



FAIRFIELD COUNTY **SAFETY COUNCIL**

ADMINISTERED BY:



**LANCASTER FAIRFIELD COUNTY
CHAMBER OF COMMERCE**

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: _____



**Bureau of Workers'
Compensation**