



Loss Prevention Incentive Program Checklist

Purpose: This checklist is designed to make it easy for districts to track district progress towards earning the annual Loss Prevention Incentive offered by STSIG.

As items are checked off, initial in the appropriate box. When all activities have been completed and the checklist has been signed by your district representative, please forward the form to Kurt Walling at kwalling@stsig.org. If you have questions or seek clarification do not hesitate to call us at 530-221-6444

DISTRICT: _____

REQUIRED ACTIVITIES:

1

Follow Your District's Illness and Injury Prevention Plan.

- Maintain an active safety committee that meets regularly throughout the year
- Update and initial your Illness and Injury Prevention Plan (IIPP) annually and/or as changes occur
- Track your safety trainings in your IIPP

Activity 1 complete (initial) _____

2

Participate in STSIG Safety Trainings Throughout the Year.

SIZE	MINIMUM CONTACT HOURS
Very Large Districts (Annual Payroll greater than \$10 million)	50
Large Districts (Payroll \$5 million - less than \$10 million)	25
Medium Districts (Payroll \$2 million – less than \$5 million)	10
Small Districts (Payroll less than \$2 million)	3

Note: Classes must be completed by June 30.

Activity 2 complete (initial) _____

3

Participate in a District Work Comp Review.

- Schedule a review of your Work Comp history with an STSIG representative

Activity 3 complete (initial) _____

4

Maintain an Active Safety Communication Program.

- Send a signed memorandum to STSIG listing dates and types of safety communication you used. Use template on stsigjpa.com

Activity 4 complete (initial) _____

I certify that the four activities have been completed and my district qualifies for the loss prevention incentive.

District Representative Signature _____