

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 and 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> To be completed by the Safety Council before submitting to DSH</p> <p>_____ / _____ / _____ / _____</p>
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