



GUERNSEY-NOBLE SAFETY COUNCIL  
**NEW ENROLLMENT FORM**

In an effort to reduce the number of workplace accidents and to share resources and information on accident prevention, risk management and workers' compensation in Ohio, the BWC's Division of Safety & Hygiene and your local safety council co-sponsor this program.

**In signing this enrollment form, the employer makes a commitment to send representatives to the majority of safety council meetings and to submit semi-annual reports by the deadline dates.**

Enrollment Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Average Number of Employees \_\_\_\_\_

Type of Work \_\_\_\_\_

BWC Policy Number \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

**Return to:** Guernsey-Noble Safety Council – 607 Wheeling Ave. Cambridge, OH 43725

**Fax** – (740) 439-6689    **Email** – [info@cambridgeohiochamber.com](mailto:info@cambridgeohiochamber.com)

To Be Completed By the Safety Council  
**Safety Council Account Number**  
**(Must be completed before forwarding to DSH)**

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