



**Texas Department
of Insurance**

Peer Review Safety Program Recognition Application Packet

Provided by

Division of Workers'
Compensation

HS96-088D (1-06)

Peer Review Safety Program Recognition

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

Eligibility

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

Nominations

Nominations may be made by:

1. An eligible business for itself.
2. Workers' Compensation Insurance Carriers.
3. Industry trade associations, labor organizations, or similar entities.
4. Division Staff.

Approval Process

All employers must submit the application for approval to the Texas Department of Insurance/Division of Workers' Compensation (TDI/DWC). The application contains information about the employer's entire safety program. There is no charge for review of the application, or for approval under the Peer Review Safety Program Recognition. Texas Department of Insurance/Division of Workers' Compensation 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 Division to validate the information contained in the application. If approved, the recognition will be valid for two (2) years from date of approval and may be renewed by the submission of updated injury data.

Disapproval Criteria

To help the employer determine whether or not their company is eligible, the following is provided as a guide for applications disapproved:

1. A fatality within the last twelve months. An investigation will attempt to determine the circumstances surrounding the death. It is not sufficient that a fatality be compensable—an employer's safety program must have been deficient, thereby resulting in the death of an employee.
2. Exceeding the expected injury rate for their SIC code.
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.

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.
5. Serve as a panel member for safety/health issues.

Submissions

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

Texas Department of Insurance/Division of Workers' Compensation (TDI/DWC)
Workplace & Medical Services
Peer Review Program - MS24
7551 Metro Center Drive
Suite 100, MS 24
Austin, Texas 78744-1609

For more information, call (512) 804-4610 or fax (512) 804-4611

Peer Review Safety Recognition Program APPLICATION

**ALL ITEMS DO NOT REQUIRE A POSITIVE ANSWER.
INNOVATIVE APPROACHES ARE DESIRED.**

Your application may be in any format convenient for you. It should address each item listed below. Use of the numbering system below helps speed review of your application. Where existing policies, guidelines, forms, etc., describe your programs, you are encouraged to enclose them rather than writing new material for this application.

I. General Information

1. Company Name:

Company Address:

C.E.O.:

Phone Number:

FEIN # _____

(Federal Employer ID Number)

2. Corporation Name:

(if different than company name)

Address:

Phone Number:

3. Collective Bargaining Agent(s):

Address(es):

Phone Number(s):

4. Number of Employees:

5. Number of Contract Workers:

(if used routinely)

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

7. Industry Primary NAICS code(s):

8. Injury Incidence Rate*:

(Provide yearly rates for last 3 complete calendar years, plus average of all 3 years combined. Include national rates for last 3 years.)

* 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 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 last 3 calendar years, plus average of all 3 years combined.
Include national rates for your industry for those years.)
(Provide yearly rates for last three calendar years completed 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.)
11. **Injury Logs:** Provide copies of injury logs for period covered in items 8 thru 10 and for the current year up to date of this application.

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.** Please 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

Safety and Health Training.

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

VI. Employee Involvement

1. **Employee Involvement.** 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

Safety and Health Program Self-Evaluation. Provide a summary of last year's comprehensive review and evaluation of your entire safety and health program.

VIII. Statement of Commitment

The following 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 (NAIC) 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 as a panel member for safety/health issues.

Company Name

Signature of Company Representative
