

# COLORADO COST CONTAINMENT CERTIFICATION

GUIDED WORKBOOK

**PINNACOL**  
ASSURANCE

For assistance, contact a  
Pinnacol safety consultant [online](#)  
or at [safetyoncall@pinnacol.com](mailto:safetyoncall@pinnacol.com)

# CONTENTS

3	Introduction
4	Step 1: Safety policy declaration
	Safety policy
6	Step 2: Safety Coordinator or Committee
	Safety Coordinator objectives
	Safety Committee objectives
	Safety Committee meeting minutes
	General safety inspection checklist
	Construction safety inspection checklist
15	Step 3: Safety rules
	Workplace safety rules
	Safety rules enforcement policy
	Safety rule enforcement
	Job hazard analysis procedures
	Job hazard analysis worksheet
21	Step 4: Safety training
	New employee safety orientation checklist
	Safety training roster
24	Step 5: Designated medical providers list
	New employee designated provider notification letter
	Designated provider list notification letter for an injured worker
27	Step 6: Written claims management procedures
	Claims management procedures
	Employee incident report
	Management incident investigation report
	Incident observer report
	Sample accident investigation/event learning questions
33	Applying for Cost Containment Certification
	Quick guide
	Summary chart and loss reports
	What to avoid
36	Request for certification

*Pinnacol Assurance assumes no responsibility for management or control of customer safety activities. Please ensure your business meets the requirements of all federal, state, and local laws, regulations, or ordinances related to workplace safety.*

# INTRODUCTION

This workbook is designed to help Pinnacol Assurance policyholders implement a practical safety program that meets state of Colorado Cost Containment Certification requirements. Policyholders who have achieved Cost Containment Certification often experience a decrease in claims costs, a reduction in losses, and less severe injuries. Policyholders that are cost containment certified also benefit from being eligible for a discount on their workers' compensation premium. More importantly, certification demonstrates your organization's commitment to protecting the safety and welfare of your employees.

Inside, you'll find information on the six steps required to achieve certification, as well as samples of the documentation needed. Pinnacol safety professionals and policyholders created these examples; however, they must be customized to fit your organization.

Important things to remember:

- **Every step** must be in effect for one full year before you can apply for certification. The Colorado Department of Labor and Employment (not Pinnacol) awards certification. Submit copies of your documentation to the Premium Cost Containment Board. Make sure to keep your original documentation on file.
- The state's Cost Containment Certification Board meets on the first Wednesday of each month to review applications, which must be received on or prior to the 20th day of the previous month. (The Request for Certification is located on page 36 of this workbook.)
- The Board will then mail you either a certificate or the reason(s) for denial within two weeks of the meeting.
- Once your organization is certified, Pinnacol will apply the appropriate discount to your policy on the next policy renewal date. For example, if your policy renews on July 1, the Board must have your application on or before May 20 for review on the first Wednesday of June. If your application is approved, the discount will be applied to your July 1 policy renewal.
- If there has been a change in the person who submitted the last form or in the organization's mailing address, it is your responsibility to contact your Cost Containment Certification advisor and update this information.
- If you do not reply by your renewal due date, your organization will lose its Cost Containment Certification and your premium discount.

For assistance with the Cost Containment Certification process, please contact a Pinnacol safety consultant [online](#) or at [safetyoncall@pinnacol.com](mailto:safetyoncall@pinnacol.com), or call the CDLE's Premium Cost Containment Department at 303.318.8644.

# STEP 1 SAFETY POLICY DECLARATION

This step aims to help you create and implement your organization's safety policy. Whether or not you're applying for Cost Containment Certification, having a strong safety policy in place is critical to the well-being of your employees.

A safety policy is also the first step toward establishing a positive safety culture. Think of the policy as your safety mission statement. From management to the front line, all your employees should know that safety is a shared expectation for everyone in your organization.

## Creating an effective safety policy

Your organization's policy should:

- Describe management's overall philosophy on safety.
- Be signed and dated by one of your top executives to demonstrate senior management's commitment to a safety culture.
- Outline employer and employee responsibilities as they relate to safety.
- Be clearly communicated to all employees.
- Be reviewed and updated annually.

When you start writing your policy, there are two things we recommend. First, try to keep your policy to one page in length. And second, use clear, simple language so all employees can easily understand it.

Get started with the sample safety policy on page 5.

## Communicating your safety policy

Here are a few suggestions for how to communicate your safety policy to all of your employees:

- Make your policy the first page of your organization's safety manual or employee manual.
- Post your policy in a common area where all employees can see it.
- Share management's safety philosophy and policy highlights at company meetings.

## CCC application requirements

When you're ready to apply for certification, you'll need to provide the following documentation for Step 1:

- A copy of your organization's safety policy.

## Safety policy

Organization name: \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations.*

[Organization name] \_\_\_\_\_ believes that ensuring the safety of our employees and the people we serve is an important part of our mission. We are committed to providing a safe workplace and will continuously strive to eliminate or control any hazards that exist in our operations. We also recognize that our employees help to keep us safe and that your participation is critical to our success in these efforts.

[Safety Coordinator's name/position/title] \_\_\_\_\_ is the designated safety coordinator for [organization name] \_\_\_\_\_ and is the primary contact for safety-related matters. Employees can also report any suggestions or concerns (unsafe conditions or practices) to any member of the leadership team and are encouraged to do so in order that they may be addressed appropriately.

Senior management will be actively involved with employees in establishing and maintaining an effective safety program. Our Safety Coordinator, other members of our management team, and I will participate with you in ongoing safety and health program activities.

### Employer responsibilities:

- Create a safe workplace for all employees.
- Provide safety leadership.
- Encourage communication at and between all levels of the organization.
- Ensure that employees are aware of workplace hazards and what they need to do to protect themselves.
- Annually review and update workplace safety rules.

### Employee responsibilities:

- Speak up with any questions or concerns.
- Report all unsafe conditions immediately.
- Immediately report all work-related injuries.
- Abide by the organization's safety policies, practices and rules.

Executive signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

# STEP 2 SAFETY COORDINATOR OR COMMITTEE

Step 2 aims to define the roles and responsibilities of a Safety Coordinator and/or Safety Committee. This step is crucial because it formalizes and focuses on providing a safe working environment.

The decision about whether to designate a Safety Coordinator or create a Safety Committee—or both—often comes down to the size of your organization. In a small organization a Safety Coordinator may be sufficient, but in a larger organization a group of employees working together within a Safety Committee may be a better choice for managing your program.

## Safety Coordinator

Here are a few examples of the types of responsibilities you might see a Safety Coordinator take on:

- Reviewing your organization's safety policy and safety rules annually, and updating them as necessary.
- Helping your organization remain compliant with government standards concerning safety and health.
- Making recommendations to management on matters pertaining to safety.

It is important to note that a Safety Coordinator doesn't necessarily have to perform these duties directly. They can delegate certain tasks to other supervisors or managers, such as conducting employee safety training or accident investigations. However, if the Safety Coordinator does delegate any work, they will need to check to ensure the information submitted is accurate and thorough.

A Safety Coordinator Objectives example is on page 7.

## Safety Committee

If you do choose to create a Safety Committee, here are a few things to keep in mind:

- A Safety Committee is typically made up of members from a variety of departments and job roles and serves as a liaison between employees and management should a safety concern arise.
- At least one person on the Safety Committee should be in a position of authority—such as a supervisor—to immediately address safety concerns or hazards.

- Designate one person as chairperson for the Safety Committee.
- Safety Committee meetings should take place at least quarterly and make effective use of the members' time.
- Committee members should work with supervisors and senior management to help identify hazards and possible corrective actions.

A Safety Committee Objectives example is on page 8.

## Additional responsibilities

Additional responsibilities of a Safety Coordinator or a Safety Committee may include:

- Conducting safety inspections.
- Conducting accident investigations.
- Assisting with job hazard analyses (JHAs).

Examples of documentation:

- Inspection checklists, pages 13-14.
- Incident investigation documentation, pages 29-32.
- JHA, pages 19-20.

## CCC application requirements

When you're ready to apply for certification, you'll need to provide the following documentation for Step 2:

- The Safety Coordinator Responsibilities document or the Safety Committee Responsibilities document.
- If you have a Safety Committee, provide meeting agendas and meeting minutes.
- If your organization will be conducting safety inspections, provide proof that these are taking place. A copy of a completed safety inspection checklist is an excellent example of the work you're doing.
- If you have developed JHA, be sure to include a copy with your certification application.

## Safety Coordinator objectives

Organization name: \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. Remember, many of these responsibilities can be delegated to other people within your organization, as long as the Safety Coordinator reviews and maintains the appropriate documentation. Ideally, the Safety Coordinator should have decision-making authority and should report directly to the executive level leadership of your organization.*

[Name of Safety Coordinator] \_\_\_\_\_ is the designated Safety Coordinator for [organization name] \_\_\_\_\_ and is the primary contact for safety-related matters. Employees are encouraged to bring any unsafe conditions or practices to them or to any member of the leadership team.

### The primary responsibilities of the Safety Coordinator are to:

- Oversee implementation of the organization's safety program.
- Provide safety leadership.
- Facilitate safety communication between and among all employees, including leadership.
- Implement a system for employees to report safety concerns without fear of retaliation.
- Coordinate the new-employee orientation and safety training programs.
- Integrate safety into the day-to-day activities of all employees.
- Recognize workplace hazards and engage employees to identify and implement effective controls.
- Assist the organization in complying with regulatory standards concerning safety and health, including recordkeeping and reporting.
- Assist supervisors with incident investigations, including hazard identification and corrective actions.
- Conduct periodic safety inspections to identify unsafe conditions and practices and determine remedies.
- Seek input from employees on remedies or other workplace improvements.
- Make recommendations to management on matters pertaining to safety.
- Annually review the organization's safety policy and safety rules and update as necessary.

**Executive signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Safety Coordinator signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## Safety Committee objectives

Organization name: \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations.*

[Name of Safety Committee Chairperson] \_\_\_\_\_ is the primary contact for safety-related matters. All employees are encouraged to bring any unsafe conditions or practices to the attention of any supervisor or Safety Committee member. Supervisors and/or Safety Committee members will review and address safety concerns and communicate these concerns to management.

### The primary responsibilities of the Safety Committee are to:

- Lead by example. Be a champion for safety programming in the workplace.
- Engage with employees and encourage their participation in workplace safety efforts.
- Implement the organization's safety program.
- Review safety concerns as they arise and help identify hazard controls.
- Seek input from employees on solutions or other workplace improvements.
- Recommend actions to reduce the frequency and severity of accidents and illnesses.
- Integrate safety into the day-to-day activities of all employees.
- Assist the organization in complying with regulatory standards concerning safety and health.
- Assist supervisors with incident investigations.
- Conduct routine safety inspections to identify unsafe conditions and practices and to make recommendations for improvement.
- Make recommendations to management on matters pertaining to safety.

**Executive signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Safety Committee Chairperson signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### The following people are the organization's designated Safety Committee members:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## Safety Committee meeting minutes

Organization name: \_\_\_\_\_

*Each Safety Committee meeting must be documented. These minutes will summarize the Safety Committee's activities. They should be posted in a designated place on the employee bulletin board, and a copy will be given to management. While the minutes do not need to be typed or conform to any strict format, they should, at a minimum, include the names of the persons attending along with the following items.*

### **Recommended agenda:**

- Review of previous meeting minutes and status of recommendations.
- Recent facility inspection(s) with action items—include date, time, list of the inspection items, and names of inspector(s) and person(s) responsible for completing the action items.
- Next scheduled inspection—include date, time and inspector(s) assigned.
- Review of injuries and incident trends, along with recommendations for improvements, including timeline to implement the recommendations and person(s) responsible.
- Review of suggestions received from employees along with recommended action(s).
- Previous safety training (with feedback if applicable) and recommendations for upcoming training topics.
- Other miscellaneous safety items.

You can use the template provided for documenting the minutes of each meeting.

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## Safety Committee meeting minutes (continued)

Organization name: \_\_\_\_\_

Location: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Meeting date: \_\_\_\_\_

Meeting start time: \_\_\_\_\_

**Members present:** (please print legibly)

**Members absent:** (please print legibly)

---

---

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

---

---

**Previous meeting minutes from** (date) \_\_\_\_\_ **were read.**

**Review of previous meeting minutes:**

---

---

---

---

---

---

---

**Review status of all previous recommendations:**

---

---

---

---

---

---

---

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## Safety Committee meeting minutes (continued)

Organization name: \_\_\_\_\_

## Safety inspection follow-up items and person(s) responsible:

---

---

---

---

---

---

Next scheduled safety inspection: (date) \_\_\_\_\_

## Inspectors:

_____	_____
_____	_____
_____	_____

## Review of previous incidents, near misses, and status of corrective actions:

---

---

---

---

---

---

## Review of new incidents, near misses, corrective action recommendations and Safety Committee member(s) responsible for ensuring that corrective action is implemented:

---

---

---

---

---

---

Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.

## Safety Committee meeting minutes (continued)

Organization name: \_\_\_\_\_

### Employee suggestions or comments and recommended action(s):

---

---

---

---

---

---

### Safety training that has occurred:

---

---

---

---

---

---

### Future safety training ideas:

---

---

---

---

---

---

### Additional items for discussion:

---

---

---

---

Next scheduled Safety Committee meeting: (date) \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## General safety inspection checklist

Site: \_\_\_\_\_ Date: \_\_\_\_\_ Inspected by: \_\_\_\_\_

	YES	NO	N/A	COMMENTS/ACTIONS
<b>GENERAL</b>				
1. Job safety and health poster, and communications and emergency numbers posted				
2. Records of recent inspections and safety meetings available				
3. Adequate provisions for first aid and/or medical attention				
<b>HOUSEKEEPING AND FACILITIES</b>				
1. Are stairways, aisles and access ways kept clear				
2. Are trash containers provided and emptied on a regular basis				
3. Are materials stored properly				
4. Are spills cleaned up immediately				
5. Are walkways to the facility clear of ice and snow and illuminated				
6. Are the gutters/downspouts adequate to draw water/ice away from walkways				
7. Are open-sided edges longer than 4 feet protected by guardrails or covers				
<b>PERSONAL PROTECTIVE EQUIPMENT</b>				
1. Eye protection is being used and adequate				
2. Head protection is utilized as needed				
3. Respirators are used when needed and stored correctly at other times				
4. Gloves are being used when needed				
5. Proper clothing is being worn, including foot protection				
6. Hearing protection is available and used				
7. All PPE kept in sanitary and reliable condition				
<b>HAZARD COMMUNICATION</b>				
1. Does the facility have a written hazard communication program				
2. Does the facility have a complete list of SDSs available				
3. Are chemicals properly labeled				
4. Have employees received hazard communication training				
<b>HAND AND POWER TOOLS</b>				
1. Are proper tools being used for the job				
2. Are tools being maintained in a safe condition				
3. Are mechanical guards in place				
4. Is proper training provided for users of the tool(s)				
<b>ELECTRICAL</b>				
1. Are electrical panels/circuits labeled and free of storage in front of panels				
2. Are electrical extension cords in good repair, grounded and not used as permanent wiring				
3. Are energized electrical parts protected from contact with other hazards				
4. Are outdoor receptacles GFCI protected and are receptacles within 6 feet of water GFCI protected				
<b>MATERIAL HANDLING</b>				
1. Have all chains and/or slings been inspected for defects and labeled or taken out of service if inadequate				
2. Have all forklifts been inspected before use				
<b>FIRE PROTECTION</b>				
1. Are flammable/combustible liquids stored in approved storage cabinets				
2. Have the facility sprinkler/ fire alarm systems been inspected within the past 12 months				
3. Do sprinklers have 18 inches of vertical clearance from stored materials				
4. Are building evacuation maps posted				
5. Are fire extinguishers and emergency lighting fixtures properly placed				
6. Is access to fire hydrants and extinguishers unobstructed				
7. Are doors/ passages unobstructed				

Other comments or recommendations: \_\_\_\_\_

Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.

## Construction safety inspection checklist

Site: \_\_\_\_\_ Date: \_\_\_\_\_ Inspected by: \_\_\_\_\_

	YES	NO	N/A	COMMENTS/ACTIONS
<b>GENERAL</b>				
1. Job safety and health poster posted				
2. Records of recent inspections and safety meetings available				
3. Adequate provisions for first aid and medical attention				
4. Communications and emergency numbers				
<b>HOUSEKEEPING AND FACILITIES</b>				
1. Drinking water and single-service cups available				
2. Adequate toilet facilities				
3. Trash containers provided				
4. Regular disposal of trash and waste				
5. Nails removed or bent down				
6. Spills cleaned up immediately				
7. Aisles and work areas neat and orderly				
8. Materials stored properly				
<b>PERSONAL PROTECTIVE EQUIPMENT</b>				
1. Eye protection being used and adequate				
2. Head protection utilized as needed				
3. Safety lanyards available and being used properly				
4. Gloves being used when needed				
5. Proper clothing being worn				
6. Hearing protection available and used when required				
7. All PPE kept in sanitary and reliable condition				
<b>FALL PROTECTION</b>				
1. Guardrails protecting open-sided floors, holes/openings, scaffolds, runways, etc.				
2. Barricades provided to protect trenches and warn of other hazards				
3. Ladders and scaffolds properly constructed				
4. Ladders extended 36" above landing and tied off				
5. Erection and dismantling of scaffolds supervised by a competent person				
6. Floor holes provided with secured covers and coded/marked				
7. Ladders and scaffolds being used in accordance with manufacturers' manuals				
<b>HAND AND POWER TOOLS</b>				
1. Proper tools being used for the job				
2. Tools being maintained in a safe condition				
3. Mechanical guards in place				
4. Proper training provided for user(s) of the tool(s)				
<b>ELECTRICAL</b>				
1. Ground fault circuits or grounding integrity program in place				
2. Electrical cords in good repair and grounded				
3. Bulb guards for temporary lights				
4. Wiring done per code and good wiring practices				
<b>EXCAVATIONS AND TRENCHING</b>				
1. Properly supervised by a person who has completed "competent person" training				
2. Proper shoring and/or sloping of excavations over 5 feet				
3. Adequate ladders or ramps provided for exit from excavations over 4 feet				
4. Proper utility services identifications and locations made				
5. Materials and equipment stored at least 2' from the edge				

Other comments or recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.

# STEP 3 SAFETY RULES

To effectively prevent losses, safety rules must be clearly defined. In the training phase, employees must be made aware of the rules. When possible, rules should be posted in appropriate and conspicuous areas. Your safety rules should be general as well as job specific.

Help increase employee awareness and adherence to safety rules by placing them in common work areas.

## Creating safety rules

There are two categories of safety rules:

- **General safety rules** are an organization's set of rules that apply to everyone in your organization.
- **Job-specific safety rules**, on the other hand, apply to specific job tasks.

One way to create safety rules is by conducting a thorough job hazard analysis. A job hazard analysis is a tool employers can use to review job-specific tasks and the potential hazards associated with those tasks.

Whether you're creating general or job-specific safety rules, here are some best practices to follow:

- Safety rules need to be clear, concise and specific to your organization.
- General and job-specific safety rules should be written with specific and direct language.
- Safety rules must be consistent and apply equally to all employees, regardless of their position in the organization.
- Your organization's safety rules must be reviewed regularly to ensure they remain current.

## Implementing safety rules and creating awareness

Start by reviewing your safety rules with your employees. This doesn't mean you simply hand them a copy of the rules and say, "Read through these and sign this." It also doesn't replace the need for ongoing safety training.

Instead, a face-to-face meeting is your opportunity to discuss the rules and make sure your employees understand them. This is also your opportunity to set clear expectations with your employees about your organization's safety culture and explain that safety is a shared responsibility of everyone in your organization.

Once you've discussed the safety rules, have your employees sign and date the document listing these rules. Make sure they know that, by signing this document, they are agreeing that they understand the rules and will abide by them.

## Reinforcing safety rules

Providing positive reinforcement for employees who perform tasks in a safe manner is a great way to emphasize the importance of safety. This can be as simple as a pat on the back, spending a few minutes recognizing employees at a team meeting, or even acknowledging employees in your organization's newsletter.

Another way to reinforce your organization's safety rules is to conduct ongoing safety training.

In addition to positive reinforcement of safety rules, ensuring that they are enforced is just as important.

Enforcement of safety rules may include:

- Verbal warnings.
- Written warnings.
- Suspension.
- Termination, depending on the frequency or severity of the violation.

You should document every instance where an employee violates a safety rule.

## CCC application requirements

For Step 3 you'll need to provide:

- Copies of your organization's safety rules—both general and job-specific. This includes samples of copies that have been signed and dated from the date of inception of the rules and throughout the year as you hire new employees.

Additionally, hazards are to be identified and safety rules enforced consistently throughout the organization. To strengthen your application, your organization can submit additional documents to the Cost Containment Board. Some of these extra application materials for Step 3 include:

- Job hazard analyses conducted.
- Copies of your organization's enforcement policy, signed and dated by your employees.
- Copies of any safety rule enforcements issued to employees.

## Workplace safety rules

Organization name: \_\_\_\_\_

*This document is only a sample of general and job-specific safety rules. This is not a comprehensive list, and some items may not apply to your operations. Be sure to review these safety rules and customize them for your organization and industry. Contact your safety advisor or a Pinnacol Safety Consultant for assistance with identifying the hazards at your workplace and developing appropriate rules.*

These safety rules are intended to provide you with knowledge of the established safe practices and procedures that apply to many of the work situations you may encounter while working for [organization name] \_\_\_\_\_. If you are ever in doubt about the safety of any condition, practice or procedure, consult your supervisor for guidance before starting work.

**GENERAL RULES:** These are provided as examples. Please review and edit so they are appropriate for your workplace.

**INCIDENT REPORTING:** Report all incidents (injuries, accidents or near misses) before the end of the workday. Incidents should be reported immediately, or as soon as it is practical to do so. Falsification of records, including employment applications, time records or safety documentation, is not tolerated.

**HAZARD REPORTING:** Notify a supervisor immediately of any unsafe condition and/or practice.

**ALCOHOL OR ILLEGAL DRUGS:** Employees are prohibited from working while under the influence of alcohol or illegal drugs. No illegal drugs or alcohol are allowed on the work site. Employees must notify their supervisor if they are taking any prescription drugs that might affect their performance.

**DRIVING:** While driving a vehicle owned by the organization or driving your own vehicle for business purposes, obey all traffic laws and signs at all times. Wear your seatbelt at all times. Do not drive over the posted speed limits. NEVER text and drive.

**HOUSEKEEPING:** Maintain an organized work area. Store items properly when not in use. Do not obstruct aisles or doorways. Clean up spills immediately.

**PERSONAL PROTECTIVE EQUIPMENT (PPE):** Appropriate PPE must be worn at all times. PPE will be allocated and training completed as necessary based on each job task. Training requirements and specific PPE are listed in detail in the job-specific safety rules.

**JOB-SPECIFIC RULES:** Think about rules that could apply across common/similar categories, as in the examples below.

**EMPLOYEE POSITION:** Identify a rule/rules that would apply to a particular department or position classification.

**DANGEROUS TASK:** Identify a rule/rules that govern how employees should complete the critical steps of a dangerous task, such as material handling or lock-out/tag-out procedures.

**EQUIPMENT OPERATION:** Identify rule/rules associated with use of specific equipment. These could apply to hand/power tool use, machine guarding or powered equipment like forklifts.

**INJURY CAUSES:** Identify a rule/rules to address known or potential sources of workplace injuries. Examples might be falls from heights, burns or needlestick/sharps injuries.

I, [print name] \_\_\_\_\_, understand the safety rules of [organization name] \_\_\_\_\_. I am aware that my failure to follow any rule may result in disciplinary action. I also understand that, by law, workers' compensation benefits can be reduced by 50% when a work-related injury or illness results from failure to follow safety rules.

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## Safety rules enforcement policy

Organization name: \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations.*

### OBJECTIVE

Safety rules are provided as guidelines for safe operations. These rules apply to all employees and contractors.

### RATIONALE

[Organization name] \_\_\_\_\_ has analyzed job hazards and identified controls as part of our efforts to provide a safe workplace. In some instances, however, the only thing keeping employees safe will be their actions. These workplace safety rules establish our expectations of employees in those situations.

### PROCEDURE

All employees will be given a copy of the safety rules upon initial employment. All employees must sign and return the acknowledgment form after they have been given a chance to review the safety rules and ask any questions. The safety rules will be periodically reviewed by management with input from employees in order to ensure that they are applicable and current, and updates will be promptly shared with all employees.

### ENFORCEMENT

All employees may be subject to disciplinary and/or other corrective actions for intentional non-compliance with safety rules. Nothing in this policy or this safety program will preclude management from terminating an employee for a safety violation. This is not a progressive discipline system. Serious or willful safety violations may lead to an employee's termination without prior instruction or warning.

**[Organization name] \_\_\_\_\_ reserves the right to impose any of the following disciplinary actions it deems appropriate:**

- Verbal warning with documentation in personnel file.
- Written warning outlining nature of offense and necessary corrective action with documentation in personnel file.
- Suspension.
- Termination.

**Managers, including supervisory personnel, are subject to the above disciplinary action for the following reasons:**

- Repeated safety rule violations by employees under their supervision.
- Failure to provide adequate training prior to assigning jobs.
- Failure to report accidents and to provide medical attention to employees injured at work.
- Failure to control unsafe conditions or work practices.
- Failure to maintain good housekeeping standards and cleanliness in their departments.

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## Safety rule enforcement

Organization name: \_\_\_\_\_

*An enforcement action is only appropriate in cases of deliberate actions by employees. It is important that you understand the employee's decision—both the context of the situation and the employee's motivation—when selecting the appropriate corrective measures (if any).*

Employee name: \_\_\_\_\_ Date: \_\_\_\_\_

### TYPE OF ENFORCEMENT ACTION BEING DOCUMENTED

☐ Verbal warning    ☐ First written warning    ☐ Repeated written warning    ☐ Suspension    ☐ Termination

### DESCRIBE THE INCIDENT. WHICH RULE(S) DID THE EMPLOYEE FAIL TO FOLLOW?

---



---



---

### RESULT OF VIOLATION

☐ Injury    ☐ Near miss    ☐ Equipment/property damage    ☐ Other: \_\_\_\_\_

Provide additional detail about the outcome, or in the event of a near miss the potential outcome, resulting from the employee's failure to follow rules.

---



---



---

### CORRECTIVE ACTION

☐ Coaching    ☐ Training    ☐ Refresher training    ☐ Counseling    ☐ Other: \_\_\_\_\_

### EMPLOYEE COMMENTS (OPTIONAL)

---



---



---

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## Job hazard analysis procedures

A job hazard analysis (JHA) is a simple yet effective tool for improving the safety of your workplace. It also provides a great opportunity for engaging employees in your workplace safety efforts. The procedures are straightforward and follow the same three steps whether you are analyzing a work function, a specific job or a particular task. Your employees are a valuable source of information for all three steps.

### #1 DOCUMENT THE TASKS/SEQUENCE OF STEPS

Your employees have firsthand knowledge about the work, so ask them how the work is performed. They can help you capture the critical steps and the order of operations. Be prepared, because the way that work gets done is often different—sometimes very much so—from the way that work is envisioned or planned. Closing that gap is essential for positive safety outcomes (and can be a positive outcome in and of itself).

### #2 IDENTIFY POTENTIAL HAZARDS

Now look for potential hazards associated with each of the steps you listed. These are often potential sources of injury, but could also be a chance for property/equipment damage or environmental exposures. Your employees know where the risk of injury is, so ask them what parts of the work could harm them. Review injury/illness records or incident reports to help identify tasks with a history of exposures.

#### Types of hazards might include:

- Physical hazards such as those that could cause slips/falls, burns or cuts
- Chemical hazards associated with cleaning products
- Biological hazards from bloodborne pathogens, bacteria or viruses
- Ergonomic hazards associated with lifting, prolonged standing or poor workplace designs

#### Using the JHA form, look for the following:

- Hazards associated with job-specific tasks
- Proper guards for each piece of equipment
- Proper personal protective equipment (PPE)

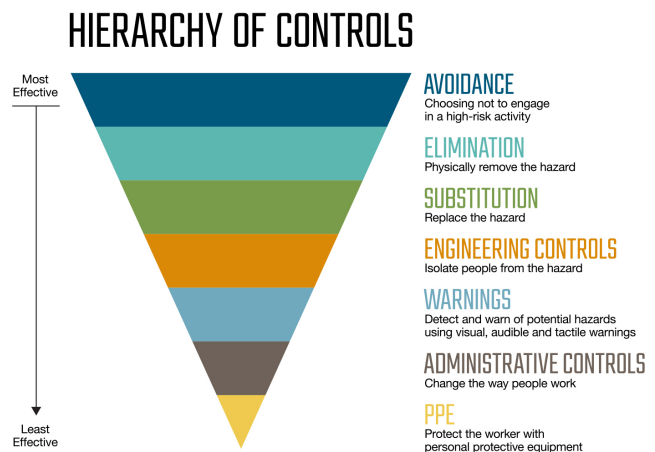
### #3 EXPLORE POSSIBLE SOLUTIONS

Look for ways to eliminate or reduce the risks posed by the hazards you just identified. Make sure your employees are engaged in this step, as they are certain to have suggestions. Start by auditing the controls and policies/procedures you already have in place. Ask whether those controls are sufficient to prevent injury or losses when (not if) something goes awry. If there haven't been adverse incidents, try to figure out if that's because the existing controls are effective, or if you have just been lucky. Letting your employees take the lead on identifying and implementing any solutions is a great way to get their buy-in and support for those changes.

Use the [Hierarchy of Controls](#) to help you determine the most effective ways of controlling the hazards you identified. Note that solutions that eliminate or reduce exposures are going to be the most effective.

Training is a critical component of any workplace safety program but is rarely the best or most effective solution for controlling workplace hazards. Use the information you gather during the JHA to help shape the training you provide employees about your workplace. The JHA itself could be used as a training tool for new employees. It could also guide your more seasoned employees to safely conduct non-routine tasks.

Maintain the completed JHA in your records and review it periodically to identify any changes to the work or new hazard control solutions.



Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.

# Job hazard analysis worksheet

Organization name: \_\_\_\_\_

**Job/process/task:** \_\_\_\_\_

Analysis by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]

Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.

# STEP 4 SAFETY TRAINING

Continuous workplace safety training is essential when creating an effective loss prevention program. It is the responsibility of top management to make sure employees are aware of duty-specific hazards and proper procedures to safely do their job.

To educate employees and reduce risk, it's crucial for organizations to conduct and document on-going safety training for new hires and existing employees.

## New-employee safety orientation

Data shows that new hires safety training is especially important when creating a safety culture. The Bureau of Labor Statistics reports that workers employed in their role for less than one year make up over 30 percent of workplace injuries.

The New Employee Safety Orientation Checklist covers topics that need to be discussed and reviewed with your new employees. Also, note that by signing off on the checklist, both the employee and supervisor are taking responsibility for their commitment to safety.

A sample New Employee Safety Orientation Checklist can be found on page 22.

## Job-specific training

After hiring new employees, it's vital that each individual receive training on their job-specific tasks before performing them—even if the employee has prior experience with the work.

## Safety awareness tips

In addition to new-employee safety orientation and job-specific training, it's essential to continue reinforcing the importance of safety through ongoing awareness and training.

When thinking about and planning for ongoing training in your organization, you may want to consider the following:

- What topics are important to cover with your employees on a regular basis?
- Are there common injuries that have been occurring recently?

- Are there industry trends that are worth discussing with your team?

The Cost Containment Certification Board will need to see only documentation showing safety training on a quarterly basis. However, in order to keep safety awareness at the top of your employees' minds and to reinforce a strong safety culture, we recommend you hold meetings more frequently throughout the year.

Now that you've conducted your training, how can you verify it was effective? One option is to have employees take a quiz. Another option is to set up a demonstration for your employees to perform so they can show their understanding of the training.

## Training transferred employees

Sometimes companies forget that an employee who transfers into a new position or department may not have the same training as other employees who've been there longer.

It's imperative that the appropriate training occurs immediately for the transferred employee to ensure that they understand their new job tasks, the hazards associated with those tasks, and the safety measures that your organization has implemented to protect employees from potential injuries.

## CCC application requirements

Employers looking to become certified should be conducting new-employee safety training, employee safety training on a quarterly basis (at minimum), and related documentation for the aforementioned.

When you're ready to apply for certification, you'll need to provide the following documentation for Step 4:

- Copies of new-employee safety orientation training documentation signed and dated by supervisors and employees.
- Copies of quarterly safety training rosters that include the date each training was held, employee signatures, and the training topic covered.
- The Board may request supporting documentation for job-specific training to verify that accident trends are being addressed.

## New employee safety orientation checklist

Organization name: \_\_\_\_\_

Employee name: \_\_\_\_\_ Date of hire: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

### SAFETY CHECKLIST ITEMS

The new employee and their supervisor must initial the following items.

	Employee	Supervisor
1. I have read and someone has explained to me the organization's safety policy, and I understand how my actions can impact workplace safety.		
2. I understand the roles and responsibilities of the company's Safety Coordinator/Committee.		
3. I have read and someone has explained to me the safety rules for the organization and any rules specific to my job position.		
4. The company disciplinary policies have been explained to me.		
5. I have read and signed the New-Employee Designated Provider Notification Letter and understand I must report all injuries to my supervisor immediately.		
6. I understand that if I am injured, the organization needs me to participate in the post-incident investigation, as part of the ongoing efforts to provide a safe workplace.		
7. I have received and understand the procedures in case of emergency, including the action plan, evacuation routes and designated meeting location for employees.		
8. I understand the purpose of hazard communication and know the location of the safety data sheets (SDSs) file.		
9. I understand that I will have specific training regarding any tasks that I am expected to perform.		
10. I understand that I am NOT authorized to use any tools or equipment until I have received formal on-the-job training, testing and approval.		
11. I know where the first aid station and kits are located.		
12. I have been shown the job site facilities (if applicable).		
13. I have been issued and trained on the proper use of the following equipment:		
Hard hat	_____	_____
Safety glasses	_____	_____
Fall protection harness	_____	_____
Hearing protection	_____	_____
Respirator	_____	_____
Gloves	_____	_____
14. Other:		

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

Safety training roster

Organization name: \_\_\_\_\_

Date/time/location: \_\_\_\_\_

Safety topic: \_\_\_\_\_

\_\_\_\_\_

Discussion leader: \_\_\_\_\_

Please note: Employees must print and sign their own names. Typed names without signatures are not acceptable.

Print name	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employee comments and suggestions: \_\_\_\_\_

\_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

# STEP 5

## DESIGNATED MEDICAL PROVIDERS LIST

Designating medical providers creates peace for employers by offering an immediate source of treatment and care for injured employees. This same facility can also manage all workers' compensation claims, supporting stronger communication between the employer, insurer and attending physician.

### Tips for selecting Colorado medical providers

Colorado's workers' compensation law allows you, the employer, to select the treating physicians for work-related illnesses or injuries, as long as you do the following:

- Offer four medical providers, at least one of which is at a different location without common ownership.
- Give injured employees the Designated Provider List Notification Letter as soon as you learn of the injury.

Selecting medical providers who are experts in occupational medicine is an integral part of claims management. By designating physicians who can really get to know your business and its common injuries, your employees will receive high-quality, cost-effective care that helps support speedy recovery and a safe return to work.

To help with your selection of designated medical providers, Pinnacol has developed [SelectNet](#), a network of accredited occupational health providers throughout the state. If you need help selecting your four designated providers, or if you have any questions about our SelectNet providers, please contact your underwriter.

While it's not required for Cost Containment Certification, we highly recommend that you get to know and stay in touch with your designated medical providers.

Communication is the key to an effective relationship between the employer and the designated medical provider. Become more familiar with providers by:

- Visiting your designated medical providers at their offices.
- Inviting them to tour your facility.
- Arranging for them to send you a status update following each medical appointment.
- Giving them a copy of your organization's job descriptions so they are aware of the physical requirements of each position.
- Sending them a copy of your modified duty policy and preplanned modified duty tasks so they're aware of ways your employees can return to work safely.

### Communicating your providers to your employees

Once you've identified your four designated medical providers, you need to communicate this information in writing to your employees. You can do this through a New Employee Designated Provider Notification Letter.

Once your custom letter is ready, distribute it to all employees and have them sign, date and return it. Make sure to keep the signed and dated documents on file.

In addition to providing your employees with the notification letter, we also recommend that employers:

- Host an annual safety meeting reminding your employees of your designated medical providers.
- Hang up an informational poster. We offer free [Notice to Employees](#) posters for employers.

### When an injury takes place

Despite employees signing the New Employee Designated Provider Notification Letter, you are still required by law to hand-deliver or mail the Designated Provider List Notification Letter to injured workers within seven days of learning about a workplace injury.

This letter must be signed and dated by your injured worker. Be sure to give a copy to your employee and keep a copy for your files.

### CCC application requirements

When you're ready to apply for certification, you'll need to provide the following documentation for Step 5:

- Signed and dated New-Employee Designated Provider Notification letters dating back at least 12 months.
- If a workplace injury has occurred, you can also provide the Cost Containment Board signed and dated copies of the Designated Provider List Notification Letter. This is the letter that you must give to an injured worker within seven days of being notified of an injury.

Optional:

- If no injuries have occurred in your workplace, then a blank copy of the Designated Provider List Notification Letter will be sufficient. Copies of this letter are not required but can help strengthen your application.

## New employee designated provider notification letter

Organization name: \_\_\_\_\_

**To:** All employees

**From:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Subject:** Designated medical providers for work-related injuries and illnesses

All employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers:

1. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, state, zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, state, zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, state, zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, state, zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

In the event of a life- or limb-threatening emergency, the injured employee will be sent to the nearest emergency medical facility. One of the medical providers designated above must provide all follow-up care.

**If an unauthorized medical provider treats an employee, the employee will be responsible for payment for said treatment.**

I have read and am fully aware of the organization's policy regarding medical treatment for work-related injuries and illnesses. I further understand that I must immediately report any work-related injury to my supervisor.

All employees must sign below, acknowledging this policy.

**Employee name:** \_\_\_\_\_

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Designated provider list notification letter for an injured worker

Organization name: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

**Subject:** Designated provider list notification letter for an injured worker

I am sorry to learn that you have been injured. To make sure you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, Pinnacol Assurance. Pinnacol will contact you with your claim number and additional information. In the meantime, you should see one of the medical providers we have selected to treat our injured employees. These medical providers specialize in on-the-job injuries, and I want you to have the best possible care.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Please contact one of these medical providers to be seen as soon as possible. After your first appointment, please follow up with me so we can review your medical status and work capabilities.

The respondent's representative is our workers' compensation insurance company, Pinnacol Assurance. Please see the contact information below.

**Pinnacol Assurance, 7501 E. Lowry Blvd., Denver, CO 80230-7006, Phone: 303.361.4000 or 800.873.7242**

If you have questions, please contact me. My goal is to ensure that you get the care you need to recover quickly and return to work as soon as possible.

**Organization name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, state, zip:** \_\_\_\_\_

### Employer's representative for workers' compensation

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

☐ Hand-delivered on: \_\_\_\_\_

☐ Mailed to injured worker on: \_\_\_\_\_

**Employer signature:** \_\_\_\_\_

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

# STEP 6 WRITTEN CLAIMS MANAGEMENT PROCEDURES

Claims management is the activity that takes place after an injury has occurred. It is important to have clearly written and easy to follow procedures on claims management which include:

- Incident investigation procedures.
- A complete Employee Incident Report for all employee injuries regardless of apparent severity.
- A return to work program.

## Preparing for a Claim

When preparing for a claim, you should have critical forms ready and available if an injury occurs. These forms include:

- Claims Management Procedures document.
- The Designated Provider List Notification Letter for an injured worker.
- First Report of Injury form.
- Management Incident Investigation Report.
- Sample Incident Investigation/Event Learning Questions.
- Employee Incident Report.
- Incident Observer Reports.

## Return to Work program

Injured workers often come back to work and contribute to your organization in a different capacity while their injuries heal.

So, before an injury ever occurs, you should create a modified duty task list for your employees. This is a list of less physically demanding, but helpful, tasks that an injured employee can perform.

For more information about developing your Return to Work program and modified duty, call Pinnacol and ask to speak with one of our Return to Work consultants.

## Reporting a claim

The first 24 hours following an injury are critical to your injured worker and to you. Here are the first three steps to take when an employee is injured:

1. Get medical treatment for your employee and give your employee a copy of your Designated Provider List Notification Letter for injured workers.
2. Investigate the incident using the Management Incident Investigation Report.
3. Report the injury to Pinnacol. You can report an injury within 24 hours in any of the following ways:
  - Online through [Pinnacol's Policyholder Portal](#).
  - By phone at 303.361.4000 or 800.873.7242.
  - By fax at 303.361.5000 or 888.329.2251.

## CCC application requirements

When applying for certification, you'll need to provide the following documentation for Step 6:

- A copy of your Claims Management Procedures documentation that's signed and dated by the person responsible for managing your claims.
- Blank copies of your incident investigation documents.
- Proof of your return-to-work program.

If an injury has occurred, include the following documentation to the CCC Board with your application:

- Incident investigation documentation, including evidence that you have identified contributing factors and that you've implemented corrective actions to eliminate or reduce the exposures.
- Documentation that shows how long the employee was on modified duty and/or a copy of the Formal Modified Duty Job Offer Letter (if applicable).

## Claims management procedures

Organization name: \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations.*

1. In the event of a work-related injury or illness, the injured worker must report it to his/her supervisor immediately.
2. If the injured employee needs immediate medical attention, they will be driven or sent to the nearest hospital or clinic.
3. Once notified of an injury, the supervisor will give the injured worker a copy of the Designated Provider List Notification Letter. *Be sure to have the employee sign and date this letter. Keep a copy in your personnel files and give a copy to the employee.*
4. If the injury is not an emergency, an appointment will be made with the injured worker's selection of the designated medical provider as soon as possible.
5. Report the claim within 24 hours to Pinnacol Assurance. This can be done on Pinnacol's website (Pinnacol.com), by phone at 800.873.7242, or by fax at 800.361.5000.
6. In the event of a work-related fatality, OSHA (800.321.6742) must be notified within eight hours and work-related in-patient hospitalizations, amputations, or an employee's loss of an eye must be reported to OSHA within 24 hours.
7. In the event of an injury that results in a fatality or an accident in which three or more employees are injured, the Colorado Division of Workers' Compensation (303.318.8700) must be notified immediately.
8. Documented accident investigations will be conducted following all work-related injuries. The supervisor or Safety Coordinator will be responsible for interviewing the injured employee and all witnesses.
9. Management will use information from the accident investigation to identify and implement changes that may help prevent future incidents.
10. For an employee who is not working due to an injury, management will contact the injured employee at least once a week to answer questions, keep the injured employee informed of organization activities and discuss return-to-work options.
11. Following an injured worker's medical visit, the employer will obtain a copy of the medical providers' status report.
12. Modified duty procedures will be as follows:
  - The employee's supervisor will determine if the employee can return to his/her regular job duties within his/her medical restrictions.
  - If the employee is unable to return to regular job duties, the supervisor will determine if the employee's position can be temporarily modified to accommodate the restrictions.
  - If the job cannot be modified, management will evaluate other tasks the employee may be able to perform until the employee is released to regular work duty or placed at maximum medical improvement (MMI).
  - If the employee is unable to return to a modified position, the medical restrictions will be re-evaluated after each doctor's visit to ensure the employee returns to work as soon as possible.
13. If required, an entry will be made on the OSHA 300 Log for all cases involving medical treatment.
14. Complete records will be kept for all workers' compensation claims.

**Claims administrator signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## Employee incident report

Organization name: \_\_\_\_\_

*To be completed by the involved employee.*

Employee name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Were you injured? ☐ Yes ☐ No      Were others involved? ☐ Yes ☐ No      Is everyone OK? ☐ Yes ☐ No

Address and location of incident: \_\_\_\_\_

Describe the affected body parts. Where does it hurt? What does it feel like?

---

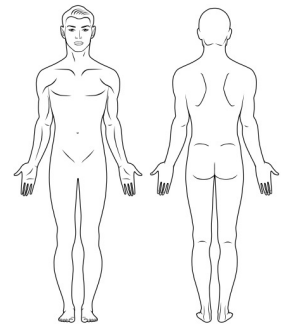
---

---

---

---

---



Please tell the story of what happened: \_\_\_\_\_

---

---

---

---

What else do we need to know? Do you think there is anything that could have prevented this from happening?

---

---

---

---

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## Management incident investigation report

Organization name: \_\_\_\_\_

☐ Injury—first aid only      ☐ Injury—medical treatment      ☐ Property damage      ☐ Near miss/good catch

Injured employee: \_\_\_\_\_

Occupation: \_\_\_\_\_

Assigned department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Date incident was reported: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Address and location of incident: \_\_\_\_\_

**SUMMARY:** Tell the story of the event. Use photos or sketches if necessary.

---

---

---

**ANALYSIS:** Identify contributing factors for the incident. What was expected? What was unanticipated?

---

---

---

**RECOMMENDATIONS:** Outline any possible corrective actions to address the factors identified above. What else is needed in order to prevent the recurrence of similar incidents?

---

---

---

**ACTION TAKEN:** Close the loop by following through and following up on corrective actions or workplace improvements.

ACTION/CHANGE	ASSIGNED TO	DATE IMPLEMENTED	NOTES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Report completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Report reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## Incident observer report

Organization name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Address and location of incident: \_\_\_\_\_

☐ **I saw what happened.** Please tell the story of what you saw:

---



---



---

☐ **I did not see what happened** but can provide additional information about the scene and other factors and/or unusual conditions that were present:

---



---



---

What are some of the factors that you believe contributed to this incident?

---



---



---

Is there anything else you would like to share?

---



---



---

If applicable please draw a diagram of what happened.

**Incident observer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Statement taken by (name of interviewer if applicable):** \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

## Sample incident investigation/event learning questions

### BEGIN BY ENSURING THE SAFETY AND SECURITY OF THE WORKPLACE:

- Is everyone OK? If not, are they being attended to?
- Is the equipment safe/stable? Is the work area safe/secure?

### ESTABLISH THE BASIC FACTS:

- Who was involved?
- Date and time of the incident?
- Location of the incident? Not just the physical address, but the particular work area.

### THEN, SEEK TO UNDERSTAND THE INCIDENT:

Remember that even though you know how it ends, the employee did not have that information when the incident occurred.

- Tell me the story of what happened? A story should have a beginning, a middle and a conclusion.
- What did you set out to do? What was the job/task? How do you typically perform that task?
- What actually happened? What worked well? What went as expected?
- What was unexpected? What didn't work?
- What factors led up to this event?
- Where else could something like this happen?
- What else do I need to know?

*Your goal is to learn everything you can from the incident investigation leading to the event—conditions, equipment, and the environment—and seek a clear explanation of what failed in the organization's systems and processes, providing direction on where improvements need to be made.*

# APPLYING FOR COST CONTAINMENT CERTIFICATION

## Quick guide

Cost Containment Certification requires one full year of documentation demonstrating that a safety program is in place and is effective. Submit **copies** of your documentation when applying for Cost Containment Certification. Keep your original documentation on file.

**Signed and dated documentation** required for the Premium Cost Containment Certification Program:

### Step 1

#### Safety policy declaration

- The policy reflects the philosophy of top management.
- The policy addresses that the safety and health of all employees are a top priority.
- The policy contains employer and employee responsibilities with regard to safety.

### Step 2

#### Safety Coordinator or Safety Committee

- Your Safety Coordinator or Safety Committee responsibilities document clearly defines the tasks and objectives.
- If you have a Safety Committee, provide meeting agendas and meeting minutes.

### Step 3

#### Safety rules

- Hazards are identified and safety rules—general and job-specific—are documented and clearly communicated.
- Safety rules are enforced consistently throughout the organization.
- Additional documentation that is not required but you may include for this step is as follows:
  - Job hazard analyses that you've conducted.
  - Copies of your organization's enforcement policy.
  - A copy of a completed safety rule violation form (if one was issued).

### Step 4

#### Safety training

- Documented new-employee safety orientation occurs upon hire.
- Supervisors provide and document individual job/task safety training.
- At a minimum, quarterly ongoing safety training is provided to all employees, and completion is documented with employee signatures or other acknowledgments.

### Step 5

#### Designated medical providers list

- The employer designates at least four SelectNet medical providers for work-related injuries.
- These designated medical providers are clearly identified and communicated to your employees. This includes:
  - Signed and dated New Employee Designated Provider Notification letters.
  - If a workplace injury has occurred, copies of the Designated Provider List Notification Letter for an Injured Worker.

### Step 6

#### Written claims management procedures

- Claims management policies and procedures are documented for your organization.
- The employer investigates all accidents in order to identify hazards and implements corrective actions. Enclose completed incident investigation forms.
- The organization must provide evidence of a return-to-work program, including modified duty.

# SUMMARY CHART AND LOSS REPORTS

Please read before completing the Request for Certification form

## Summary chart

**Policy period** is defined as the policy year or partial policy year reflected on loss reports. These periods might not coincide with the calendar year. **DO NOT** convert policy periods to calendar years (e.g., If the policy period is shown on loss reports as July 1 through June 30, the policy period should be reported as shown).

**Number of injuries** is defined as the number of claims reported to your insurance carrier. In some cases, this will include reports of injuries that have incurred no costs. *(All injuries should be reported to your carrier, regardless of severity.)* OSHA reporting requirements are not a consideration.

**Total costs on all claims** is defined as the gross incurred amount and includes both paid and outstanding reserve amounts. This includes medical costs, indemnity costs and miscellaneous expenses. Deductible amounts paid by the insured employer must also be included in this figure.

**Total employee hours worked** is defined as the total number of hours worked by **ALL** employees during each indicated policy period. There is no need to break this figure down into “regular” and “overtime” hours, nor is it necessary to differentiate between “exempt” and “nonexempt” employee hours. Hours **MUST NOT** be extended beyond the valuation date of loss reports (e.g., if loss reports are valued as of June 30, hours worked should be reported only through June 30, even though the date of the application may be July 20).

## Loss reports

Currently valued loss reports from your insurance carrier covering the last **THREE** full policy periods and the current policy year to-date must accompany all requests for certification or recertification. In order to be currently valued, **ALL** loss reports must have been printed within 30 days of the date of application.

Only original detailed, gross valuation loss reports are acceptable. Online printouts, summary loss reports and loss reports that do not include deductible amounts are unacceptable for program purposes. Summaries prepared by agents or brokers and in-house accounting program printouts are generally not acceptable.

**Original signatures are required. Failure to properly complete this request form or provide the required loss reports will delay the processing of your request.**

**If you have any questions, please contact the Premium Cost Containment Program at 303.318.8644.**

## WHAT TO AVOID

### Top reasons Cost Containment Certification applications are delayed

#### Safety Coordinator or Safety Committee

The Safety Coordinator is named and responsibilities are outlined, but no documentation is provided to support ongoing activity (e.g., safety inspections, committee meetings).

#### Sign-off documents

In the case of Safety Committee meetings/training, some employers fail to have all members sign attendance sheets. Many employers provide blank forms rather than completed forms. The Cost Containment Certification Board wants to see copies of actual signed acknowledgment forms dating back one year.

#### Required data

Applicants may write “see attached” in a section where they are required to enter data, such as the “total employee hours worked” section.

#### Claims management

You cannot support the existence of a claims management program with an undated, unsigned list of procedures, or a page taken directly from Pinnacol’s resources. Additionally, some employers offer little or no documentation pertaining to modified duty and proper accident investigation. A copy of actual accident investigations for every injury/illness that has occurred in the last year is required. Ideally, applicants should also provide a copy of a Rule 6 letter to support implementation of, or attempts at, modified duty.

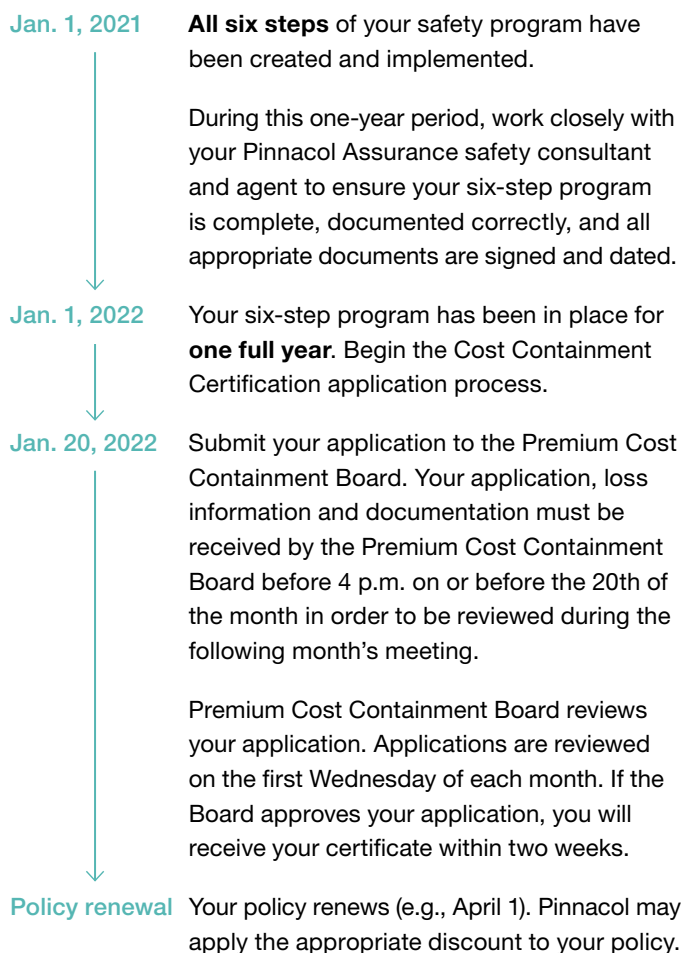
#### Loss runs

Problems with loss runs include (a) no loss runs provided; (b) incomplete loss runs (less than three full policy years and current year); and (c) loss runs generated more than 30 days prior to the application. See page 34 for instructions on completing the loss reports information.

#### Failure of applicants to properly complete the application for certification in a timely manner

Applications are routinely delayed because the applicant missed the deadline for application—on or before the 20th day of the month. This deadline is final.

A sample timeline is shown below. This timeline was created to provide you with an example of the implementation application process. The dates are examples only. You can apply for CCC at any time through the year.



Please note: The dates above are examples only. Your application can be submitted to the Premium Cost Containment Board at any time during the year. All documentation submitted with your application must reflect that each step has been in place for one full year. The appropriate discount will be applied at the next renewal of your policy following certification.

# REQUEST FOR CERTIFICATION

## Division of Workers' Compensation Premium Cost Containment Program Request for Certification

Employer name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employer mailing address: \_\_\_\_\_

Employer city, state, zip: \_\_\_\_\_

Name of insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Date program was implemented: \_\_\_\_\_

To obtain certification status in the Colorado Workers' Compensation Premium Cost Containment Program, it must be demonstrated that the applicant employer has actively followed an approved loss prevention and loss control program for a period of at least one year. Copies of loss prevention documentation clearly showing that compliance with each of the following requirements has been in effect must accompany this request for certification.

### THE APPLICANT EMPLOYER MUST PROVIDE THE DIVISION WITH DOCUMENTATION OF THE FOLLOWING COST CONTAINMENT PROGRAM REQUIREMENTS:

1. Formal declaration of an organization-wide loss prevention and loss control policy (enclose a signed and dated copy).
  - a. Policy reflects the philosophy of top management.
  - b. Safety and health of all employees are top priorities.
2. Formal creation of a Safety Committee or Safety Coordinator (enclose signed and dated documentation).
  - a. Safety Committee or Safety Coordinator has clearly defined tasks and objectives.
  - b. Discuss/recommend safety policies and objectives.
  - c. Identify unsafe conditions and practices.
  - d. Investigate all accidents.
  - e. Conduct Safety Committee meetings and promote safety awareness.
  - f. Establish and update safety rules.
3. Clearly defined and conspicuously posted safety/loss prevention rules (enclose a signed and dated copy).
  - a. Hazards are identified and accident prevention rules are clearly communicated.
  - b. All employees are made aware of the safety rules.
  - c. Safety rules are applicable and updated as needed.
4. All employees undergo safety awareness and loss prevention training (enclose signed and dated verification of employee safety training).
  - a. The supervisor has provided and documented individual job/task safety training.
  - b. Ongoing safety meetings are held for all employees, and attendance (employee sign-off) is recorded.
5. Written designation of medical providers (enclose a signed and dated copy).
  - a. Providers are knowledgeable about fee schedules and agree to honor designated provider agreements.
  - b. Providers communicate with the employer on issues such as case management and modified duty.
  - c. Employer will keep in contact with the injured worker and will inform employees about matters concerning the designated medical provider.
6. Written policies and procedures on claims management (enclose a signed and dated copy).
  - a. Employer has investigated all incidents for third-party potential (enclose a completed investigation).
  - b. Employer ensures that the insurance carrier is contacted in a timely manner and confirms that the employee was working at the time of the accident.
  - c. Employer coordinates with the insurance carrier (at least annually) on issues such as loss runs review, outstanding reserves and employee classification.
  - d. Employer, when practicable, institutes a modified duty program in conformance with the attending physician's restrictions (enclose modified duty documentation).

7. Use the chart below to provide a summary for EACH of the last three full policy periods and the current policy year date of your organization's injuries, costs and total employee hours worked. This information **MUST** be provided by POLICY period. Information should be taken from insurance carrier's loss reports and payroll records. See page 34 for instructions on completing the summary chart.

8. A currently valued copy (valued no more than 30 days prior to the date of application) of your insurance carrier's detailed, gross loss reports for the last three full policy years and the current policy year date **MUST** be included with this request for certification. See page 34 for instructions on completing the loss reports information.

Note: An on-site evaluation of the employer's Cost Containment Program may be conducted.

Policy period effective date	Policy period expiration date	Number of injuries during policy period	Total costs incurred on all claims during policy period	Total employee hours worked during policy period

By signing this request, the contact person affirms that the above requirements have been met and acknowledges that the Premium Cost Containment Program may contact the applicant employer's workers' compensation insurance carrier to obtain information relative to this request

Signature of contact person: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name of contact person: \_\_\_\_\_ Email address: \_\_\_\_\_

Contact person's phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

PLEASE RETURN THE COMPLETED FORM CONTAINING THE ORIGINAL SIGNATURE OF THE CONTACT PERSON.  
ATTACH ALL REQUIRED DOCUMENTATION.

Premium Cost Containment Program Board  
Division of Workers' Compensation  
633 17th St., Suite 400  
Denver, CO 80202  
303.318.8644

Note: Submit copies of your documentation when applying for Cost Containment Certification. Keep your original documentation on file.

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*

