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NEW YORK STATE OF OPPORTUNITY. Department of Labor

Workplace Safety and Loss Prevention Program
Harriman State Office Campus, Building 12, Room 167
Albany, NY 12226
(518) 485-9766

Mandatory Workplace Safety and Loss Prevention Program
Industrial Code Rule 59
Consultant Report

This report deals with the program's required elements. It assesses the employer's compliance. It also makes recommendations for implementing the program.

Consultation date:

Report date:

Section A: Employer Information

Company Name			Contact Person	
Company Address			Title	E-mail address
City			Phone Number	
State	Zip Code	NAICS	Number of employees	FEIN

Section B: Workers' Compensation Insurance Information
Which insurer provides Workers' Compensation insurance to this employer?

Insurer		Contact person
Address		Title
City		Phone number
State	Zip code	E-mail address
Experience rating (current policy year)		Board file number (NYCIRB combinable group number)

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Section C: Company Location(s) Information

Give the physical address for all locations covered by the Workers' Compensation policy listed in Section B. Use *Appendix A* (SH 933) to list more locations.

Company Location #1	Management Contact Name	Management Contact Phone	No. of Employees	Union ☐	Safety Committee ☐
Company Location #2	Management Contact Name	Management Contact Phone	No. of Employees	Union ☐	Safety Committee ☐
Company Location #3	Management Contact Name	Management Contact Phone	No. of Employees	Union ☐	Safety Committee ☐
Company Location #4	Management Contact Name	Management Contact Phone	No. of Employees	Union ☐	Safety Committee ☐
Company Location #5	Management Contact Name	Management Contact Phone	No. of Employees	Union ☐	Safety Committee ☐

Section D: Synopsis of Employer

Describe the employer's primary business activity at the locations where the program has been implemented.

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Section E: Review of Company's Loss History

Provide a review of the employer's loss history for the last four years. You must include an analysis of the nature and type of claims that occurred. You may include any charts or graphs as attachments to this report.

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Section F: Review of Employer Safety Program

A Safety Program tries to thwart occupational illnesses and injuries. It does this by identifying, preventing, evaluating, and controlling workplace hazards. A Safety Program must be documented in writing. The employer must supply it to all employees in languages and methods they understand clearly. They must give the plan to the recognized employee organization(s) and to all employees if asked.

Program Element #1

Policies, procedures, and practices that protect employees from occupational safety and workplace health hazards.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #1? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Program Element #2

Communicating the goals of the workplace safety and loss prevention program and action to be taken to achieve these goals.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #2? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Program Element #3

Have top management visibly lead in enacting the program. Ensure that all workers at the site receive safety protection of the same high quality.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #3? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Program Element #4

Allow and encourage employees to be involved in the creation and operation of the workplace safety and prevention program. This develops their commitment to achieving its goals and objectives. Use recognized employee organization(s), if any, to create this involvement.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #4? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Program Element #5

(i) Assign responsibilities for all aspects of the workplace safety and loss prevention program to managers, supervisors, and employees. Make sure all know their responsibilities; all must know and understand what is expected of them in implementing the program.

(ii) Set up a system that holds managers and supervisors accountable for their responsibilities under the program.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #5? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Program Element #6

Managers, supervisors, and employees must be trained to:

(i) Recognize potential hazards
(ii) Maintain safety protection in the work area and
(iii) Reinforce employee safe work practices and the use of required protective measures

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #6? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Program Element #7

Set up a reliable procedure that lets employees notify management of conditions that appear hazardous or do not comply with the policies of the workplace safety and loss prevention program. There must be no fear of reprisal. There must be a system that ensures timely and appropriate responses.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #7? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Program Element #8

Set up a system to investigate accidents that identifies the root cause(s) and a means to prevent the accident from recurring.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #8? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Program Element #9

Create a system to review injuries and illness trends over time. Use it to identify and eliminate common causes.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #9? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Program Element #10

Create a system to conduct ongoing, periodic in-house safety inspections. Look for new or previously missed hazards or failures in controls. Schedule these inspections often enough to be effective.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #10? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Program Element #11

Address emergency situations. Create written plans and procedures to ensure employee safety during such emergencies.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #11? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Program Element #12

Create procedures for sharing and enforcing safe work practices in the workplace. Use training, positive reinforcement, and correction of unsafe performance.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #12? ☐ Yes ☐ No

Your input is important to the evaluation process. Please list detailed recommendations:

Recommendation 1.

Recommendation 2.

Recommendation 3.

Overall assessment of the employer's compliance with this program element:

Section G: Additional Elements

Include any other program elements the employer uses that are not reported above. Give a brief assessment of the program element(s). List your recommendations for the program element.

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Section H: Additional Evaluation Services

Did you provide other services, training or materials to this employer? ☐ Yes ☐ No

Date of Services:

Briefly outline the additional evaluation services you supplied to this employer.

Section I: Opening and Closing

The Consultant must conduct an opening conference with the employer and employee representatives. This includes the recognized representative of each collective bargaining unit, where this applies. You will discuss:

(i) How you will conduct the consultation(s)
(ii) What records and information you need to perform the consultation
(iii) The involvement of employees or employee representatives in the consultation
(iv) Sampling that might be required as part of the consultation, as well as the sampling protocols you will use.

The Consultant must hold a closing conference with the employer and employee representatives. This includes the recognized representative of each collective bargaining unit, where this applies. You will discuss the findings and recommendations for implementation of the workplace safety and loss prevention program.

Date of Opening Conference:

Number of people in attendance:
Who attended the Opening Conference? Describe their responsibilities in monitoring the Program.

Date of Closing Conference:

Number of people in attendance:
Who attended the Closing Conference? Describe their responsibilities in monitoring the Program.

Section J: Review of Company Records

What records did you review to determine the status of the employer's workplace safety and loss prevention program?

Section K: Site Visits

List the locations you visited in person. Explain how you determined how many and which locations to visit.

List all workplace safety and loss prevention issues or deficiencies you identified on your site visit(s). List the recommendations you made to correct them.

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Describe all monitoring performed on your site visit(s).

(i) Include the methodology used
(ii) Identify the laboratory that processed the sample
(iii) List the monitoring results

Section L: Timeline of Compliance

Please plot the dates for the following compliance timeline for the employer:

(i) Date of Receipt of Notice from NYCIRB:
(ii) Date Consultation was Scheduled (30 Days to Arrange):
(iii) Date of Notification to NYS DOL (10 Days to DOL):
(iv) Date Received Consultation Report From Consultant (Within 75 Days Report & Consultation):
(v) Date Sent to NYS DOL (Within 30 Days Report to DOL):
(vi) Date of Compliance (Within 6 Months):
(vii) Date of Re-Inspection by Carrier (Within 60 Days Re-Inspection By Carrier):
(viii) Date of Inspection Notice to NYS DOL (Within 45 days of Re-Inspection):

Section M: Consultant Information

<table>
<tr><td colspan="2">Name</td><td>Certification Number</td><td>Expiration date</td></tr>
<tr><td colspan="2">Company:</td><td colspan="2">Phone number:</td></tr>
<tr><td colspan="2">Address:</td><td colspan="2">Total number of hours for evaluation (on site):</td></tr>
<tr><td colspan="2">City:</td><td colspan="2">Total number of hours for report writing:</td></tr>
<tr><td>State:</td><td>Zip code:</td><td colspan="2">Total number of hours for travel:</td></tr>
</table>

I certify that the information contained in this report is accurate and true. The consultation conducted as indicated in this report meets the requirements of the Workplace Safety and Loss Prevention Program as required by ICR 59.

_____ _____

Consultant's signature Date

☐ I fully understand the responsibilities associated with providing my signature as a Certified Consultant.

Send this report to the employer.

The employer must submit this report to their insurance carrier and the New York State Department of Labor along with a letter describing the:

(i) Means by which any remedial action is to be accomplished
(ii) Expected starting and completion dates for any remedial action
(iii) Names of the individual(s) and/or organization that will be providing any remediation service

Reports must be filed with the insurance carrier at the address on the initial notification letter, and with the New York State Department of Labor using the following address:

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

You also can e-mail all questions, correspondence and/or this report to WSLPIP@labor.ny.gov