TDI Division of Workers' Compensation
PO Box 12050
Austin, TX, 78711
800-252-7031
tdi.texas.gov/wc


**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?** |  |  |
| **21. Has management signed the safety policy statement?** |  |  |
| **22. Does management support the safety policy?** |  |  |
| **23. Has management set clear goals for the safety programs?** |  |  |
| **24. Has management informed the employees of these goals?** |  |  |
| **25. Did management involve all levels of employees in making the safety programs?** |  |  |
| **26. Has management effectively communicated the safety programs to their supervisors and employees?** |  |  |
| **27. Does management require accident prevention plan training for supervisors and employees ?** |  |  |
| **28. Has management assigned people responsible for carrying out the accident prevention plan?** |  |  |
| **29. Does management enforce its safety rules?** |  |  |
| **30. Has management made all employees responsible for safety?** |  |  |
| **31. Has safety become a daily part of all employees’ jobs and actions?** |  |  |
| **32. Does management follow all of its own safety rules?** |  |  |
| **33. List the components and responsibilities not assigned.** (Attach more pages if needed.) | **N/A** | | |

## Part 6: Analysis

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **34. Does your safety plan contain an analysis component?** |  |  |
| **35. Is data centrally collected?** |  |  |
| **36. Is the data analyzed?** |  |  |

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

## Part 7: Recordkeeping

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

## Part 8: Training and education

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **51. Is there a training component?** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **52. Is there a documented training program?**  **If yes, list the programs and how often training is done.**   |  |  | | --- | --- | | **Program** | **How often?** | |  |  | |  |  | |  |  | |  |  |
| **53. Does new-hire orientation include safety training?** |  |  |
| **54. Does training cover all operations and meet analyzed needs?**  **If no, list the operations that should be added to the training.** |  |  |
| **55. Has management trained its supervisors on the requirements of the accident prevention plan?** |  |  |
| **56. Are the employees trained on the requirements of the accident prevention plan?** |  |  |

**Part 9: Inspection and audit**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **57. Is there an inspection component in place?** |  |  |
| **58. Is there a documented inspection program in place that meets the needs of the company?** |  |  |
| **59. Are time periods assigned for the inspections?** |  |  |
| **60. Are responsibilities assigned to follow up on corrective actions?** |  |  |
| **61. Are corrective actions confirmed promptly?** |  |  |
| **62. Are inspection reports used in trend analyses?** |  |  |
| **63. Are all operations covered in the inspection report?**  **If no, list what needs to be added.** |  |  |
| **64. Are the inspectors trained on the inspection program?** |  |  |
| **65. Are the required state postings and employee notices displayed?** |  |  |

**Part 10: Accident investigation**

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

**Part 11: Review and revision**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **75. Is there a specified frequency for the periodic review?** |  |  |
| **76. Are changes in the established industry practices included in the review?** |  |  |
| **77. Has management assigned a person to complete the periodic review?** |  |  |
| **78. Is a near-miss reporting system in place?**   |  |  |  | | --- | --- | --- | |  | **Yes** | **No** | | 1. **Inspection component** |  |  | | 1. **Training component** |  |  | | 1. **Accident investigation component** |  |  | | 1. **Management component** |  |  | | 1. **Recordkeeping component** |  |  | | 1. **Analysis component** |  |  | | | |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **79. Do planned changes in operations, equipment, or the workplace environment trigger a special review?** |  |  |
| **80. Has management assigned a person to complete the trigger review?** |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **81. Is the triggered review used to adjust the following accident prevention plan components?**   |  |  |  | | --- | --- | --- | |  | **Yes** | **No** | | 1. **Inspection component** |  |  | | 1. **Training component** |  |  | | 1. **Accident investigation component** |  |  | | 1. **Management component** |  |  | | 1. **Recordkeeping component** |  |  | | 1. **Analysis component** |  |  | |

## Section 3: Hazardous workplace conditions

## Part 12: Workplace exposures

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| **82. Were hazardous conditions identified?** | |  |  |
| 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  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:** | | | |
| **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?** |  |  |
| **If yes, is it effective?**  **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?** |  |  |
| **Is it used to gauge the success of existing programs, detect existing or potential trends, and create the frequency of analyses?** |  |  |
|  | **Yes** | **No** |
| **If yes, is it effective?**    **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:**   * **which records are maintained;** * **how long they are kept;** * **where they are held; and** * **who takes care of them?** |  |  |
| **If yes, is it effective?**    **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** |
| **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?** |  |  |
| **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?** |  |  |
| **If yes, is it effective?**  **List the names and titles of the people responsible for corrective action.**   |  |  | | --- | --- | | **Name** | **Title** | |  |  | |  |  | |  |  |
| **93. What does review of the education and training component reveal?** | | |
| **94. Recommendations** | | |

## Part 17: Audits and inspections

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **95. Is an audit and inspection component in place that identifies:**   * **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?** |  |  |
| **If yes, is it effective?**  **List the names and titles of the people responsible for corrective action.**   |  |  | | --- | --- | | **Name** | **Title** | |  |  | |  |  | |  |  |
| **96. What does review of the audit and inspection component reveal?** | | |
| **97. Recommendations** | | |

## Part 18: Accident investigation

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **98. Is an accident investigation component in place that identifies:**   * **the causes of injuries;** * **the investigative procedures used;** * **the corrective actions needed (with clear guidelines or procedures);** * **the documentation to support the investigation; and** * **the corrective actions taken?** |  |  |
| **If yes, is it effective?**  **List the names and titles of the people responsible for corrective action.**   |  |  | | --- | --- | | **Name** | **Title** | |  |  | |  |  | |  |  |
| **99. What does review of the education and training component reveal?** | | |
| **100. Recommendations** | | |

## Part 19: Review and revision

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **101. Is a review and revision component in place to:**   * **ensure that program requirements will be continued effectively when changes in operations, equipment, or employee activities occur;** * **ensure a periodic review and revision of the safety program; and** * **set the frequency of reviews (at least annually)?** |  |  |
| **If yes, is it effective?**  **List the names and titles of the people responsible for corrective action.**   |  |  | | --- | --- | | **Name** | **Title** | |  |  | |  |  | |  |  |
| **102. Evaluation of the review and revision component reveals:** | | |
| **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](http://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](mailto:DWCLegalServices@tdi.texas.gov) or refer to the Corrections Procedure section at [www.tdi.texas.gov](https://www.tdi.texas.gov).