

**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 service.

**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 \_\_\_\_\_

Employer name \_\_\_\_\_

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

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Average number of employees \_\_\_\_\_

Type of work \_\_\_\_\_

BWC policy number \_\_\_\_\_

Printed name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

<p><b>Safety Council Account Number</b> <b>To be completed by the Safety Council before submitting to DSH</b></p> <p>_____ / ____ ____ / ____ ____ / ____ ____</p>
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