

FORM HS-32-B	ARKANSAS WORKERS' COMPENSATION COMMISSION	HS-32-B
ARK. CODE ANN. §11-9-409 & AWCC RULE 32 REV. 1-1-2008	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	

AWCC File Number _____

Health and Safety Plan Cover Sheet

1) Company name:			
2) Address:	3) City:	4) State:	5) Zip:

Mandatory Safety Program Administration Components					
Components	6) In Place		7) Effectiveness		8) Comments
	Yes	No	Yes	No	
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: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree (Attach additional sheets as needed)	
10) Employer's Signature:	11) Consultant's Signature:
12) Date:	13) Date: