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| --- | --- | --- | --- |
| Company Name: |  | Worker Name: |  |
| Workplace Location: |  | Date: |  |

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| **If you answer “YES” or “NO” to any of the following questions, please supply comments regarding details.**  |
| List the Return To Work activities that you perform on a daily, weekly or monthly basis. |
| Does your company have a written RTW policy that is clear and simple to understand? | [ ] YES [ ] NO |
| Comments and Details: |
| Is your RTW policy accessible to all employees? | [ ] YES [ ] NO |
| Comments and Details: |
| Does your company have a strategy in place for reducing or containing its costs associated with workplace injury and illness? | [ ] YES [ ] NO |
| Comments and Details: |
| Does your RTW policy define the roles and responsibilities for all workplace parties? | [ ] YES [ ] NO |
| Comments and Details: |
| Has your RTW policy been endorsed by management? | [ ] YES [ ] NO |
| Comments and Details: |
| Does your company regularly review the effectiveness of its policy dissemination, and is the process improved based on the outcomes of the reviews? | [ ] YES [ ] NO |
| Comments and Details: |
| Is your company’s RTW policy formally reviewed regularly? | [ ] YES [ ] NO |
| Comments and Details: |
| Does your company have an area or person responsible for RTW program management? | [ ] YES [ ] NO |
| Comments and Details: |
| Is there regular contact with WSIB adjudicators and/or RTW expert resources regarding cases?  | [ ] YES [ ] NO |
| Comments and Details: |
| When your organization hires new employees, does their training and/or orientation include the organization’s RTW policy and the case Supervisor’s role? | [ ] YES [ ] NO |
| Comments and Details: |

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| Does your company use the following performance indicators? Examples: Number and average cost of WSIB claims, Claim rate per 100 employees, Interval between date of injury and start of RTW plan. | [ ] YES [ ] NO |
| Comments and Details: |
| Is your company’s RTW policy accompanied by an implementation strategy?  | [ ] YES [ ] NO |
| Comments and Details: |
| Does your company have an Employee Assistance Program (EAP)? | [ ] YES [ ] NO |
| Comments and Details: |
| Does your company begin planning RTW before a claim is established by the WSIB? | [ ] YES [ ] NO |
| Comments and Details: |
| Does your company have a reporting system that ensures immediate notification of an injury or incident? | [ ] YES [ ] NO |
| Comments and Details: |
| Does your company have a reporting system that ensures immediate notification of an injury or incident? | [ ] YES [ ] NO |
| Comments and Details: |
| Are your company’s supervisors and Health and Safety Manager notified immediately of injuries or illnesses that could keep an employee from reporting for work? | [ ] YES [ ] NO |
| Comments and Details: |
| Do you develop individualized RTW plans in consultation with the injured employee, health care providers, Supervisors and Health and Safety Manager, as well as the WSIB, as necessary? | [ ] YES [ ] NO |
| Comments and Details: |
| Does your company routinely review all WSIB cases? | [ ] YES [ ] NO |
| Comments and Details: |
| Does your RTW policy provide suitable employment for injured employees that is safe and productive? | [ ] YES [ ] NO |
| Comments and Details: |
| Do you regularly monitor the effectiveness and efficiency of alternative duty and job placement strategies across your company? | [ ] YES [ ] NO |
| Comments and Details: |
| Do you monitor employees following their return to work? | [ ] YES [ ] NO |
| Comments and Details: |