

FAIRFIELD COUNTY SAFETY COUNCIL ENROLLMENT FORM

BWC's Division of Safety & Hygiene co-sponsors safety councils to provide Ohio employers with access to occupational safety and health, workers' compensation and risk management education, networking, and resource sharing.

In completing this enrollment form, the employer makes a commitment to send representatives to monthly Fairfield County Safety Council meetings.

| Enrollment date: | | | |
|--------------------|---------------------------------|------|--|
| Employer name: | | | |
| Physical address: | | | |
| City: | State: | ZIP: | |
| Phone number: | | | |
| E-mail address: | | | |
| BWC policy number: | | | |
| Printed name: | | | |
| Title: | | | |
| Signature: | | | |
| Phio | , Bureau of Wor Compensation | | |

Revised May 2024