

Member's Name: \_\_\_\_\_

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

Verification Questions	TIER I	TIER II	TIER III
Resolve adopted and submitted to MMA			
Meets MDOL compliance directives for all departments			
Agrees to <b>respond</b> MMA corrective action recommendations within 30 days			
A Personal Protective Equipment safety plan is implemented for all required department			
Safety policies are reviewed and documented annually			
Key personnel assigned safety responsibilities			
A process to communicate safety concerns to all employees is in place			
Leadership is aware of and reviews 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 safety committee holds meetings at least quarterly and minutes are documented			
Incident reviews (i.e. accidents, near misses) are conducted to find root cause(s) of reported occurrences			
Facility self-inspection are completed annually and documented			
Preferred providers are used			
Employee training is documented			
A written 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			
Leadership attends/participates in Safety Committee meetings, trainings and other safety events			

E-Signature: \_\_\_\_\_

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

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

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