



PennPRIME members believe that their employees are their most valuable asset. By committing to Loss Control, members yield the benefits of decreasing employee injuries, reducing the cost of claims, and ultimately lowering total insurance contributions. As your partner in risk management, we continually provide information, training, policies, and other resources to assist our members in fostering a culture of safety among their employees.

PennPRIME is a self-insured Trust which is regulated by the PA Bureau of Workers' Compensation. The Trust and our members are required to adhere to the Bureau's Accident and Illness Prevention Program (AIPP) which was developed to reduce the frequency and severity of employee injuries and the associated pain and suffering. We are here to assist you in meeting the responsibilities of AIPP.

How to Complete This Survey

The purpose of this survey is to provide an opportunity for you to let us know how we can further support your AIPP safety initiatives.

Step 1 - Contact Cheryl Lees for guidance prior to completing the form at (717) 979-4221 or clees@pml.org.

Step 2 - Review each Element in the AIPP Manual, then check the box next to the corresponding section of this survey. The updated AIPP Manual was distributed at the PennPRIME Risk Management Conference on September 20, 2018 in State College or was hand-delivered. It is also available electronically at www.pennprime.com/AIPP. If you need access to our website, please contact Cheryl. Note that many of the AIPP Elements are Loss Control Standards (LCS) or requirements of State-Certified Safety Committees which you have already completed. These are referenced below the applicable Element.

Step 3 - Email the completed survey to Cheryl by Friday, February 15, 2019. For your convenience, this survey is an electronic fillable pdf form. Save the survey to your computer, and upon completing it, save it again, then send it back as an email attachment. Or complete the survey by printing it out, manually checking the boxes, then scanning/emailing it. Please contact Cheryl if you need assistance in the logistics of completing this form or to request additional time.

Entity Name _____

My entity received the updated 2018 AIPP Procedure Manual.

Element 1 – Safety Policy Statement *(starting on page E1-p1 of the AIPP Manual)*

LCS#1

This Element has been reviewed by the appropriate person within my entity.

Element 2 – Designated AIPP Trust Coordinator *(starting on page E2-p1 of the AIPP Manual)*

The person holding the title of PennPRIME Manager of Loss Control Services has been designated as the Trust's AIPP Coordinator.



Element 3 – Assignment of AIPP Responsibilities *(starting on page E3-p1 of the AIPP Manual)*

LCS#2

This Element has been reviewed by the appropriate person within my entity.

My entity has designated the following person as the AIPP contact to PennPRIME.
(AKA the LCS Safety/Risk Management Contact)

Element 4 – Element Goals and Objectives *(starting on page E4-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

Element 5 – Employee Involvement Methods *(starting on page E5-p1 of the AIPP Manual)*

Safety
Committee

This Element has been reviewed by the appropriate person within my entity.

Element 6 – Employee Suggestion and Communication *(starting on page E6-p1 of the AIPP Manual)*

Safety
Committee

This Element has been reviewed by the appropriate person within my entity.

Element 7 – Methods for Accident Investigation/Reporting/Recordkeeping

LCS#4

(starting on page E7-p1 of the AIPP Manual)

This Element has been reviewed by the appropriate person within my entity.

Element 8 – Onsite Safety Surveys *(starting on page E8-p1 of the AIPP Manual)*

LCS#3

This Element has been reviewed by the appropriate person within my entity.

Element 9 – Analysis of Inspection and Investigation Findings *(starting on page E9-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

Element 10 – Industrial Hygiene Services *(starting on page E10-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

Element 11 – Industrial Health Services *(starting on page E11-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.



Element 12 – Safety Training *(starting on page E12-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

Element 13 – Consultations provided by PennPRIME as requested

(starting on page E13-p1 of the AIPP Manual)

PennPRIME understands that some members do not have the ability to maintain a dedicated safety person to address health and safety concerns within their entity. PennPRIME provides qualified safety professionals to supplement the member's resources.

Element 14.1 – Electrical and Machine Safeguarding *(starting on page E14.1-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

OR

This Element has been reviewed by the appropriate person within my entity. It has been determined that this Element is not applicable to my entity because no employees work with or near equipment that has hazards related to electrical energy, or mechanical energy such as moving parts, cutting edges, nip points, or pinch points.

Element 14.2 – Personal Protective Equipment *(starting on page E14.2-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

Element 14.2a – Respiratory Protection *(starting on page E14.2a-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

OR

This Element has been reviewed by the appropriate person within my entity. It has been determined that this Element is not applicable to my entity because no employees use dust masks or respirators.

Element 14.3a – Hearing Conservation *(starting on page E14.3a-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

Element 14.3b – Site Conservation *(starting on page E14.3b-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.



Element 14.4 – Lockout/Tagout Procedures *(starting on page E14.4-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

OR

This Element has been reviewed by the appropriate person within my entity. It has been determined that this Element is not applicable to my entity because no employees service, repair, install, or otherwise modify equipment or machinery exposing them to uncontrolled energy.

Element 14.5 – HazMat Handling, Storage, Disposal *(starting on page E14.5-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

Element 14.6 – Confined Space Entry *(starting on page E14.6-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

OR

This Element has been reviewed by the appropriate person within my entity. It has been determined that this Element is not applicable to my entity because no employees enter spaces that meet the criteria listed on pages E14.6-p2 through E14.6-p4 of the AIPP Manual.

Element 14.7 – Fire Prevention and Control *(starting on page E14.7-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

Element 14.8 – Substance Abuse Awareness *(starting on page E14.8-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

Element 14.9 – Control of Exposure to Blood Borne Pathogens

(starting on page E14.9-p1 of the AIPP Manual)

This Element has been reviewed by the appropriate person within my entity.

OR

This Element has been reviewed by the appropriate person within my entity. It has been determined that this Element is not applicable to my entity because no employees are exposed to blood, certain other body fluids, or other potentially infectious materials during the course of their normal job activities.



Element 14.10 – Preoperational Process Review *(starting on page E14.10-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

OR

This Element has been reviewed by the appropriate person within my entity. It has been determined that this Element is not currently applicable to my entity because we are not planning to occupy a new or newly-renovated facility, install new equipment or start any new processes.

Element 14.11a – Seat Belt Use *(starting on page E14.11a-p1 of the AIPP Manual)*

LCS#6

This Element has been reviewed by the appropriate person within my entity.

OR

This Element has been reviewed by the appropriate person within my entity. It has been determined that this Element is not applicable to my entity because no employees drive for entity business.

Element 14.11b – Motor Vehicle Record Review *(starting on page E14.11b-p1 of the AIPP Manual)*

LCS#7

This Element has been reviewed by the appropriate person within my entity.

OR

This Element has been reviewed by the appropriate person within my entity. It has been determined that this Element is not applicable to my entity because no employees drive for entity business.

Element 14.11c – Fixed and Portable Ladders *(starting on page E14.11c-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

OR

This Element has been reviewed by the appropriate person within my entity. It has been determined that this Element is not applicable to my entity because no employees use ladders.

Element 14.11d – Compressed Gas Cylinders *(starting on page E14.11d-p1 of the AIPP Manual)*

This Element has been reviewed by the appropriate person within my entity.

OR

This Element has been reviewed by the appropriate person within my entity. It has been determined that this Element is not applicable to my entity because no employees use compressed gas cylinders.



Workers' Compensation Survey

Please list the specific AIPP Elements with which you would like further assistance.

Please list any additional resource materials or services that would better assist you with AIPP.

Entity Contact Name for AIPP _____

Email _____

Phone # _____