

**Mid Jersey Municipal Joint Insurance Fund
2022 Safety Incentive Program
Quarterly Report Form**

Due By April 15, 2022

MUNICIPALITY: _____

Category I				
Safety Committee Meeting/Accident Review Panel (4 points per quarter)				
Meeting Date	Minutes Attached		Accidents Reviewed	
	Yes	No	Yes	No

Category II	
Attendance at Quarterly JIF Safety Meeting (2 points per quarter)	
Date: _____	
# attended: _____	

Category III		
Self-Inspections Performed (3 points per quarter)		
Department: _____	Date: _____	Location Surveyed: _____
Department: _____	Date: _____	Location Surveyed: _____
Department: _____	Date: _____	Location Surveyed: _____
Department: _____	Date: _____	Location Surveyed: _____

Category IV		
Hazard Assessment (3 points per quarter)		
Department: _____	Date: _____	Description of hazard reviewed: _____
Department: _____	Date: _____	Description of hazard reviewed: _____
Department: _____	Date: _____	Description of hazard reviewed: _____

Category V		
Job-Site Observations (1 point each/3 points per quarter max)		
Department _____	Date: _____	Task observed: _____
Department _____	Date: _____	Task observed: _____
Department _____	Date: _____	Task observed: _____

Fax to: (609) 275 - 9662

**Mid Jersey Municipal Joint Insurance Fund
2022 Safety Incentive Program
Quarterly Report Form**

Due By April 15, 2022

MUNICIPALITY: _____

Category VI	
JIF/MEL Seminar Attendance (5 points per quarter)	

Seminar:	Date:
Seminar:	Date:
Seminar:	Date:
Seminar:	Date:

Category VII	
Safety Videos (4 points per quarter)	

Title:	Date:
Title:	Date:
Title:	Date:
Title:	Date:

Category VIII	
MVR Checks (4 points per year)	

Date:	#
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Extra Credit	
Any of the above categories (1 point each)	

Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:

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**Mid Jersey Municipal Joint Insurance Fund
2022 Safety Incentive Program
Quarterly Report Form**

Due By July 15, 2022

MUNICIPALITY: _____

Category I				
Safety Committee Meeting/Accident Review Panel (4 points per quarter)				
Meeting Date	Minutes Attached		Accidents Reviewed	
	Yes	No	Yes	No

Category II	
Attendance at Quarterly JIF Safety Meeting (2 points per quarter)	
Date:	
# attended:	

Category III		
Self-Inspections Performed (3 points per quarter)		
Department:	Date:	Location Surveyed:
Department:	Date:	Location Surveyed:
Department:	Date:	Location Surveyed:
Department:	Date:	Location Surveyed:

Category IV		
Hazard Assessment (3 points per quarter)		
Department:	Date:	Description of hazard reviewed:
Department:	Date:	Description of hazard reviewed:
Department:	Date:	Description of hazard reviewed:

Category V		
Job-Site Observations (1 point each/3 points per quarter max)		
Department	Date:	Task observed:
Department	Date:	Task observed:
Department	Date:	Task observed:

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**Mid Jersey Municipal Joint Insurance Fund
2022 Safety Incentive Program
Quarterly Report Form**

Due By July 15, 2022

MUNICIPALITY: _____

Category VI	
JIF/MEL Seminar Attendance (5 points per quarter)	
Seminar:	Date:
Seminar:	Date:
Seminar:	Date:
Seminar:	Date:

Category VII	
Safety Videos (4 points per quarter)	
Title:	Date:
Title:	Date:
Title:	Date:
Title:	Date:

Category VIII	
MVR Checks (4 points per year)	
Date:	#

Extra Credit	
Any of the above categories (1 point each)	
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:

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**Mid Jersey Municipal Joint Insurance Fund
2022 Safety Incentive Program
Quarterly Report Form**

Due By October 14, 2022

MUNICIPALITY: _____

Category I				
Safety Committee Meeting/Accident Review Panel (4 points per quarter)				
Meeting Date	Minutes Attached		Accidents Reviewed	
	Yes	No	Yes	No

Category II	
Attendance at Quarterly JIF Safety Meeting (2 points per quarter)	
Date: _____	
# attended: _____	

Category III		
Self-Inspections Performed (3 points per quarter)		
Department: _____	Date: _____	Location Surveyed: _____
Department: _____	Date: _____	Location Surveyed: _____
Department: _____	Date: _____	Location Surveyed: _____
Department: _____	Date: _____	Location Surveyed: _____

Category IV		
Hazard Assessment (3 points per quarter)		
Department: _____	Date: _____	Description of hazard reviewed: _____
Department: _____	Date: _____	Description of hazard reviewed: _____
Department: _____	Date: _____	Description of hazard reviewed: _____

Category V		
Job-Site Observations (1 point each/3 points per quarter max)		
Department _____	Date: _____	Task observed: _____
Department _____	Date: _____	Task observed: _____
Department _____	Date: _____	Task observed: _____

Fax to: (609) 275 - 9662

**Mid Jersey Municipal Joint Insurance Fund
2022 Safety Incentive Program
Quarterly Report Form**

Due By October 14, 2022

MUNICIPALITY: _____

Category VI JIF/MEL Seminar Attendance (5 points per quarter)	
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Seminar:	Date:
Seminar:	Date:
Seminar:	Date:
Seminar:	Date:

Category VII Safety Videos (4 points per quarter)	
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Title:	Date:
Title:	Date:
Title:	Date:
Title:	Date:

Category VIII MVR Checks (4 points per year)	
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Date:	#	
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Extra Credit Any of the above categories (1 point each)	
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Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:

Fax to: (609) 275 - 9662

**Mid Jersey Municipal Joint Insurance Fund
2022 Safety Incentive Program
Quarterly Report Form**

Due By January 17, 2023

MUNICIPALITY: _____

Category I			
Safety Committee Meeting/Accident Review Panel (4 points per quarter)			
Meeting Date	Minutes Attached		Accidents Reviewed
	Yes	No	Yes
	No		No

Category II	
Attendance at Quarterly JIF Safety Meeting (2 points per quarter)	
Date:	
# attended:	

Category III		
Self-Inspections Performed (3 points per quarter)		
Department:	Date:	Location Surveyed:
Department:	Date:	Location Surveyed:
Department:	Date:	Location Surveyed:
Department:	Date:	Location Surveyed:

Category IV		
Hazard Assessment (3 points per quarter)		
Department:	Date:	Description of hazard reviewed:
Department:	Date:	Description of hazard reviewed:
Department:	Date:	Description of hazard reviewed:

Category V		
Job-Site Observations (1 point each/3 points per quarter max)		
Department	Date:	Task observed:
Department	Date:	Task observed:
Department	Date:	Task observed:

Fax to: (609) 275 - 9662

**Mid Jersey Municipal Joint Insurance Fund
2022 Safety Incentive Program
Quarterly Report Form**

Due By January 17, 2023

MUNICIPALITY: _____

Category VI	
JIF/MEL Seminar Attendance (5 points per quarter)	
Seminar:	Date:
Seminar:	Date:
Seminar:	Date:
Seminar:	Date:

Category VII	
Safety Videos (4 points per quarter)	
Title:	Date:
Title:	Date:
Title:	Date:
Title:	Date:

Category VIII	
MVR Checks (4 points per year)	
Date:	#

Extra Credit	
Any of the above categories (1 point each)	
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description:
Category:	Description: