



SOUTH CAROLINA  
STATE ACCIDENT FUND

**SAFETY AND LOSS CONTROL  
Services**

***Loss Prevention and Cost Containment***

**FAIL**

We've Upped Our

**SAFETY** Standards,

***SO UP YOURS TOO!***

# www.saf.sc.gov

SC.GOV

Welcome to the SOUTH CAROLINA  
**STATE ACCIDENT FUND**

ABOUT SAF EMPLOYERS WORKERS HEALTHCARE PROVIDERS SAFETY SERVICES CONTACT SAF SAF PARTNERS

**SAF Safety Features**  
Safety Training  
Video Library  
Safety Assessment  
Safety Materials & Presentations  
OSHA Recordkeeping Forms

**Welcome**

The South Carolina State Accident Fund is the leading insurance in South Carolina. Since 1943, SAF has provided cost effective workers' compensation coverage. Today we serve nearly 700 employers and 200,000 employees throughout the state. Welcome to our new website!

As the leading experts on workers' compensation in South Carolina, we understand the important role we play in the economic and social well-being of the citizens of our state. A strong and viable workers' compensation system requires employers, injured workers, the medical services industry, and insurance carriers to share information and coordinate their efforts as a unified team, to minimize frequency and severity of work-place accidents and timely return injured workers to productive employment. We hope our new website will facilitate such team work and thereby add cost-effective value to our customer service.

If you have suggestions on how we can enhance the value or quality of this site, please do not hesitate to contact our webmaster at [webmaster@saf.sc.gov](mailto:webmaster@saf.sc.gov) or (803-896-5800). Thank you for helping us "Meet the Challenge!"

Harry B. Gregory, Jr.  
Director

**QUICK TOOLS**

- Report An Injury
- Find A Medical Provider
- Report Fraud
- Policyholder Training & Registration
- Claim Services and Directory
- Legal Department
- SAFE-mail
- Frequently Asked Questions

**RELATED LINKS**

- SC Workers Compensation Commission
- SC Workers Compensation Education Association
- SC Self-Insurers Association
- OSHA

User Name:  
Password:  
Log In  
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[Forgot Password?](#)  
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**NEWS AND NOTICES**

**\$ IT'S ALL FREE!!! \$**



# Common Training Classes



**Accident Investigation**  
**BloodBorne Pathogens**  
**General Safety**  
**Heat Related Illnesses**  
**Lockout / Tagout**  
**OSHA 300, 300A, 301**  
**Safety Committees**  
**Workplace Violence**

**Back Injury Prevention**  
**Confined Space**  
**Hazard Communication**  
**Ladder Safety**  
**Office Safety**  
**Safety Attitude**  
**Slips, Trips, and Falls**  
**Special Requests**

# Video Library

[www.saf.sc.gov](http://www.saf.sc.gov)



Welcome to the SOUTH CAROLINA

## STATE ACCIDENT FUND



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### QUICK TOOLS

- Report An Injury
- Find A Medical Provider
- Report Fraud
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- Claim Services and Directory
- Legal Department
- SAFE-mail
- Frequently Asked Questions

### Safety Videos

Below is the description of the safety videos we currently have available for your use. Click on a title and complete the "Contact Us" Form to request a video.

#### ACCIDENTS

- "1. Accident Investigation In The Workplace"** (22 minutes)

The purpose of an investigation is to find the cause of an accident, prevent future occurrences, not to fix blame. An unbiased approach is necessary to obtain objective findings. This is an excellent video that illustrates an actual accident investigation and the proper techniques used to perform an accident investigation.
- "2. Accident Reporting And Investigation (C-1)"** (14 minutes)

How can management work to improve on the job safety for you and your co-workers when you do not report accidents? How can hazards be fixed if the people with the authority to fix them do not know they exist? You play a key role in promoting safety in your company. To help you in that role, this video will discuss a 5 point action plan which allows you to react more effectively when an accident occurs.
- "3. It Only Takes A Second"** (3 minutes)

This video is designed to grab the viewer's attention and focus their thoughts on safety. The video is an excellent tool to set the stage for discussion on nearly any safety issue.

### Policyholder Update Seminar

*Sign Up Now!* 

#### Log In

User Name:

Password:

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### NEWS AND NOTICES

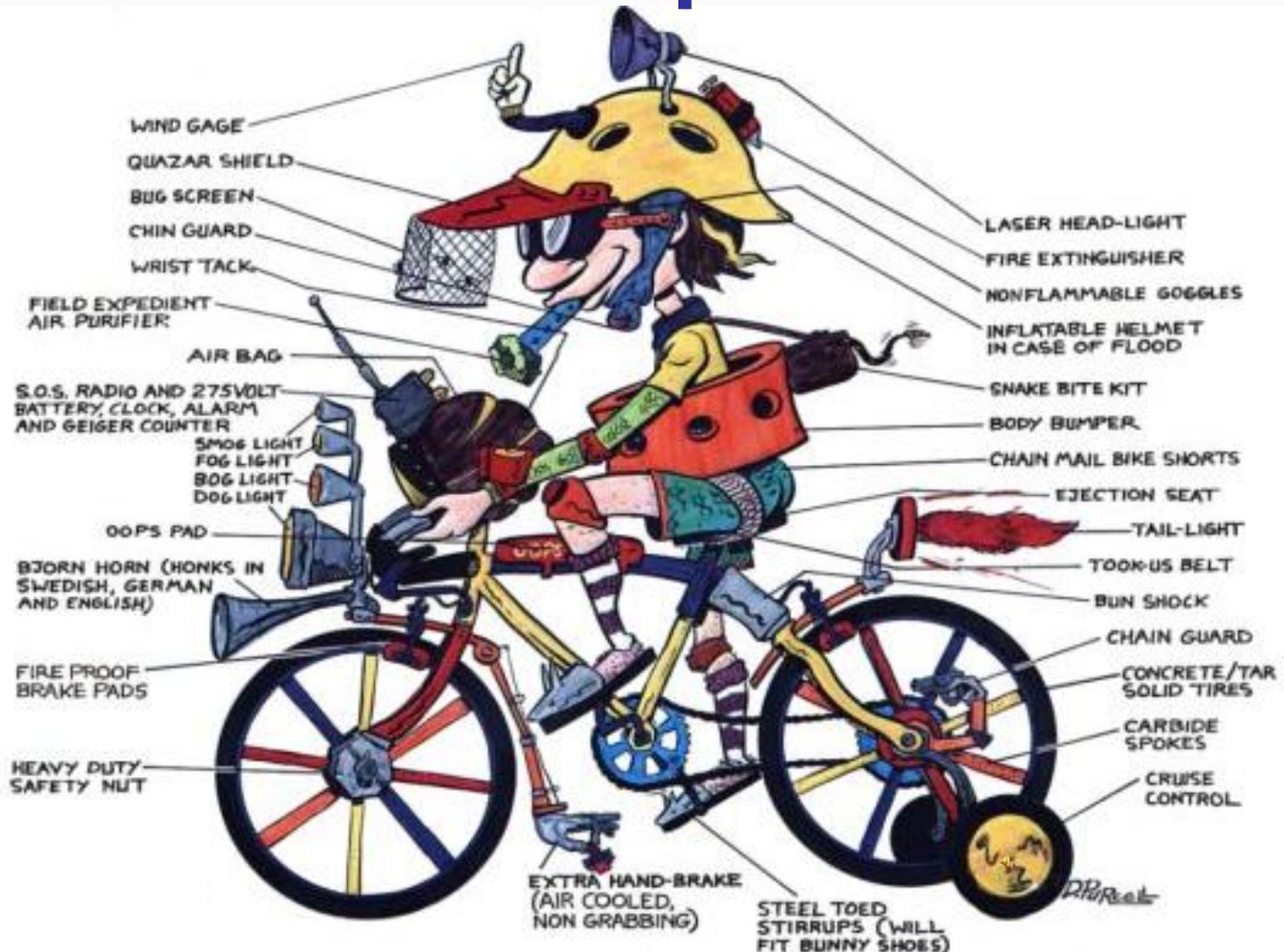
# SAFETY ASSESSMENT



- Initial Meeting
- Discuss your Program
- Inspection - Report
- Form a Plan
- Assist with Corrections, Trainings, etc.

# SAFETY ASSESSMENT

## “Mock Inspection”



# “Mock Inspection”



# “Mock Inspection”



# **“Mock Inspection”**

## ***HAZARD COMMUNICATION***

- **December 1, 2013**
- **Written Hazard Communication Program**
- **MSDS/SDS for Hazardous Chemicals**
- **Adequate Training**
- **“Master List” for Hazardous Chemicals**
- **Label on Containers**

# “Mock Inspection”

## ***HAZARD COMMUNICATION***





SOUTH CAROLINA  
STATE ACCIDENT FUND

*“Story Time”*

***Loss Prevention and Cost Containment***

Stand up and say, **“I believe in Safety!”**

# “Mock Inspection”

## ***HAZARD COMMUNICATION Summary***



# **“Mock Inspection”**

***.178 Industrial Powered Trucks***

- **Written Program**
- **Employee Training**
  - Formal Instruction**
  - Practical**
  - Evaluation**
- **Employee Competency**
- **Evaluations every 3 years**
- **What Else?**

# “Mock Inspection”

*.178 Industrial Powered Trucks*



# “Mock Inspection”

## *.212 Machine Guarding*



# “Mock Inspection”

## **.304(g)(6)(vi)(c)(5)**

- **No grounding provision for cord and plug connected appliances used in damp/wet location**



# “Mock Inspection”

**.304(g)(6)(vi)(c)(5)**

- **No grounding provision for cord and plug connected appliances used in damp/wet location**



# “OSHA Recordkeeping Forms”

OSHA's Form 300A (Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses

Year 20\_\_



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0126

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

### Injury and Illness Types

Total number of . . .	
(M)	
(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., Manufacture of motor truck trailers)

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

**Employment information** (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_

( ) - / / \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

**PROTECT YOUR ASSETS**









SOUTH CAROLINA  
STATE ACCIDENT FUND  
P.O. Box 102100 Columbia, SC 29221

**THANK YOU!**

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