



OHIO SAFETY COUNCIL
ENROLLMENT FORM

BWC 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 safety council meetings. **Email enrollment form to summitcountysafetycouncil@gmail.com**

Enrollment date _____

Employer name _____

Address _____ City _____ Zip _____

Phone number _____

E-mail address _____

Average number of employees _____

Type of work _____

BWC policy number _____

Printed name _____

Title _____

Signature _____