

6. Is there a written policy or procedure in place that outlines timelines and standards for how often the employer contacts injured workers and the WSCC Case Managers:

- i. before the injured worker returns to work; and Yes No N/A
- ii. after the injured worker returns to work? Yes No N/A

Notes:

7. Do you have education, or other measures in place to make supervisors and managers aware of your RTW policies, procedures, and plans? Yes No N/A

Notes:

8. Do the following participate in the development of personalized RTW plans for injured workers:

- i. supervisors and managers; and Yes No N/A
- ii. injured workers? Yes No N/A

Notes:

9. Do you regularly review your personalized RTW plans, to ensure effectiveness and prompt follow-up to address concerns identified by:

- i. injured workers; Yes No N/A
- ii. health care professionals; Yes No N/A
- iii. employer representatives (e.x, supervisors, managers); and Yes No N/A
- iv. the WSCC Case Manager? Yes No N/A

Notes:

10. Do you regularly evaluate your overall RTW program to ensure it is current and effective? Yes No N/A

Notes:

Unrated Questions: Answer required but not rated.

1. Do you have a reward program for zero, or a low number of, time-loss injuries? Yes No N/A
(The WSCC does not encourage these programs)

Notes:

2. Do you have incentives in place to ensure internal reporting of workplace:

- i. injuries; Yes No N/A
- ii. incidents; and Yes No N/A
- iii. hazards? Yes No N/A

Notes:

3. If you have an incentive program, do you have an audit mechanism in place to ensure everyone meets their injury reporting obligations? Yes No N/A

Notes:

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Date Received		
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Reviewed by: (Signature) _____

Claims Manager: (Signature) _____