



Ohio Bureau of Workers' Compensation - Division of Safety & Hygiene
SAFETY COUNCIL CAMPAIGN



NEW MEMBER ENROLLMENT FORM

Membership is FREE

1. Member Information

Enrollment Date _____

Company Name _____

Address (Street) _____

Address (City, State, Zip) _____

County _____

BWC Policy Number (if any) _____

Your Company's Service or Product _____

Average Number of Employees _____

Business Category Code (see reverse): _____

Contact Name _____

Title _____

Phone Number: _____

Fax number (Meeting Notices are sent by Fax & E-Mail) _____

E-mail address (for meeting reminders & updates) _____

Signature _____

2. Demographics

A. Gender Male Female

B. Does your company have a safety committee that meets regularly? Yes No

C. Does your company have a dedicated safety director? Yes No

D. Generally speaking, in the past 12 months, how many **job applicants** tested positive on a pre-employment drug screen:

- | | | |
|---------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0-10% | <input type="checkbox"/> 31-50% | <input type="checkbox"/> 71-80% |
| <input type="checkbox"/> 11-20% | <input type="checkbox"/> 51-60% | <input type="checkbox"/> 81-90% |
| <input type="checkbox"/> 21-30% | <input type="checkbox"/> 61-70% | <input type="checkbox"/> 91-100% |

E. Does your company do any of the following?

- Pre-employment drug & alcohol screening
- Random Selection drug & alcohol screening
- Post accident drug & alcohol screening
- Periodic drug & alcohol screening
- Pre-employment medical exams

For Internal Use Only:
<input type="checkbox"/> Excel Roster
<input type="checkbox"/> SBA Entry
<input type="checkbox"/> SBA Committee Entry
<input type="checkbox"/> SBA Custom Entry/Policy #
<input type="checkbox"/> SBA Demographics Entry
<input type="checkbox"/> E-Fax Entry
<input type="checkbox"/> Fax to BWC

Membership

In Order to Maintain Safety Council Membership Only-- Your Company Must:

Attend at least one (1) meeting during a 24-month period.

In Order to Qualify for the Ohio Bureau of Workers' Compensation Safety Council Premium

Rebate Program: Your company must meet all the deadlines & requirements of the Ohio BWC.

Email this completed form to Kim@regionalchamber.com

Safety Council Account Number (completed by the safety council)

____ / ____ / **44** / ____

*Directed
locally by the*



BUSINESS CATEGORY CODES (revised 3/21/12)

Type of Facility or Work Site	Average No of EMPLOYEES	Code
Construction Farming Manufacturing Warehouses Trucking	1- 25	10
	26 – 50	11
	51 – 100	12
	101 – 200	13
	201 – 500	14
	501 – or More	15
OFFICE ONLY Insurance Companies Financial Institutions Other service industries that are exclusively office environments.	1-100	20
	101-500	23
	501 – or More	24
Nursing Homes Hospitals Clinics Other Medical Facility	1-25	30
	26-50	31
	51-100	32
	101 –500	33
	501 – or More	34
Retail Stores Food Service Grocery Stores Public Agencies Restaurants	1-25	40
	26 – 50	41
	51-100	42
	101-500	43
	501 – or More	44