



Program review report for rejected risk employers

Section 1: Contact information

Part 1: Notification information

1. Date of notification letter	2. Texas Mutual Insurance Company (TMIC) policy number
3. Federal Employer Identification Number (FEIN)	4. North American Industry Classification System (NAICS) code

Part 2: Employer information

5. Employer's name	6. Contact name and title
7. Mailing address (street or PO box, city, state, ZIP code)	
8. Phone number	9. Fax number

Part 3: Texas business information


10. Texas business name (if different from above)	11. Texas contact name and title
12. Physical address for Texas location (street, city, state, ZIP code - no PO box)	13. Texas contact email
14. Phone number	15. Fax number

Part 4: Consultant's information

16. Consultant's name	17. DWC file number
18. Mailing address (street or PO box, city, state, ZIP code)	19. Phone number

Section 2: Operational safety analysis

Part 5: Management

	Yes	No
20. Has management adopted and published a safety policy statement?	<input type="checkbox"/>	<input type="checkbox"/>
21. Has management signed the safety policy statement?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does management support the safety policy?	<input type="checkbox"/>	<input type="checkbox"/>
23. Has management set clear goals for the safety programs?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has management informed the employees of these goals?	<input type="checkbox"/>	<input type="checkbox"/>
25. Did management involve all levels of employees in making the safety programs?	<input type="checkbox"/>	<input type="checkbox"/>
26. Has management effectively communicated the safety programs to their supervisors and employees?	<input type="checkbox"/>	<input type="checkbox"/>
27. Does management require accident prevention plan training for supervisors and employees ?	<input type="checkbox"/>	<input type="checkbox"/>
28. Has management assigned people responsible for carrying out the accident prevention plan?	<input type="checkbox"/>	<input type="checkbox"/>
29. Does management enforce its safety rules?	<input type="checkbox"/>	<input type="checkbox"/>
30. Has management made all employees responsible for safety?	<input type="checkbox"/>	<input type="checkbox"/>
31. Has safety become a daily part of all employees' jobs and actions?	<input type="checkbox"/>	<input type="checkbox"/>
32. Does management follow all of its own safety rules?	<input type="checkbox"/>	<input type="checkbox"/>
33. List the components and responsibilities not assigned. ( Attach more pages if needed.)	<input type="checkbox"/>	N/A

Part 6: Analysis

	Yes	No
34. Does your safety plan contain an analysis component?	<input type="checkbox"/>	<input type="checkbox"/>
35. Is data centrally collected?	<input type="checkbox"/>	<input type="checkbox"/>
36. Is the data analyzed?	<input type="checkbox"/>	<input type="checkbox"/>

37. How often is the analysis done? (Monthly, quarterly, etc.)		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
38. Are trends communicated with all employees?		<input type="checkbox"/>	<input type="checkbox"/>
39. Does management follow up on adverse trends?		<input type="checkbox"/>	<input type="checkbox"/>
40. Are trends used to adjust the elements of the programs? (Inspection, training, accident investigation, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
41. Is an operation safety analysis used to decide if possible component changes are needed?		<input type="checkbox"/>	<input type="checkbox"/>
42. What information is analyzed? (📎 Attach more pages if needed.)		<input type="checkbox"/>	N/A
Documentation			
Operations			
43. What additional information should be analyzed?		<input type="checkbox"/>	N/A

Part 7: Recordkeeping

		Yes	No
44. Has management set up requirements for its recordkeeping system?		<input type="checkbox"/>	<input type="checkbox"/>
45. Is there a documented program?		<input type="checkbox"/>	<input type="checkbox"/>
46. Has management trained supervisors and employees on the recordkeeping system?		<input type="checkbox"/>	<input type="checkbox"/>
47. Does the recordkeeping system support the components?		<input type="checkbox"/>	<input type="checkbox"/>
48. Is data used in trend and operation analysis?		<input type="checkbox"/>	<input type="checkbox"/>
49. What documentation did you review? (📎 Attach more pages if needed.)		<input type="checkbox"/>	N/A
50. What additional documentation is required? (📎 Attach more pages if needed.)		<input type="checkbox"/>	N/A

Part 8: Training and education

		Yes	No
51. Is there a training component?		<input type="checkbox"/>	<input type="checkbox"/>

Part 10: Accident investigation

	Yes	No
66. Is there an accident investigation component?	<input type="checkbox"/>	<input type="checkbox"/>
67. Is there a documented accident investigation program in place meeting the needs of the company?	<input type="checkbox"/>	<input type="checkbox"/>
68. Are accident investigations used to identify causes?	<input type="checkbox"/>	<input type="checkbox"/>
69. Are accident investigations used to establish accountability?	<input type="checkbox"/>	<input type="checkbox"/>
70. Are corrective actions confirmed promptly?	<input type="checkbox"/>	<input type="checkbox"/>
71. Is a near-miss reporting system in place?	<input type="checkbox"/>	<input type="checkbox"/>
72. Is there evidence of trends from the review of the last 12 months of accidents?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:	<input type="checkbox"/> N/A	
73. Was corrective action taken for the noted trend?	<input type="checkbox"/>	<input type="checkbox"/>
74. Are supervisors trained on accident investigation procedures?	<input type="checkbox"/>	<input type="checkbox"/>

Part 11: Review and revision

	Yes	No
75. Is there a specified frequency for the periodic review?	<input type="checkbox"/>	<input type="checkbox"/>
76. Are changes in the established industry practices included in the review?	<input type="checkbox"/>	<input type="checkbox"/>
77. Has management assigned a person to complete the periodic review?	<input type="checkbox"/>	<input type="checkbox"/>
78. Is a near-miss reporting system in place?		
	Yes	No
a. Inspection component	<input type="checkbox"/>	<input type="checkbox"/>
b. Training component	<input type="checkbox"/>	<input type="checkbox"/>
c. Accident investigation component	<input type="checkbox"/>	<input type="checkbox"/>
d. Management component	<input type="checkbox"/>	<input type="checkbox"/>
e. Recordkeeping component	<input type="checkbox"/>	<input type="checkbox"/>
f. Analysis component	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
79. Do planned changes in operations, equipment, or the workplace environment trigger a special review?	<input type="checkbox"/>	<input type="checkbox"/>
80. Has management assigned a person to complete the trigger review?	<input type="checkbox"/>	<input type="checkbox"/>

81. Is the triggered review used to adjust the following accident prevention plan components?

	Yes	No
a. Inspection component	<input type="checkbox"/>	<input type="checkbox"/>
b. Training component	<input type="checkbox"/>	<input type="checkbox"/>
c. Accident investigation component	<input type="checkbox"/>	<input type="checkbox"/>
d. Management component	<input type="checkbox"/>	<input type="checkbox"/>
e. Recordkeeping component	<input type="checkbox"/>	<input type="checkbox"/>
f. Analysis component	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Hazardous workplace conditions

Part 12: Workplace exposures

	Yes	No
82. Were hazardous conditions identified?	<input type="checkbox"/>	<input type="checkbox"/>

Below, include a detailed description of each condition found, the possible result or occurrence resulting from the conditions, and suggested changes to the accident prevention plan components. (📎 Attach more pages if needed.)

Item #	Location:
Operation	Condition
Potential effects	
Affected components of the plan <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	
Recommended changes to the accident plan components	

Item #	Location
Operation	Condition

Potential effects

Affected components of the plan 1 2 3 4 5 6 7

Recommended changes to the accident plan components:

Item #

Location

Operation

Condition

Potential effects

Affected components of the plan 1 2 3 4 5 6 7

Recommended changes to the accident plan components:

Section 4: Summary of operations, findings, and recommendations

Part 13: Management

	Yes	No
83. Is a management component with a written safety policy statement in place that assigns safety responsibilities and authority by position or title?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it effective?	<input type="checkbox"/>	<input type="checkbox"/>
List the names and titles of the people responsible for corrective action.		
84. Review of the management component reveals:		
85. Recommendations		

Part 14: Analysis

	Yes	No
86. Is there an analysis component in place that includes a review of safety program documentation and employer operations?	<input type="checkbox"/>	<input type="checkbox"/>
Is it used to gauge the success of existing programs, detect existing or potential trends, and create the frequency of analyses?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
If yes, is it effective?	<input type="checkbox"/>	<input type="checkbox"/>
List the names and titles of people responsible for corrective action.		
Name	Title	
87. Review of the analysis component reveals:		
88. Recommendations		

Part 15: Recordkeeping

	Yes	No
89. Is a recordkeeping component in place that states:	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • which records are maintained; • how long they are kept; • where they are held; and • who takes care of them? 		
If yes, is it effective?	<input type="checkbox"/>	<input type="checkbox"/>
List the names and titles of people responsible for corrective action.		
Name	Title	
90. Review of the recordkeeping component reveals		
91. Recommendations		

Part 16: Education and training

	Yes	No						
<p>92. Is an education and training component in place that lists the health and safety training topics, the schedule, and the time between training sessions?</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>						
<p>Does it include the trainer’s position or title, the names of those who received training, and the people responsible for training supervisors and employees in accident prevention?</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, is it effective?</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p>List the names and titles of the people responsible for corrective action.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 75%;">Title</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Title						
Name	Title							
<p>93. What does review of the education and training component reveal?</p>								
<p>94. Recommendations</p>								

Part 17: Audits and inspections

	Yes	No						
<p>95. Is an audit and inspection component in place that identifies:</p> <ul style="list-style-type: none"> • qualified people (by title or position) to conduct audits and inspections; • what inspections are conducted; • who performs the inspections; • the training the inspectors received; • how often inspections are conducted; • documentation of all inspections; • the needed corrective actions; and • who is responsible for recommending the corrective actions and follow-up? <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, is it effective?</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p>List the names and titles of the people responsible for corrective action.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 75%;">Title</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Title						
Name	Title							
<p>96. What does review of the audit and inspection component reveal?</p>								

103. Recommendations**Part 20: Signature**

The consultant's signature confirms that they personally audited the above-identified employer's safety programs and completed the program report. The employer's signature confirms that the contracted consultant who signed below performed the review.

Note: Signatures and dates are required.

104. Consultant's signature	105. Title	106. Date
107. Employer's signature	108. Title	109. Date

FAQ

Program review report for rejected risk employers

What is the notification letter in section one, part one of this form?

TMIC notifies employers that are identified as a rejected risk and requires them to have accident prevention services. This notice and the employer's insurance policy contain the information required for section one, part one. Verify the FEIN and NAICS with the employer's records.

What is the difference between the employer information in part 2 and Texas business information in part 3?

A policyholder whose corporate office is outside of Texas must provide contact information for a senior company official in Texas with authority to implement the accident prevention plan.

Are any fields on the DWC Form-101 optional?

You must answer all applicable fields by checking the box or filling in the blank. Provide thorough descriptions of the seven mandatory safety program components. These components form the foundation of the accident prevention plan.

- In section 3, include a detailed description of each condition found, the possible result or occurrence resulting from the conditions, and recommended changes to the accident prevention plan components.
- In section 4, include the name and title of the people responsible for correcting the identified problems.

You may attach additional information or details. Reference comments by item number.

Who signs the DWC Form-101?

Signatures are required for the consultant and the employer's representative. The person signing for the employer must be on the employer's payroll and have authorization to sign legal documents.

Where do I send this form?

- **Email:** aps@tdi.texas.gov
- **Mail:** Texas Department of Insurance,
Division of Workers' Compensation
Workplace Safety, MS-27
PO Box 12050
Austin, TX 78711-2050

Questions?

Call 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time.

Go to www.tdi.texas.gov/wc to learn more about workers' compensation.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.