

Peer Review

Safety Program

Application Packet

HS96-088E (08-10)

Peer Review Safety Program

The Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) Peer Review Safety Program recognizes Texas employers with comprehensive safety programs. Safety programs accepted through the Peer Review Safety Program can serve as models or standards of comparison for employers developing or reviewing their own workplace safety programs. This packet provides an overview of the program, information about employer eligibility, a description of the acceptance process, and an application.

Eligibility

Texas employers with workers' compensation insurance may apply for recognition through the Peer Review Safety Program. Texas employers without workers' compensation insurance may apply if they have five (5) or more employees.

Nominations

Nominations may be made by:

- an eligible business for itself;
- workers' compensation insurance carriers;
- industry trade associations, labor organizations, or similar entities; or
- TDI/DWC staff.

Acceptance Process

All employers must submit an application in order to be accepted into the Peer Review Safety Program. The application contains information about the employer's entire safety program. There is no charge for review of the application, or for acceptance into the Peer Review Safety Program. TDI-DWC determines eligibility for Peer Review participation. After a review of the application, a visit will be made to the company by a representative of the TDI-DWC to validate the information contained in the application. If accepted, the recognition will be valid for two (2) years from the date of acceptance and may be renewed by the submission of updated injury data.

Denial Criteria

There are certain employer circumstances outlined by the TDI-DWC that will result in the denial of an application.

1. A fatality within the last twelve months.
2. Exceeding the injury rate for their North American Industry Classification System (NAICS) code (using most current BLS data) or having the last three reportable years indicating an increasing trend (using current BLS data year and two previous years).

3. Being a Rejected Risk employer who has failed the inspection. Employers awaiting inspection or released from the program will require investigation to determine circumstances (applies only to certain policyholders of Texas Mutual Insurance Company).
4. Other negative events leading to the injury or death of a customer, vendor, contractor or the general public.

Obligations of a Peer Review Employer

If requested, a Peer Review employer must agree, in writing, to provide one or more of the following services to peer organizations as needed:

1. provide model program for review;
2. provide presentations to appropriate industry associations;
3. provide safety related assistance to organizations;
4. serve on a TDI-DWC advisory board for safety/health issues; and/or
5. serve as a panel member for safety/health issues.

Submissions

To apply, submit the following application along with supporting documentation by mail to:

Texas Department of Insurance, Division of Workers' Compensation
Peer Review Program, MS-24
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1645
or by fax to (512) 804-4611
For more information, call (512) 804-4610.

1. Company Name:

Company Physical/Address:

Company Mailing Address:

C.E.O./Highest Ranking Official:

Telephone Number:

FEIN (Federal Employer Identification Number)

Point of Contact for this application:

2. Corporation Name:

(if different than company name)

Address:

Telephone Number:

3. Collective Bargaining Agent(s):

Address(es):

Telephone Number(s):

4. Number of Employees:

5. Number of Contract Workers:

(if used routinely)

6. Type of Work Performed and/or Products Produced:

7. North American Industry Classification System (NAICS) code(s):

8. Incidence Rate*:

(Provide yearly rates for the 3 most recent calendar years for which Bureau of Labor Statistics (BLS) reports are available, plus the average of all 3 years combined. Include national rates for those 3 years.) For instance, in 2010 the most recent complete year of BLS statistics is 2008.

* The Incidence rate is calculated: $N \times 200,000 / EH$ where:

N is the total number of recordable injuries in one year from columns G, H, I, and J on the OSHA 300 log and EH is the total hours worked by all of your employees in a given year.

(200,000 is a control number and it represents 100 employees working 50 forty-hour work weeks per year.)

9. Days Away, Restricted Duty, or Job Transferred (DART) Rate:**

(Provide yearly rates for the 3 most recent calendar years completed by the BLS plus the average for all three years combined. Include national average rates for your industry for those years.)

** The DART Rate is calculated with the same formula as the incidence rate but:

N is the total of columns H and I on the OSHA 300 log.

10. Fatality Data: (Provide number of fatalities for last 3 complete calendar years by year.)

11. Provide OSHA 300 logs for the period covered in items 8 through 10 and for the previous and current years up to the date of this application. Please remove all employee names from the logs.

12. Provide a copy of your policy for returning injured employees to work.

II. Management Commitment and Planning

- 1. Commitment.** Attach a copy of your company's established occupational safety and health policy.
- 2. Organization.** Describe how the company safety and health function fits into your overall management organization.
- 3. Responsibility.** Describe how your company assigns line and staff safety and health responsibility.
- 4. Accountability.** Describe the accountability system you use for line managers and supervisors. Explain how the system is documented.
- 5. Resources.** Describe personnel and other resources devoted to the safety and health program.
- 6. Planning.** Indicate how safety and health practices are integrated into comprehensive management planning.

7. Contract Workers. Describe the method(s) you use to assure safe and healthful working conditions for all employees even where more than one employer has employees at the same site. This includes general industry sites if contract employees intermingle with regular employees.

III. Worksite Analysis

1. **Pre-Use Analysis.** Explain how new equipment, materials and processes are analyzed for potential hazards prior to use.
2. **Comprehensive Surveys.** Indicate how you spot potential safety and health hazards at the site. Examples are industrial hygiene surveys, comprehensive safety reviews and/or project safety reviews at the time of design.
3. **Self-inspections.** Describe your worksite safety and health inspection procedures.
4. **Job Hazard Analysis.** Relate how you review jobs, processes, and/or interaction of activities to determine safe work procedures.
5. **Employee Notification of Hazards.** Describe how employees notify management of potential health or safety hazards.
6. **Accident Investigations.** Explain your company's accident investigation procedures.
7. **Medical Program.** Describe both your onsite and offsite medical service or physician availability.

IV. Hazard Prevention and Control

1. **Professional Expertise.** Provide details concerning your use of the services of certified professionals. What industrial hygiene services and broad-based safety expertise are available to you?
2. **Safety and Health Rules.** List your company's rules, and describe the disciplinary system you use for enforcing them.
3. **Personal Protective Equipment.** Describe your company's personal protective equipment requirements.
4. **Emergency Preparedness.** Describe your company's emergency planning and preparedness program.
5. **Prevention Maintenance.** Provide a summary and description of your procedures for preventive maintenance of your equipment.

V. Safety and Health Training

Describe formal and informal safety and health training programs for your employees.

VI. Employee Involvement

1. List the ways employees are involved in your safety and health program. Provide specific information about decision processes that employees impact, such as hazard assessment, work analysis, safety and health training or evaluation of the safety and health program.
2. If you have a safety and health committee, complete the following information where applicable:
 - (a) Method of selecting each committee member
 - (b) Description of committee meeting requirements
 - (c) Description of committee role
 - (d) List safety and health information accessible to and used by committee.

VII. Program Evaluation

Provide a summary of last year's comprehensive review and self-evaluation of your entire safety and health program.

VIII. Statement of Commitment

The attached *Statement of Commitment* must be signed and returned with the application.

Statement of Commitment

We are committed to doing our best to provide outstanding health and safety protection to our employees. We are also committed to making the Texas workplace a healthier and safer environment. We agree to provide one or more of the following services to peer organizations within our same North American Industrial Classification System (NAICS) code, if requested by Texas Department of Insurance, Division of Workers' Compensation.

1. Provide model program for review.
2. Provide presentations to appropriate industry associations.
3. Provide safety related assistance to peers.
4. Serve on a TDI-DWC advisory board for safety/health issues.
5. Serve as a panel member for safety/health issues.

Company Name

Signature of Company Representative

Date Signed

FOR OFFICE USE ONLY

(Date Range)
Term of Commitment