

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			
All departments meet MDOL compliance directive requirements			
Agrees to respond MMA corrective action recommendations within 30 days			
A Personal Protective Equipment safety plan is implemented for all required department			
Annual administrative review of safety policies is documented			
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 appropriate root cause(s) of reported occurrences. Corrective recommendations are implemented			
Facility and equipment self-inspections 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 or fax to (207)624-0127