



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. Email enrollment form to summitcountysafetycouncil@gmail.com

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 _____

To Be Completed By the Safety Council
Safety Council Account Number
(Must be completed before forwarding to BWC)

_____ / _____ / _____ / _____