Application for

Safety Intervention Grant Template

**Instructions**

All sections of the application must be completed. Please type or print clearly. Sections I - VII are required for a complete application.

BWC will review your application to approve or deny the grant. Therefore, the information you provide on this application must describe the significance of the problem and the effectiveness of the proposed solution. Incomplete application forms will be returned. Mail the complete application to the address below, include your vendor quote and other supporting documentation. Sections VI and VII requires signatures, employer’s legal name, and principal business location.

**Address**: Ohio Bureau of Workers’ Compensation

Safety Intervention Grant Program

13430 Yarmouth Drive

Pickerington, Ohio 43147-8310

**Contact us**

If you have questions about the application process, please contact BWC via:

**Phone**: 1-800-644-6292 **E-mail**: DSHSG@bwc.state.oh.us

**Section I:** Employer information

**Name of employer:**

**Doing business as (DBA) name:**

**Address:**

**City:**

**State:**

**ZIP code:**

**County:**

**Employer BWC policy number:**

**Federal tax ID number:**

**Employer contact name:**

**Title:**

**Telephone number:**

**Ext.:**

**E-mail address:**

**Section II:** Baseline

**Baseline Data** In order for BWC to objectively evaluate the effectiveness of the SIG program, we will need to gather several data elements. Accordingly, please complete the requested information below in an accurate fashion.

1. Establishing a **baseline reporting period** –Provide the dates that begin and end the two-year reporting period for the baseline data. The end date should be in the recent past, within one week prior to the date you intend to submit the application. The beginning date should be exactly two years prior to the end date. For example: if company X intends to submit their grant application on Dec. 12, 2013, the end date for the baseline reporting period will be around Dec. 5, 2013. The beginning date for the baseline reporting period will be Dec. 5, 2011.

Begin date of the baseline reporting period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End date of the baseline reporting period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Establishing a baseline number of employees** – Provide the number of employees that will be directly affected by the proposed inter­vention. Do not include employees that are not affected by the proposed intervention. For reporting purposes, these employees will be considered to be the “population.” Please note that the population may or may not include all employees at your facility. For example: Company X has a total of 60 full time employees and 20 part time employees. However in the area where the intervention will be imple­mented, Company X has 6 full time employees and three part time employees. Accordingly, the baseline number of employees “popula­tion” will be 9 employees.

Number of full-time employees (population) affected by the intervention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of part-time employees (population) affected by the intervention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of employees (population) affected by the intervention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Establishing a baseline number of hours worked** – Provide the total number of hours worked during the two-year baseline reporting period by the population. Include the hours worked only by those in the population, regardless of what task they were performing. Include overtime hours and exclude vacation, sick time and other leave. Generally it is expected that a full time employee will work around 4000 hours (50 weeks x 40 hours per week x 2 years = 4000 hours) in two years time. However, overtime could cause this figure to be higher. Generally, it is expected that a part-time em­ployee will work around 2000 hours (50 weeks x 20 hours per week x 2 years) in two years time, however, this figure could be higher or lower based on actual hours worked.

Number of hours worked by the full-time population of employees during the **two year baseline** reporting period:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours worked by the part-time population of employees during the **two year baseline** reporting period:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours worked by the total population during the **two year baseline** reporting period:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Establishing claim/s of injury experience during the baseline** – In the table below list the claim number for each claim of injury by any employee in the area of the intervention during the baseline two year reporting period. This list should only include the num­bers for claims that occurred to employees while performing tasks in the area of the intervention. Do not list claims that were filed by employees who were not working in the area of the intervention at the time of their injury. If a list of BWC claim numbers for your company is not readily available to you, you may use our Web site, www.bwc.ohio.gov, to obtain a list of claim numbers. If you use the Web site for the first time, you will need to create a user account. It takes less than five minutes to create a user account, which you will need in the future to provide follow-up data later should your grant application be approved. ***Important: Whether or not your company experienced any claims in the area of the intervention is not a requirement for benefiting from the SIG Program.***

|  |  |
| --- | --- |
| 1. |  |
| 2 |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Section III:** Description of the problem

*Overview*

1. Describe what your organization does. You may include your organization’s mission statement, if relevant.
2. Describe the job tasks and the area or operation within your organization in which your intervention will be implemented.
3. Provide photos and/or attach video. When including photos, please describe what each of the photos show.
4. Describe the current hazards as they relate to the tasks and job responsibilities in the area of the intervention.

*Exposure*

1. Check the risk factors that are associated with the affected job tasks (repetition, heavy lifting, overexertion, chemical exposure, burns, amputations)

Check all that apply

Chemical exposure, what chemicals?

Contusions

Cuts

Hand intensive work

Lifting

Noise

Pushing/pulling

Repetitive motion

Slips, trips, and falls

Vibration

Other:

*Loss Experience*

1. Describe the injuries/illnesses that occurred in the area in which the intervention will be implemented over the last 2 years.
2. Describe the severity of the injuries/illnesses in the area of the intervention in terms of total number of lost days due to injury over the last 2 years.
3. Provide estimates or costs for the monetary impact of injuries/illnesses.
4. Provide estimate of employee turnover rates in the area of the intervention.
5. List affected body parts of the injuries.

Lower back

Upper back

Shoulders

Knees

Hands

Neck

Eyes

Elbows

Foot

Legs

System-wide

Other:

Section IV: Proposed intervention

*Overview*

1. Please identify the item(s) below, if any, you may be applying for. If not skip to question number 2.

**Bathing systems:** typically used in healthcare to provide height adjustment or easier entry.

**Beds:** powered height adjustable beds, including electric powered.

**Carts:** wheeled pushcarts, etc. used to transport material.

**Ceiling lifts:** patient lifting devices mounted to the ceiling.

**Cot loading equipment:** equipment that is used to lift cots onto ambulances.

**Floor-based patient-lifting devices:** patient lifting devices that are portable and moved on the floor.

**Liftgates:** platforms, etc. attached to trucks/vehicles that can raise and lower material from the ground to the vehicle.

**Lift tables:** tables that can be raised, lowered, tilted, etc. to provide better working postures for material handling.

**Manlifts/aerial platform devices:** boom lifts, scissor lifts, etc. intended to raise a person to work at an elevated height

**Pallet movers/stackers:** non-passenger equipment used for material handling and/or work positioning (i.e. pallet movers, walkie stackers, etc.)

**Patient ambulation devices:** devices that people push along as they walk for support.

**Patient bathing and toileting chairs:** devices that can be pushed into a shower and/or over a toilet

**Powered dolly equipment:** any dolly equipment that can mechanically climb or descend on stairs

**Stretchers:** medical stretchers used for transporting people.

**Stairchairs:** *portable* equipment used to make it easier to move people up/down stairs

**Transfer tables:** powered or manual tables that are used to make it easier to move products

1. Describe the equipment to be purchased as an intervention.
2. Describe how the intervention works. Include any supporting materials (i.e. links to websites, brochures, photographs, etc.)
3. Describe how the employees will be trained to use the equipment
4. Does the proposed intervention create any additional risks/hazards? If yes, please describe how these hazards will be addressed.

*Expected Outcomes*

1. Describe how the intervention will eliminate or substantially reduce the exposure of employees to hazards compared to the current situation/conditions described in section 3.
2. Describe how the intervention will eliminate or substantially reduce the risk of injury.
3. Will the intervention cause productivity to increase, decrease, or stay the same? Provide estimates for how much it will change.
4. Will the intervention cause quality to increase, decrease, or stay the same? Provide estimates for how much it will change.

**Section V:** Research/Program Needs

*Implementation timeline*

1. Provide the name and the title of the person responsible for implementation.
2. Provide the time it will take to order and install the equipment. (Note: The equipment should not be ordered until BWC approves and transfer/pay the award amount).
3. Provide the name and the title of the person responsible for training employees on use of the equipment.
4. Provide the name and title of the person responsible for completion of BWC-required follow-up reports.

*Applicability to other situations*

1. Please describe how the information gained from your proposal and the resulting case study you submit could benefit other employers in Ohio.