FORM HS-32-B

ARK. CODE ANN.

§11-9-409 & AWCC

RULE 32

REV. 1-1-2008

ARKANSAS WORKERS' COMPENSATION COMMISSION

HEALTH & SAFETY DIVISION

324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472

5)Zip:

4) State:

Health and Safety Plan Cover Sheet

AWCC File Number			
1) Company name:			

2) Address:

Mandatory Safety Program Administration Components						
Components	6)In Place		7)Effectiveness			
	Yes	No	Yes	No	8)Comments	
A. Management -includes written Safety Policy Statement, assignment (by position/title) of health and safety responsibilities and authority						
B. Analysis -includes identified health and safety hazards						
C. Safety program record keeping						
D. Safety and health education and training						
E. Audit/Inspection -includes identification (title, position) of person(s) qualified to conduct audit/inspection.						
F. Accident investigation-includes methods to investigate, identify root causes, and corrective actions taken						
G. Periodic review and revision -includes methods to determine effectiveness of program and corrective actions						

Signature/Statement						
9) Employer's Statement: 🖵 Agree 🖓 Disagree (Attach additional sheets as needed)						
10) Employer's Signature:	11) Consultant's Signature:					
12) Date:	13) Date:					

3) City: