

**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 _____

Employer name _____

Address _____ City _____ Zip _____

Phone number _____

E-mail address _____

Average number of employees _____

Industry type _____

BWC policy number _____

Printed name _____

Title _____

Signature _____

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