



Sponsor association (please print)		Policy number
Sponsor contact		
Address		
Telephone ()	Fax ()	
E-mail address		
Third-party administrator (TPA)		

I hereby attest that the information on this form is true to the best of my knowledge.

Signature	Date
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As outlined in the group-experience and group-retrospective safety program requirements (Rule 4123-17-68), briefly summarize your activities related to the safety program requirements as listed below.

1. Report the number of members in your group.
2. Outline the eight hours of safety training provided to your group members. Attach agendas and examples of promotional material.
3. Specify how the eight hours of training is industry specific.
4. Report the number of group members in attendance at safety training.
5. What is the most common injury type among your group members?
6. What strategies have been implemented to increase awareness, education and prevention of these injuries?
7. Report the number of group members required to complete the online accident-analysis form and associated online training or two hours of safety training due to experiencing a claim in the green period.
8. Report the number of group members who successfully completed the online accident-analysis form and associated online training or two hours of safety training due to experiencing a claim in the green period.
9. If compliance was not fully met, outline steps intended in next rating year to increase fulfillment of this requirement.
10. How have you promoted safety resources to group members?
11. Outline ways in which the Group-Rating Safety Accountability letter was published and/or distributed to group members.