



## Workplace Safety and Loss Prevention Incentive Program Appendix A

Use this form if you need more space when filling out the Application for Approval, Evaluation Report, Annual Report, or Renewal Application forms.

Incentive Certificate Number: \_\_\_\_\_ Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

### Section A: Employer Information

|                 |                |          |
|-----------------|----------------|----------|
| Company Name    | Contact Person |          |
| Company Address | Title          |          |
| City            | State          | Zip Code |
| Phone Number    | FEIN           |          |

### Section B: Additional Company Location(s) Information

Use this section to report additional company locations for an Application for Approval, Evaluation Report, Annual Report, or Renewal Application.

| Company Location #   | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
|----------------------|-------------------------|--------------------------|------------------|-------------------------|
| Company Location #6  |                         |                          |                  |                         |
| Company Location #7  |                         |                          |                  |                         |
| Company Location #8  |                         |                          |                  |                         |
| Company Location #9  |                         |                          |                  |                         |
| Company Location #10 |                         |                          |                  |                         |
| Company Location #11 |                         |                          |                  |                         |
| Company Location #12 |                         |                          |                  |                         |
| Company Location #13 |                         |                          |                  |                         |

|                      |                         |                          |                  |                         |
|----------------------|-------------------------|--------------------------|------------------|-------------------------|
| Company Location #14 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #15 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #16 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #17 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #18 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #19 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #20 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #21 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #22 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #23 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #24 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #25 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #26 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #27 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #28 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #29 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |
| Company Location #30 | Management Contact Name | Management Contact Phone | No. of Employees | Employee Representative |

**Section C: Additional Employee Representative(s) Information**

Use this section to report additional Employee Representatives with an Application for Approval, Evaluation Report, Annual Report, or Renewal Application.

|                               |                                 |
|-------------------------------|---------------------------------|
| Employee Representative (#4)  | Bargaining Unit (if applicable) |
| Work Location                 | Phone Number                    |
| Employee Representative (#5)  | Bargaining Unit (if applicable) |
| Work Location                 | Phone Number                    |
| Employee Representative (#6)  | Bargaining Unit (if applicable) |
| Work Location                 | Phone Number                    |
| Employee Representative (#7)  | Bargaining Unit (if applicable) |
| Work Location                 | Phone Number                    |
| Employee Representative (#8)  | Bargaining Unit (if applicable) |
| Work Location                 | Phone Number                    |
| Employee Representative (#9)  | Bargaining Unit (if applicable) |
| Work Location                 | Phone Number                    |
| Employee Representative (#10) | Bargaining Unit (if applicable) |
| Work Location                 | Phone Number                    |
| Employee Representative (#11) | Bargaining Unit (if applicable) |
| Work Location                 | Phone Number                    |
| Employee Representative (#12) | Bargaining Unit (if applicable) |
| Work Location                 | Phone Number                    |

## Section D: Additional Employer Claim Information

Use this section to report injuries for an Annual Report.

- Report any claims that have been filed within the last year and any open claims from any previous year with the corresponding injury classification, NAICS and injury severity.
- Injury classifications are: Caught by, struck by, slip or trip, lung related disease, back injury, and electrical shock.
- Severity of injury types are: Death, Permanent total disability, Permanent partial disability, Temporary total disability and Medical only.

|                     |               |                    |
|---------------------|---------------|--------------------|
| Reported Injury #6  | Primary NAICS | Severity of Injury |
| Reported Injury #7  | Primary NAICS | Severity of Injury |
| Reported Injury #8  | Primary NAICS | Severity of Injury |
| Reported Injury #9  | Primary NAICS | Severity of Injury |
| Reported Injury #10 | Primary NAICS | Severity of Injury |
| Reported Injury #11 | Primary NAICS | Severity of Injury |
| Reported Injury #12 | Primary NAICS | Severity of Injury |
| Reported Injury #13 | Primary NAICS | Severity of Injury |
| Reported Injury #14 | Primary NAICS | Severity of Injury |
| Reported Injury #15 | Primary NAICS | Severity of Injury |
| Reported Injury #16 | Primary NAICS | Severity of Injury |
| Reported Injury #17 | Primary NAICS | Severity of Injury |
| Reported Injury #18 | Primary NAICS | Severity of Injury |
| Reported Injury #19 | Primary NAICS | Severity of Injury |
| Reported Injury #20 | Primary NAICS | Severity of Injury |
| Reported Injury #21 | Primary NAICS | Severity of Injury |
| Reported Injury #22 | Primary NAICS | Severity of Injury |
| Reported Injury #23 | Primary NAICS | Severity of Injury |
| Reported Injury #24 | Primary NAICS | Severity of Injury |
| Reported Injury #25 | Primary NAICS | Severity of Injury |