

RETRO QUESTIONNAIRE

Company Name

Retro Contact

Email Address

Phone Number

1. Do you have an employee who is responsible for the day to day workings with your Labor & Industry claims? Y / N (circle), if so, please provide contact name_____. Would you prefer that WTA be responsible for these day to day workings of claims? Y / N (circle)
2. Do you need assistance setting up your Labor & Industry files? Y / N (circle). By law, these files must be kept separate from the regular employee files and must be in a locked place as they may contain medical information.
3. Do you want WTA to become the Employer of Record and receive your L&I claims related mail? Y / N (circle)
4. Do you typically have light duty available for injured workers? Y / N (circle)
5. Do you have job analyses for your light duty jobs? Y / N (circle)
6. Would you benefit from an on-site safety inspection? Y / N (circle)
7. Do you need help developing a safety program? Y / N (circle)
8. Do you have a written Accident Prevention Program in place? Y / N (circle)
Do you actually use it? Y / N

Comments: _____

