

WE ARE YOUR DOL



Workplace Safety and Loss Prevention Program
Harriman State Office Campus, Building 12, Room 167
Albany, NY 12226
(518) 485-9766

Workplace Safety & Loss Prevention Incentive Program Employer Request for DOL Evaluation

To qualify for an incentive credit under the Workplace Safety & Loss Prevention Incentive Program (WSLPIP), you must implement a:

- Safety Program,
- Drug and Alcohol Prevention Program and/or
- Return to Work Program.

Your program must comply with ICR 60 requirements. To develop and implement such a program, you may use:

- your own resources,
- a Specialist certified by the Department of Labor (DOL), or
- DOL staff.

The program(s) you create must be evaluated before you may apply for the incentive credit. A certified Specialist or DOL staff must do the evaluation. You will need to send their evaluation report to DOL as part of your application for the incentive.

Use this form to request that the DOL:

- Help you to develop and implement a program and/or
- Evaluate your current program.

Section A: WSLPIP Selected

Check the program(s) that you have implemented or will implement.

- Safety Program – Section 1.13
- Drug and Alcohol Prevention Program – Section 1.14
- Return to Work Program – Section 1.15

Section B: Services Requested

Check one of the following.

- My company has implemented the program(s) selected above. We request that DOL staff evaluate the program(s).
- My company asks that DOL staff help develop and implement the program(s) selected above. We also request that DOL staff evaluate our program(s) once they are implemented.

Section C: Employer Information

We use the contact information you provide to schedule services.

Company name		Contact person		
Company address		Title	E-mail address	
City		Phone number		
State	Zip code	NAICS	Number of employees	FEIN

Section D: Workers' Compensation Insurance Information

Supply the information for the policy affected by the incentive credit.

Insurer		Contact person	
Address		Title	
City		Phone number	
State	Zip code	E-mail address	
Annual policy renewal date		Policy number	
Experience rating (current policy year)	Experience rating (previous policy year)	<input type="checkbox"/> Check box if self-insured	
Annual insurance premium		Annual security deposit (if self-insured)	

Section E: Required Documents

Check the following boxes to indicate that the below information is attached to this request form. This information is required. You may attach it in whatever format is convenient for you.

- A list of all locations covered by the Workers' Compensation insurance policy listed in Section D.
- The number of employees at each location.
- A contact for each location that DOL staff can use in performing the service(s) you are requesting.
- A copy of your WSLPIP program documents, if you have already implemented a program.

Submit this completed form to:

New York State Department of Labor
Workplace Safety and Loss Prevention Program
Harriman State Office Campus, Building 12, Room 167
Albany, NY 12240

Contact DOL for an evaluation no later than 180 days before your annual policy renewal date. This ensures all services occur in a timely manner. Allow two weeks for receipt, processing and response to this form.

Once your program is in place and the evaluation is complete, submit your application for the credit to DOL. Submit this no later than 120 days before your annual policy renewal date.