

# HFC 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, the 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.**

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

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Business Description \_\_\_\_\_

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

NAICS Code \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Who referred you? (name/business) \_\_\_\_\_

*TO BE COMPLETED BY THE SAFETY COUNCIL*

**Safety Council Account Number**

*(Must be completed before forwarding to DSH)*

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