



2018-2019 SAFETY COUNCIL 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, the BWC's Division of Safety & Hygiene and the Bucyrus Area Chamber of Commerce co-sponsor this program.

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 mail completed form to the Bucyrus Area Chamber of Commerce at 117 E Mansfield Street, Bucyrus, Ohio 44820, fax to 419-562-9966, or email bacc@bucyrusohio.com.

Company Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Key Contact: _____ Contact Email: _____

Average No. of Employees: _____ BWC Policy No.: _____

Type of Work: _____

Approved By (*please print name*): _____

Signature: _____

Title: _____ Date: _____

<p>SAFETY COUNCIL USE ONLY</p> <p><i>Safety Council Account Number (Must be completed before forwarding to DSH)</i></p> <p>_____/_____/_____/_____</p>
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