



Member's Name: _____

Please place a check in all boxes that apply to your organization:

Verification Questions	TIER I	TIER II	TIER III
All departments are in compliance with the ME Dept. of Labor Bureau of Labor Standards: Safety Policies are in place Training is current for all staff Facility and equipment inspections have been completed			
Key personnel assigned safety responsibilities			
A process to communicate safety concerns to all employees is in place			
Leadership is aware of and reviews first report of injury, incidents and accidents			
A slip trip and fall safety policy is in place			
A lifting and back safety policy is in place			
An office ergonomics safety policy is in place			
A comprehensive PPE Program in place or Job Safety Analysis are completed			
Agrees to respond to MMA corrective action recommendations within 90 days			
A safety committee holds meetings at least quarterly and minutes are documented			
Annual administrative review of safety policies is documented			
Leadership attends/participates in Safety Committee meetings or Management reviews and signs off on Safety Committee minutes			
Preferred providers are used			
A written accident/incident review policy is in place			
A wellness program or similar alternative is offered to employees			
A return-to-work policy (light-duty) for all departments is in place			

E-Signature: _____

Title: _____

Date: _____

RETURN TO: WCSIP@memun.org or fax to (207)624-0127