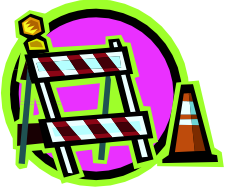


TUSCARAWAS VALLEY SAFETY COUNCIL

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OHIO SAFETY COUNCIL NEW ENROLLMENT FORM for FY18

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, the BWC's Division of Safety & Hygiene and your local safety council co-sponsor this program. The program year runs on the State of Ohio's fiscal year: July 1 - June 30.

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. Please fill in all spaces. All communication is via e-mail.

Company Name _____

Address _____

Phone Number _____ Fax _____

Web page _____ E-mail _____

Average Number of Employees _____

Type of Work _____

BWC Policy Number _____

Enrollment Year _____

Name _____

Signature _____

Title _____

<p>To Be Completed By the Safety Council Safety Council Account Number (Must be completed before forwarding to DSH)</p> <p>_____ / ____ ____ / ____ ____ / ____ ____</p>
