

MADA Certified Safety Program Enrollment Checklist

Use this checklist to certify that all requirements of the Certified Safety Program have been implemented in your dealership(s) and that they will be maintained in good faith throughout 2017. When completed, forward this checklist to MADA at the address below so that you can be continued as a member of the program.

After March 31st, you will receive a certificate recognizing your continuing participation in this program. Hang it proudly, in sight of customers as well as employees.

Requirements of the program:

- Done** 1 Management is committed to the safety of the dealership, and is willing to promote the program and lend necessary authority to ensure its success. Also, management agrees to lead by example.
- Done** 2a A Dealership Safety Position Statement has been developed and posted.
- Done** 2b A Dealership Safety Policy has been developed and posted.
- Done** 3a A Dealership Safety Coordinator has been appointed.
 Name _____ Position _____
 Phone number including extension _____
- Done** 3b The Dealership Safety Coordinator has been granted sufficient authority to enforce safety rules, policies and procedures with the assistance of the department manager and dealer principal to ensure workplace safety.
- Done** 4a Safety rules have been established for the dealership.
- Done** 4b An injury reporting policy has been developed and posted requiring all employees to report injuries immediately to their supervisor, *regardless* of how minor the employee thinks his or her injury is.
- Done** 4c A medical provider has been selected for the dealership. All employees have been made aware of the provider and have been notified that all medical treatments for workplace injuries must be authorized by the dealership. If it was possible, our provider was selected from the MADA Provider PPO network.
 Pre-Selected Provider: _____
- Done** 4d Employees will be held accountable for safety, including following dealership safety rules, policies and procedures.
- Done** 4e A drug and alcohol policy has been implemented and posted.
- Done** 4f A drug-free workplace has been established. Post accident drug testing will be completed on all incidents. (pre-hire encouraged).
- Done** 5a Self-inspections of the dealership will be performed monthly.
- Done** 5c The dealership management will listen to employees regarding matters of safety. Any suggestions or notifications about unsafe acts or conditions will be taken seriously and will be acted upon quickly.
- Done** 6a/b Background checks will be performed on job applicants. Criminal history checks and pre-hire drug testing are encouraged, but optional.
- Done** 7a Employee safety meetings will be held monthly.
- Done** 7b All employees will be given safety orientation prior to beginning work or when job duties require a change in operation of machinery, use of chemicals, safety devices, etc. It will be the responsibility of our dealership safety coordinator to ensure that employee safety orientation and training is performed. **This orientation includes the use of the MADA New Employee Video & On-line testing.**
- Done** 8a A claims coordinator has been appointed for the dealership.
 Name _____ Position _____
 Phone number including extension _____

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- Done** 8b All Workers' Compensation injuries and all supporting documentation will be submitted electronically to MADA within two (2) business days following the date of the injury via MADA's website (www.mada.com).
- Done** 8c A pre-selected medical provider has been selected by the dealership to be used for treating injured employees. This dealership will make every reasonable effort to ensure that employees injured on the job are treated by the pre-selected medical provider.
- Done** 8d All employees that are treated by a physician will be subject to drug testing the DAY OF THE INJURY when medical treatment is sought (except where prohibited by labor agreement).
- Done** 8e This dealership will use modified duty whenever possible, under the direction of our MADA Claims Adjuster.
- Done** 8f All accidents that occur in the facility will be investigated and documented using the accident investigation forms in the MADA Loss Control Manual (or equivalent). Accident investigation results will be submitted to MADA's claims department and will be used to correct unsafe conditions and to strengthen our dealership's safety efforts.

Mail completed enrollment checklist **by March 31, 2017** to:

MADA Workers' Compensation Certified Safety Program
P.O. Box 1279
Jefferson City, Missouri 65102

I attest that all requirements of this program have been implemented and will be maintained. Further, for consideration of a safety credit applied to my workers' compensation premium, I agree to abide by the terms of this program and commit my full cooperation and support in good faith to the purpose and intent of this program.

Dealership _____

Address _____

Dealer Principal

Date

Print Name

For MADA Use Only:

Date received

Member Number