



## August 2023 Safety Tip

## Required Postings for Workers' Compensation and Safety

**Agencies are required to display specific documents throughout the year in a conspicuous place where employees can see them.**

*A conspicuous area is typically in a breakroom, on a bulletin board, or other areas frequented by staff regularly.*

855 Front Street | P.O. Box 4759 | Helena, MT 59604-4759  
Phone 800-332-6102 or 406-495-5000 | Fax 406-495-5020  
Fraud 888-MT-CRIME or 888-682-7463 | TDD/TTY 406-495-5030  
montanastatefund.com | safemf.com

DEPARTMENT OF  
PO BOX  
HELENA MT 59620-1301

Policy #: 03-#####  
Team: Premier  
Date: 07/05/2023

INSURED: DEPARTMENT OF  
PO BOX  
HELENA MT 59620-1301

### CERTIFICATE OF WORKERS' COMPENSATION, OCCUPATIONAL DISEASE AND EMPLOYERS LIABILITY INSURANCE

This certificate is for your information. The Montana State Fund or change an employee as required by Montana law.

Employers Liability is included at

\$100,000 Bodily Injury By A

\$100,000 Bodily Injury By C

\$500,000 Bodily Injury By D

The insured may elect coverage for such employments. You should verify with the insured.

The policy period is 07/01/2023 to 06/30/2024.

## Job Safety and Health IT'S THE LAW!

#### All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness.

#### Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.

### OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1910 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual employees you made for each category. Then enter the total below, making sure you've added the entries from every page of the Log. (Do not list an entry with "0".)

Employers (owner, employer, and their representatives) have the right to review the OSHA Form 300 at an employer's office. They also have limited access to the Log at the establishment. See 29 CFR 1904.26, 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 restriction	Total number of other recordable cases
0	0	0	0
(1)	(2)	(3)	(4)

#### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(5)	(6)

#### Injury and Illness Types

Total number of:	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
	0	0	0	0	0	0

#### Establishment information

Your establishment name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Industry description (e.g., Manufacturer of motor bus trailers) \_\_\_\_\_  
Standard Industrial Classification (SIC), if known (e.g., SIC 3711) \_\_\_\_\_  
OR: North American Industry Classification (NAICS), if known (e.g., NAICS 37211) \_\_\_\_\_

#### Employment information

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, it is true and correct.

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

## Required Postings

## Proof of Workers' Compensation Insurance Coverage

- Must be posted at all times
- Sent directly from Montana State Fund to each agency in July

## OSHA 3165 - Job Safety and Health: It's the Law Workplace Poster

- Must be posted at all times
- Download at [osha.gov/sites/default/files/publications/osha3165.pdf](https://www.osha.gov/sites/default/files/publications/osha3165.pdf)

## OSHA Form 300A - Summary of Work-Related Injuries and Illnesses

- Must be posted from February 1 - April 30 (*Remember to take down the 2022 forms if you haven't already*)
- Forms are filled out by the agency and must be kept for at least five years. Copies of the forms must be provided upon request.
- Get a blank copy of the form by emailing [WCMB@mt.gov](mailto:WCMB@mt.gov)

**WCMB is here to help! Email [WCMB@mt.gov](mailto:WCMB@mt.gov) with any questions or for assistance with required postings.**

## WORKERS' COMPENSATION MANAGEMENT BUREAU

### MONTANA DEPARTMENT OF ADMINISTRATION

(800) 287-8266 | TTY (406) 444-1421 | [WCMB@mt.gov](mailto:WCMB@mt.gov)

100 N. Park Ave. Suite 320 | PO Box 200130 | Helena, MT 59620-0130

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**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-270-3877 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-270-3877 (TTY: 711).

This service is provided to you at no charge by [State of Montana Health Care & Benefits Division](#).