

2020 KMIT Loss Prevention Certification Program Questionnaire

City Name:	Experience Mod	Date Completed:
Completed By:	Title:	

	SAFETY & CLAIMS ACTIVITIES	Criteria	W/F	Scoring (0, 1, 2, 3)	Total Score
1	Is there a Safety Handbook/Manual in place?	No/Incomplete = 0, Yes =1, Manual is current and updated within the last two years = 2	3		0
2	New Employee Safety Training/ Orientation Conducted and Documented?	No = 0, Yes, But Not Consistent in All Departments = 1, Yes, Completed in all Departments for all New Hires = 2	5		0
3	Formal Safety Expectations and Safety Accountability in place in all departments?	No = 0, Yes, consistently applied and written = 2 Safety included in Performance Evaluations = 3	5		0
4	Does the city have a vehicle/fleet policy in place?	No = 0, Yes, it applies to all departments = 2	4		0
5	Was a loss prevention inspection performed by IMA during annual KMIT visit in 2020 or by KDOL within the last 12 months?	No = 0 Yes by IMA= 2 Yes by KDOL=2	2		0
6	Have you had one or more employees attend the KMIT Regional Supervisor's Training Program in the last two years?	No = 0, Yes =2 Year & Location of Trng	3		0
7	Are all employees trained annually on safe lifting/back injury prevention?	No = 0, Yes and Documented For All Departments = 2	5		0
8	Are all employees trained on electrical shock/electrical safety?	No = 0, Yes and Documented For All Departments = 2	5		0
9	Are all employees trained annually on slip and fall hazards?	No = 0, Yes and Documented For All Departments = 2	5		0
10	Safety training/toolbox meetings performed at least monthly for all departments?	No = 0, Yes and Documented For All Departments = 2	5		0
11	Safety Inspections conducted in <u>all</u> departments at least quarterly?	No = 0, Inconsistent=1 Yes and Documented = 2	4		0
12	Do you have a FORMAL Safety Committee in place?	No =0, Yes, but does not meet monthly = 1, Yes, Monthly meetings held and documented = 2 NA (City with Less Than 10 Full Time Employees) = 2	5		0
13	Accident Investigations performed on <u>all</u> injuries to determine accident prevention methods?	No = 0, Accident Investigation Form Completed = 1, Corrective Actions Noted on Form = 2 N/A (No Claims) = 2	5		0
14	Experience Modification Rating	1.01 and Above = -0, 1.00 – .90 = 1, .89 and Below = 2	6		0
15	Do you have Injury Reporting Guidelines developed?	No = 0, Yes, Guidelines Written = 1, Yes and Communicated to all employees on an annual basis = 2	2		0
16	Do you use a SPECIFIC designated medical provider?	No = 0, Inconsistent = 1, Consistent = 2	2		0
17	FORMAL Return to Work program in place?	No = 0, Inconsistent = 1, Formal policy written and consistently applied =2	4		0
18	Pre-employment and Post-Accident Drug and Alcohol testing performed?	No = 0, Pre-Employment = 1, Post Accident = 1, Pre and Post = 2	3		0
19	Do you require employees to participate in formalized stretching or conditioning programs on a regular basis?	No = 0, Inconsistent=1, Fire and Police Only = 2 Multiple Departments = 2 3= Annual Agility Testing or Similar Evaluation for Fire & Police Depts.	2		0
20	Are you performing post-offer physicals or FCE's on all employees?	No = 0, Physicals Only=1 Yes perform FCE's on all employees = 2 KMIT POET Program = 3	6		0
Total					0

The following describes the requirements for 2020 Certification:

Rating	Discount	Scoring Total
Bronze	1%	100-114 points
Silver	3%	115-130 points
Gold	5%	131 and above

Comments:

**For Program Templates and Training Materials Visit
KMIT.net**

Safety Coordinator: _____ Phone: _____ Email: _____

Claims Coordinator: _____ Phone: _____ Email: _____