

<b>Form HS-31-E</b>	<b>ARKANSAS WORKERS' COMPENSATION COMMISSION</b>	<b>HS- 31-E</b>
Ark. Code Ann. §11-9-409(d) & AWCC Rule 31 Rev. 1-1-2001	<b>HEALTH &amp; SAFETY DIVISION</b> 324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472	

**Evaluation of Accident Prevention Services of Arkansas Workers' Compensation Insurance Carriers**

**List of Field Safety Representatives (FSR)/Approved Professional Safety Sources (APSS)**

Name	Current telephone no.	Status		FSR no.	APSS no.
		Employee	Contractor		

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Company Name

\_\_\_\_\_

Prepared By (Name)

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Date