALL education, training and/or specialized experience (such as schools; colleges; degrees; licenses; vocational, technical or military experience; hobbies, etc.) you feel would help you perform the work for which you are applying: DEGREES, LICENSES, RELEVANT EDUCATION OR TRAINING: WHERE AND WHEN YOU ACQUIRED IT? (Name and address of school, program, military branch and specialty, etc.):

________________________________________________________________________

________________________________________________________________________

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CRIMINAL RECORD: (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.) (WASHINGTON APPLICANTS: Do not list any conviction for which the date of conviction or prison release, whichever is more recent, is more than seven years old.) Have you ever been CONVICTED, pled GUILTY or NO CONTEST or FORFEITED BOND OR BAIL for any crime other than traffic violations?

- [ ] Yes
- [ ] No

If yes, give details:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DRIVING POSITIONS: If the position applied for involves driving, have you ever been CONVICTED, PLED guilty, NO CONTEST or FORFEITED BOND OR BAIL for any traffic violations in the past three years?

- [ ] Yes
- [ ] No

If yes, give details:

Do you have a valid WA state drivers license?

- [ ] Yes
- [ ] No

IN CASE OF EMERGENCY NOTIFY:

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<th>Name</th>
<th>Address</th>
<th>Telephone No.</th>
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**EMPLOYMENT EXPERIENCE:** Please account for ALL periods of employment, including self-employment, other fields of endeavor and U.S. military service. Attach sheet if more space is needed.

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<th>Present or Last Employer</th>
<th>Phone</th>
<th>Hire Date</th>
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<th>Starting Pay</th>
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<th>Reason for Leaving</th>
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**VERIFICATION AND SIGNATURE:**

1. I authorize the investigation of all matters which the Company deems relevant to my qualifications for employment, including all statements made in this application, a background check (including criminal convictions) and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release you from all liability which might result from making the investigation. ___ applicant’s initials

2. I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered. I also understand that providing information other than that requested on this application will result in the disqualification of this application. ___ applicant’s initials

3. I understand that I may be required to submit to employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at the Company’s expense. I authorize release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries and/or testing. ___ applicant’s initials

4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in an employment contract. I also understand that ___ is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts and that all such agreements for other terms of employment or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in an employment contract, the Company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate. ___ applicant’s initials

5. By signing below I acknowledge I have read each of these statements and understand all of the content. I have also reviewed all of the information provided in this application and in any supporting documents.  

Yes [ ] No [x]

Signature ___________________________ Date ____________
Workers’ Compensation
Exit Questionnaire

Employee Name: ________________________________________________

Employer Name: ________________________________________________

Department: ___________________________ Today’s Date: ________________

Job Title: _______________________________________________________

Manager: _______________________________________________________  

Last day of work: ___________ The reason for the job separation: ___________

Have you been involved in any incidents, or had any injury while in our employ which has not been reported or for which a workers’ compensation claim has not been filed?

  ○ No  ○ Yes (please describe) _______________________________________

  ________________________________________________________________

  ________________________________________________________________

  ________________________________________________________________

  ________________________________________________________________

  ________________________________________________________________.

Have you experienced any physical symptoms that you feel are work-related which you have not reported or for which you have not filed a claim?

  ○ No  ○ Yes (please describe) _______________________________________

  ________________________________________________________________

  ________________________________________________________________

  ________________________________________________________________

  ________________________________________________________________

  ________________________________________________________________.

Employee Signature: ___________________________ Date: ________________

Employer Signature: ___________________________ Date: ________________