

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. BWC's Division of Safety & Hygiene and your local 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.**

Enrollment Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Average Number of Employees: \_\_\_\_\_

Type of Work: \_\_\_\_\_

BWC Policy Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

<p><b>Safety Council Account Number</b></p> <p>To Be Completed By the Safety Council</p> <p><b>(Must be completed before forwarding to DSH)</b></p> <p>_____ / _____ / _____ / _____</p>
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