

OHIO SAFETY COUNCIL
NEW ENROLLMENT FORM

In an effort to reduce the number of workplace accidents and to share resources and information on accident prevention, risk management and workers' compensation in Ohio, the BWC's Division of Safety & Hygiene and the Miami County Safety Council co-sponsor this program.

In signing this enrollment form, the employer makes a commitment to send representatives to the majority of safety council meetings and to submit semi-annual reports by the deadline dates.

Complete and Fax to 937-773-8553

Company Name _____

Address _____

Phone Number _____

Fax Number _____

Average Number of Employees _____

Type of Work _____

BWC Policy Number _____

Enrollment Year _____

Name _____

Signature _____

Title _____

Email Address _____

To Be Completed By the Safety Council
Safety Council Account Number
(Must be completed before forwarding to DSH)

_____ / _____ / _____ / _____