DEPARTMENT OF EMPLOYMENT SERVICES
LABOR STANDARDS BUREAU
OFFICE OF WORKERS' COMPENSATION

SAFE WORKPLACE PROGRAM

Employer's Request For Safe Workplace Certification

SUBMISSION TYPE:	INITIAL		RENEWAL	

IDENTIFYING INFORMATION

EMPLOYER NAME:		TAX ID:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		
PHONE:	E-MAIL ADDRESS:	
INSURANCE CARRIER:		NCCI/NAIC #:
POLICY NUMBER:	EFFECTIVE DATE OF POLICY:	IMPLEMENTATION DATE OF SAFE WORKPLACE PROGRAM:

CERTIFICATION CHECKLIST FOR SAFE WORKPLACE PROGRAM

☐	A safety committee made up of equal numbers of management representatives and employee representatives who are elected by their peers and who serve in a paid status.	☐	A notarized certification signed by a corporate officer stating that the company has complied with the safe workplace program statutory requirements.
☐	A formal written safety policy developed by the safety committee.	☐	Regular safety committee meetings with written records.
☐	A system for making recommendations to the employer on ways to eliminate workplace hazards and unsafe work practices.	☐	Appropriate training in hazard assessment and control, effective accident and incident identification, and the role of the Federal and Local Occupational Safety and Health administrations.
☐	Annual workplace inspection.	☐	Collective Bargaining Agreement (If applicable, please attach agreement).

Training	Inspection	
☐	☐	The name, address, certification number and certifying organization of the certified safety specialist providing training and inspection must be submitted with the workplace safety program certification request.

NAME (Corporate Officer):

SIGNATURE:

DATE:

NOTARY

State of _____

County of _____

Sworn to, or affirmed, and subscribed before me this _____

Day of _____ **20**_____**,**

By: _____

_____ _____

(Signature of Notary) **(Expiration Date and Number)**

Return Form With Documentation To:
Department of Employment Services
Office of Workers' Compensation
4058 Minnesota Ave.
Washington, DC 20019
(202) 671-1000

Note - A copy of the application with supporting documentation must also be submitted to your insurance carrier.

SEAL

DOES DISTRICT OF COLUMBIA DEPARTMENT OF EMPLOYMENT SERVICES

WE ARE WASHINGTON DC GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR