



Safety Benefits Inc.

May 15, 2019

Dear Pool Member:

Safety Benefits, Inc., on behalf of the SDML Workers' Compensation Fund and the South Dakota Public Assurance Alliance announce the criteria for the "Safety and Loss Control" recognition awards program for 2019.

The purpose of these awards is to promote loss control and safety awareness and to honor the many Pool Members who work very hard in these areas. We feel it is important to let the citizens know of your efforts. Loss control and safety programs save money by protecting your employees and reducing your exposure to civil liability. Today, taxpayers expect local government to be more productive yet spend less money. Your loss control and safety programs are doing just that for them.

There are **three different** achievement levels again this year, Bronze, Silver and Gold. We will be awarding an additional level again this year, the **Platinum Level**. Members do not have to apply for this award. This award will be presented to those Members that have achieved the Gold Level and have a combined loss ratio (3 years – all lines of coverage) of less than 60% for each Pool(s) that the Member belongs to.

Enclosed is an application for all three levels. We ask that you review the criteria for each level. We encourage each Pool Member to strive to achieve the top level. However, a good place to start is the Bronze Level. Members can apply for any level where they feel they have met all of the criteria. Please keep in mind that you are only competing against yourself and not other Pool Members. Each entity that meets the qualifications for a level will receive an award. You can receive an award for the same level for consecutive years.

Also, enclosed is an application for the Jim Fjerestad Memorial Safety Leadership Award. The award is presented to an individual for their outstanding leadership in guiding their entity's safety and loss control program. If there is such a leader in your city or district, please feel free to nominate them.

The application process is quite easy and does not take much time to complete. We encourage each Member to take a few minutes and fill out the appropriate application for the award level you hope to receive. All applications must be received by our office **No later than Monday, September 16, 2019.** **Please be sure to include an email address on your application so we can better correspond with you.** Should you have any questions, please contact Doug Kirkus at (800) 408-9040 or Diane Nekvinda at (888) 313-0839.

SUBMIT TO: Safety Benefits, Inc.
4901 Isabel Place, Ste. 120
Sioux Falls, SD 57108

EMAIL TO: dnekvinda@safety-benefits.com

Sincerely,

A handwritten signature in black ink that reads 'Doug Kirkus'.

Doug Kirkus
Loss Control Consultant

Enclosure

P.S. – Award recipients will be presented their awards at the SDML Convention in October.



2019 Safety and Loss Control Recognition Awards Application

Entity: _____	Date: _____
Contact Person: _____	Title: _____
Address: _____	Telephone: _____
Email Address: _____	Due Date: 09/16/2019

BRONZE LEVEL

To achieve a Bronze Level award, your entity must comply with each of the following items. Please answer yes or no and attach the appropriate information as indicated after certain items.

1. Has your entity adopted a Safety Manual? If yes, please attach a copy of the governing board minutes to show when it was adopted. (* If you submitted a copy last year, you do not have to send a new copy this year unless you have revised it, please note on application.) Revision Date: _____ Comments: _____	Yes	No
2. Has your entity adopted a Personnel Policies and Procedures Manual? *Does it include hiring, terminations, discipline, sexual harassment and workplace violence? If yes, please attach the table of contents page and the dates adopted and/or updated. (* If you submitted a copy last year, you do not have to send a new copy this year unless you have revised it, please note on application.) Revision Date: _____ Comments: _____	Yes	No
3. Has a representative(s) of your entity attended at least one of the safety training or defensive driving courses sponsored by the Pools or any other organization? (i.e.: SD Safety Council, MSHA, etc.) If yes, please attach a list of representatives who attended and the course title. Comments: _____	Yes	No
4. If SBI has conducted a formal survey for your entity within the past 36 months have you responded to all the recommendations that were made as a result of the survey? Comments: _____	Yes	No
5. Has your entity installed first-aid kits in each occupied building? Comments: _____	Yes	No
6. Has your entity installed first-aid kits in all primary vehicles? Comments: _____	Yes	No
7. Has your entity installed fire extinguishers in all buildings so employees do not have to travel more than 75 feet (Class A fires) or 50 feet (Class B and C fires) to reach one? Comments: _____	Yes	No
8. Has your entity installed fire extinguishers in all primary vehicles and pieces of equipment? Comments: _____	Yes	No
9. Have the fire extinguishers been serviced by a certified technician (usually an outside vendor) within the past 12 months? Comments: _____	Yes	No
10. Have your employees received training on the proper use of fire extinguishers within the past 2 years? If yes, please attach the date the training was conducted and who conducted the training. Comments: _____	Yes	No



2019 Safety and Loss Control Recognition Awards Application

Entity: _____	Date: _____
Contact Person: _____	Title: _____
Address: _____	Telephone: _____
Email Address: _____	Due Date: 09/16/2019

SILVER LEVEL

To achieve a Silver Level award, your entity must comply with each of the Bronze Level items and each of the following Silver Level items. Please answer yes or no and attach the appropriate information as indicated after certain items. **To be eligible for a Silver Level award in 2019, your entity must have a representative(s) attend the 2018 Annual Safety and Loss Control Training Conference Nov 7-8 in Pierre.**

11. Has your entity developed a formal Safety Committee and/or appointed a Safety Coordinator? If yes, please attach information on your committee and/or safety coordinator. Please include such information as date formed/appointed, number of members, duties, and date of last meeting, etc. Please include copies of the minutes from your meetings for the past 12 months. Comments: _____	Yes	No
12. Does your entity obtain Certificates of Insurance, additional insured endorsements and hold harmless agreements from contractors? (Liability and Worker’s Comp) If yes, please attach some samples. Comments: _____	Yes	No
13. Has your entity adopted a formal accident/incident investigation and evaluation program? If yes, please include any written policies or submit an explanation as to how your program works. (If you submitted a copy last year, you don’t need to send a new copy unless you have revised it, please note on application.) Revision Date: _____ Comments: _____	Yes	No
14. Does your entity document complaints of potential liability issues from citizens? (i.e.: signs down, bad roads, bad sidewalks, obstructed view intersections) If yes, please include a sample of the form you use. (If you submitted a copy last year, you don’t need to send a new copy unless you have revised it, please note on application.) Revision Date: _____ Comments: _____	Yes	No
15. If your entity has a law enforcement agency that is covered by the SDPAA, has the agency adopted policies and procedures in the 12 critical tasks as recommended by the SDPAA and is annual training being provided to officers/deputies on them? (If so, please attach a copy of the Table of Contents page.) Comments: _____	Yes	No
16. Has your entity provided back injury prevention/proper lifting training for employees within the past 12 months? If yes, please attach a training roster showing when the training was conducted and what type of training was provided for the employees. Comments: _____	Yes	No
17. Has your entity provided training on “Preventing Slips, Trips and Falls” within the past 12 months? If yes, please attach a training roster showing when the training was conducted and what type of training was provided for employees. Comments: _____	Yes	No
18. Did a representative(s) of your entity attend the 2018 Safety and Loss Control Training Conference in November in Pierre? If yes, please attach information as to who attended. Comments: _____	Yes	No
19. Does your entity have a Personal Protective Equipment (PPE) program for employees? If yes, please attach information outlining your program. (If you submitted a copy last year, you don’t need to send a new copy unless you have revised it, please note on application.) Revision Date: _____ Comments: _____	Yes	No



2019 Safety and Loss Control Recognition Awards Application

Entity: _____	Date: _____
Contact Person: _____	Title: _____
Address: _____	Telephone: _____
Email Address: _____	Due Date: 09/16/2019

GOLD LEVEL

To achieve a Gold Level award, your entity must comply with each of the Bronze and Silver Level items and each of the following Gold Level items. Please answer yes or no and attach the appropriate information as indicated after certain items.

<p>20. Has your entity provided a defensive driving course (the National Safety Council’s DDC-4 or the DDC courses offered by SBI (including MSHA) or the On-Line Defensive Driving Class) for your employees within the past 36 months <u>and have you provided at least one safety meeting</u> (can be a “tailgate” or “toolbox” meeting) on safe driving techniques (i.e. distracted driving, use of cell phones, winter driving, safe following distances) during that same 36 month period? If yes, please attach a training roster showing when the training was conducted and what type of training was provided to the employees. For the On-line Defensive Driving Class, please submit a copy of the printed certificate received after successful completion of the course.</p> <p>Comments: _____</p>	Yes	No
<p>21. Does your entity provide safety meetings for your employees? If yes, please include training records for the past 12 months indicating frequency and what type of training was provided.</p> <p>Comments: _____</p>	Yes	No
<p>22. Does your entity conduct documented self-inspections of your buildings and properties on a regular basis (i.e. monthly or quarterly)? These self-inspections would consist of a walk through where the person(s) conducting the audit would look specifically for potential hazards. The person(s) would then make written recommendations to management for correction. An example of these audits would include self-inspections of buildings such as shops, playgrounds, sidewalks, parking lots, etc. If yes, please include some samples of past audits you have conducted within the past 12 months.</p> <p>Comments: _____</p>	Yes	No
<p>23. Does your agency comply with the Loss Control Checklists (where applicable) provided by SBI for:</p> <ul style="list-style-type: none"> a) Administrative; b) Conservation District c) Emergency Management d) Emergency Medical Services; e) Fire Services; f) Jail; g) Law Enforcement; h) Library; i) Maintenance/Custodial j) Parks and Recreation; k) Streets and Highways; l) Swimming Pools; m) Utilities; n) Water and Wastewater o) Weed District <p style="background-color: yellow;">To obtain copies of the checklists you need, call Safety Benefits at (888) 313-0839</p> <p>Comments: _____</p>	Yes	No

2019 Jim Fjerestad Memorial Safety Leadership Award Official Nomination Form

All nominations must be submitted in writing by September 16, 2019. The Jim Fjerestad Memorial Safety Leadership Award will be presented during the Safety Awards Luncheon held in conjunction with the SDML Convention in October.

Name of Nominee: _____

Position: _____

Years of service to the entity: _____

Contributions to the entity as a safety leader: _____

Significant contributions to the community: _____

Significant contributions to other organizations: _____

Personal accomplishments: _____

Other comments: _____

Submitted by: _____ Phone: _____

Email Address: _____

DEADLINE: September 16, 2019
Nominations will be kept confidential.
Use additional paper if necessary.

SUBMIT TO: Safety Benefits, Inc.
4901 Isabel Place, Ste. 120
Sioux Falls, SD 57108
EMAIL TO: dnekvinda@safety-benefits.com