



2009 Healthy Workplaces Application

Developed by:
The Howard County Health Department

Sponsored by:

Howard County Chamber of Commerce and The Horizon Foundation



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Healthy Workplaces Program Overview

The *Healthy Workplaces Program* recognizes Howard County workplaces that are committed to improving employee health and well-being through six main areas of worksite wellness:

- 1) Culture of Wellness
- 2) Physical Activity
- 3) Mental Health
- 4) Environmental Health
- 5) Nutrition
- 6) Safety

This accreditation program was developed from a review of evidence-based worksite wellness activities, guidelines from existing efforts by the American Heart Association and American Cancer Society as well as recommendations from the Howard County Chamber of Commerce and the Horizon Foundation.

A business is eligible for *Healthy Workplaces* certification if it 1) meets the Baseline Checklist AND 2) the worksite wellness efforts and activities meet or exceed the minimum requirements established for certification level.

Additionally, if your business is recognized as a *Healthy Workplace*, it may also be eligible for the American Heart Association's Fit Friendly national certification. Upon application review, the Health Department will contact you if your business is dually eligible.

Certification Levels

There are three award designation levels for certified businesses. A *Healthy Workplace* will receive a Bronze, Silver or Gold certification. A review panel, composed of business representatives, health professionals and community members, will review all applications. The requirements for each of the three certification levels appear below.

Bronze Certification Level

This certification level is awarded to businesses that meet the baseline checklist and can demonstrate steps in working toward improving employee health. This can be seen through on site programs offered, off site programs and activities promoted and policy development.

- Workplace meets *Healthy Workplaces* Baseline Checklist
- Workplace must meet at least three (3) criteria in each of these two areas:
 - Culture of Wellness
 - Physical Activity
- Workplace must meet at least two (2) criteria in each of these two areas:
 - Mental Health
 - Environmental Health
- Workplace must meet at least one (1) criterion in each of these two areas:
 - Nutrition
 - Safety

Silver Certification Level

This certification level is awarded to businesses that exceed the Bronze certification through additional wellness efforts and more specifically, the implementation of sustained wellness activities.

- Workplace meets Bronze Certification level
- Workplace must meet at least four (4) criteria in each of these two areas:
 - Culture of Wellness
 - Physical Activity
- Workplace must have implemented at least two (2) on-site wellness activities¹ (e.g. health screenings, fitness classes) for a minimum of 12-18 months prior to the date of application in each of these two areas:
 - Culture of Wellness
 - Physical Activity
- Workplace must meet at least three (3) criteria in each of these two areas:
 - Mental Health
 - Environmental Health
- Workplace must meet at least two (2) criteria in each of these two areas:
 - Nutrition
 - Safety

Gold Certification Level

This certification level is awarded to businesses that have been a certified *Healthy Workplace* for at least one year and meet or exceed the Silver certification level requirements. Businesses receiving this level of designation will have the opportunity, if interested, to serve as a mentor for future applicants.

Please note: Due to the Gold Certification requirements, businesses are not eligible for Gold certification until 2010.

- Workplace must be previously certified as a *Healthy Workplace*
- Workplace meets Silver certification level
- Workplace demonstrates at least one (1) positive health outcome (e.g. high employee participation; reduced absenteeism; reduced healthcare costs; improved health outcomes; improved employee morale) in each of the six areas of worksite wellness²
- Workplace must have implemented at least one (1) policy in each of these two areas:
 - Culture of Wellness
 - Physical Activity

¹ The “Program” category in each area lists examples of qualifying on-site activities.

² This requirement will be explained in detail in the 2010 application.

Healthy Workplace Certification – Options for All Businesses Big and Small

As you will see on the Application Form, efforts and activities are listed in each of the six main areas of worksite wellness. Items on this list are organized into three categories: 1) Policy; 2) Program; and 3) Promotion Activities.

The lists are intended to be long – we want to present a wide range of wellness efforts and activities. We understand that business size, including your human and financial resources, will impact the scope of a wellness program. Any business, regardless of size, should be able to identify efforts and activities from each of the six areas in order to meet minimum requirements for certification.

Healthy Workplaces Application Instructions

This section outlines how to apply for ***Healthy Workplaces*** certification. An electronic copy of the application is available online at www.hchealth.org. You may also request an electronic copy from Ellen Sweeney at (410) 313-6295 or email healthyworkplaces@howardcountymd.gov.

Step 1: Complete the *Healthy Workplaces* Application Cover Sheet

- This sheet provides us with basic information about your organization.

Step 2: Complete the *Healthy Workplaces* Baseline Checklist

- Your application will not be considered without this completed checklist.

Step 3: Complete the Application Form

- There are six main areas of workplace wellness. A list of various efforts and activities is provided in each area.
- Each workplace wellness area is organized into three categories that are essential to a comprehensive wellness initiative (policy, program and promotion activities).
- Please check all criteria on the list that apply to your business in each of the six workplace wellness areas.
- Explanations should be limited to 300 words or less.
- The following number and combination of criteria are required for Bronze and Silver certification:
 - o **Bronze:**
 - 3 criteria checked and explained for Culture of Wellness and Physical Activity
 - 2 criteria checked and explained for Mental Health and Environmental Health
 - 1 criterion checked and explained for Nutrition and Safety
 - o **Silver**
 - 4 criteria checked and explained for Culture of Wellness and Physical Activity
 - 2 on-site programs checked and explained for Culture of Wellness and Physical Activity
 - 3 criteria checked and explained for Mental Health and Environmental Health
 - 2 criteria checked and explained for Nutrition and Safety

Step 4: Assemble additional documentation

- Supporting documents are requested for certain criteria listed on the Application Form. (For example, if you provide health information to your employees via a newsletter, we ask you to submit a copy.)
- If you have received awards or other forms of recognition for worksite wellness efforts, complete the “Additional Workplace Wellness Awards and Recognition” section of the Application Form.
- You are welcome to submit any additional documentation you feel relates to your worksite wellness programs.

Step 5: Complete and sign the Acknowledgment Form

- Both the individual completing the application and the owner/president of the business must provide signatures acknowledging the application’s requirements.

Step 6: Submit your application

- Applications are accepted by regular mail or email.

Mailing Address: Howard County Health Department
Attn: Healthy Workplaces
7178 Columbia Gateway Drive
Columbia, MD 21046

Email Address: healthyworkplaces@howardcountymd.gov

Application Deadline: Thursday, September 25, 2009
- Mailed applications must be postmarked by this date
- Emailed applications must be received by 5pm on this date

Notification of *Healthy Workplaces* certification

- All businesses will be notified in early October 2009.
- 2009 Healthy Workplaces Ceremony to recognize certified businesses will take place in late Fall 2009.

Questions ?

- For questions please contact Ellen Sweeney at (410)313-6268 or email healthyworkplaces@howardcountymd.gov

Healthy Workplaces Application Cover Sheet

Business Name: _____

Address: _____

CEO/President Name: _____

Applicant Name: _____

Applicant Title: _____

Phone Number: _____

Email: _____

Business type:
(Please check one) Private Public Non-profit

Business environment:
(Please check one) High-rise Mid-rise Low-rise Single-level

Multiple locations/branches? Yes No

Business size:
(Please check one) ≤25 employees ≤ 26-100 employees Over 100

Number of full-time employees: _____

Healthy Workplaces Baseline Checklist

There are a number of federal and state regulations in effect to protect and promote the health and safety of employees during the work day. We understand that business size and function may exempt certain workplaces from having to comply with the laws and regulations listed below.

Please indicate each of the following laws/regulations with which your business is required to comply by checking the appropriate boxes.

Laws/Regulations³	Please mark “X” to indicate the laws/regulations that apply to your business*	
Establishes minimum wage, overtime pay, record keeping and youth employment standards. (Fair Labor Standards Act or FLSA)	<input type="checkbox"/> Does apply*	<input type="checkbox"/> Does NOT apply
Protects against discrimination by race, gender, religion, color, disability. (Equal Employment Opportunity or EEO)	<input type="checkbox"/> Does apply*	<input type="checkbox"/> Does NOT apply
Grants eligible employees up to a total of 12 workweeks of unpaid leave during any 12-month period for reasons including birth of child, child placement with employee, care of immediate family member, and/or serious health condition. (Family and Medical Leave Act or FMLA)	<input type="checkbox"/> Does apply*	<input type="checkbox"/> Does NOT apply
Requires employees adhere to sexual harassment policies restricting unwelcome sexual advances, requests for sexual favors, and other verbal conduct of a sexual nature. (Title VII of the Civil Rights Act of 1964)	<input type="checkbox"/> Does apply*	<input type="checkbox"/> Does NOT apply
Adheres to health and safety standards set forth by the Occupational Safety and Health Act (OSHA) and the Maryland Occupational Safety and Health (MOSH) program.	<input type="checkbox"/> Does apply*	<input type="checkbox"/> Does NOT apply
Prohibits discrimination against people with disabilities in employment, transportation, public accommodation, communications, and governmental activities. (Americans with Disabilities Act)	<input type="checkbox"/> Does apply*	<input type="checkbox"/> Does NOT apply
Prohibits smoking in the workplace and within 15 feet of the public entrance or exit to the building. (Title 12 of Howard County Code, Howard County Clean Indoor Air Act)	<input type="checkbox"/> Does apply*	<input type="checkbox"/> Does NOT apply

**** By checking “Does apply” you are indicating that your business complies with the law/regulation.***

³ To view full, relevant laws and regulations please go to www.hchealth.org, click the “Healthy Howard Initiative” tab, and go to the “Healthy Workplaces” tab.

Healthy Workplaces Application Form

Healthy Workplaces focuses on six main areas of worksite wellness:

- 1) Culture of Wellness
- 2) Physical Activity
- 3) Mental Health
- 4) Environmental Health
- 5) Nutrition
- 6) Safety

A list of various efforts and activities appears for each of these six areas on the Application Form. Items on the lists are organized into four categories:

- 1) Policy- guidelines set forth by the organization to ensure a healthy and safe working environment
- 2) Program - **on-site** wellness activities offered to employees to encourage and facilitate a healthy lifestyle before, during or after work hours
- 3) Promotion - **off-site** wellness activities advertised by the employer to encourage employees to participate in community activities/events
- 4) Other - additional wellness efforts not mentioned on the application

Please review the list in each area and check all of the items that apply to your business. To ensure that the awards panel fully understands your workplace's policies and programs, please provide further explanation and supporting documents when indicated. For example, if you provide health information to your employees via a newsletter, we ask you to submit a copy of a newsletter with your application. Or if you provide on-site health fairs, please note how frequently they are offered and what is provided as part of the event.

Please limit explanations to 300 words or less. If you wish to provide additional information or documentation, you may do so at the end of the application.

You will also see asterisks after certain items. Those items are derived from one of the American Cancer Society's (ACS) Workplace Solutions Programs as well as the American Heart Association's (AHA) Fit Friendly Certification Program. Information on Workplace Solutions and Fit Friendly are available on our website at www.hchealth.org. If your workplace meets AHA's Fit Friendly Certification requirements, the Health Department will assist you with that separate application.

1: Culture of Wellness

Please check *all criteria that apply* in Culture of Wellness.

REMEMBER:

- ✓ 3 criteria checked and explained= Bronze certification.
- ✓ 4 criteria checked and explained= Silver certification.

Policy	My workplace...
<input type="checkbox"/>	Provides different leave options to employees <i>Please describe the types of leave options for employees (e.g. personal leave, annual leave, and sick leave for doctor's visits, spouse/child illness, vacation, paid time off, and/or short term disability).</i>
<input type="checkbox"/>	Offers leave bank for employees to accrue leave for emergencies or care for dependents <i>Please describe how employees are made aware of the policy and the types of employees eligible to participate.</i>
<input type="checkbox"/>	Provides health care benefits to employees with some employer contribution <i>Please list the insurance carriers and types of plans offered to employees (e.g. PPO, HMO, POS), the types of employees eligible for benefits (e.g. full-time, part-time, contractual), and the types of coverage offered (e.g. medical, dental, vision, prescription). Please describe the type of coverage to dependents, if applicable. You may attach policies at the end of the application.</i>
<input type="checkbox"/>	Utilizes health benefit plan strategies to maximize services offered to employees <i>Please describe strategies you have taken, if any, to provide more health services to employees through their insurance carriers and respective plans. Examples may include, but are not limited to, disease management and/or value based design (such as waiving co-pays for certain medications).</i>
<input type="checkbox"/>	Provides a safe and private place for women to breastfeed or express milk <i>Please describe the area provided and how employees are informed of this opportunity.</i>
<input type="checkbox"/>	Provides paid maternity leave to employees <i>Please indicate the amount of time granted for this type of leave and the type of employee eligible to use this leave (e.g. full-time, part-time, contractual workers).</i>
<input type="checkbox"/>	Provides paid paternity leave to employees <i>Please indicate the amount of time granted for this type of leave, the type of employee eligible to use this leave (e.g. full-time, part-time, contractual workers), and how they are compensated.</i>

1: Culture of Wellness (cont.)

Policy (cont.)	My workplace...
<input type="checkbox"/>	Provides flexible spending account, health savings account, or health reimbursement account for health care <i>Please describe how employees are made aware of this option and the types of employee eligible to participate.</i>
<input type="checkbox"/>	Provides flexible spending account for dependent care <i>Please describe how employees are made aware of this option and the types of employee eligible to participate.</i>
<input type="checkbox"/>	Provides health care benefits to retirees <i>Please list the insurance carriers and types of plans offered to retirees (e.g. PPO, HMO, POS) and the eligibility requirements (e.g. # of years of service).</i>
Program	My workplace...
<input type="checkbox"/>	Has a wellness committee or appointed wellness champion* <i>Please indicate when this committee was formed and describe how your wellness champion was identified.</i>
<input type="checkbox"/>	Has a budget for worksite wellness programs and activities. If there is no formal budget, do you allocate funds to wellness activities and where do the funds come from? <i>Please describe what costs are factored into the budget (e.g. personnel, materials, programmatic costs).</i>
<input type="checkbox"/>	Provides on-site Health Fairs <i>Please indicate how frequently Health Fairs occurred during the past year and describe the outside vendors used to provide this service. If available, include estimates of employee participation.</i>
<input type="checkbox"/>	Provides wellness clinics or screenings through our insurance carriers or an outside vendor* <i>Please describe the types of screenings (e.g. blood pressure screenings, biometric clinic) offered, how often they are provided each year and how employees are encouraged to attend. If available, include estimates of employee participation.</i>
<input type="checkbox"/>	Promotes wellness through educational materials * <i>Please describe how frequently this information is disseminated and provide a copy or description of the types of education materials (e.g. newsletters, bulletin boards, e-mails).</i>

1: Culture of Wellness (cont.)

Program (cont)	My workplace...
<input type="checkbox"/>	Provides on-site health education programs* <i>Please list the topics covered by these programs, how long the programs have been available to employees as well as how frequently they are offered each year. Please list the outside vendors or organizations that administer these programs (e.g. cardiovascular health, aging).</i>
<input type="checkbox"/>	Surveys employees and develops a plan for worksite wellness activities and events based on their needs and interests. <i>Please describe the methods used to obtain information and feedback from employees regarding worksite wellness activities (e.g. surveys, comment/suggestion box, group discussions). If a survey is used, you may attach a copy of it with your application.</i>
Promotion	My workplace...
<input type="checkbox"/>	Promotes health fairs and health education programs that are offered in the community <i>Please describe the health fairs and education programs (e.g. Latino Health Fair, wellness class offered by Howard County General Hospital) promoted in the past year, and how this information is communicated to employees. If an event takes place during the workday, please describe how employee participation is encouraged.</i>
<input type="checkbox"/>	Promotes completion of Health Risk Assessments (HRA) through our insurance carrier or outside vendor. <i>Please describe how HRAs are promoted and how many employees have completed the HRA during the past year.</i>
<input type="checkbox"/>	Promotes availability of flu shots in the community <i>Please describe how flu shot availability is promoted in the past year, and how it is communicated to employees (e.g. Howard County Health Department clinics or 50+ Expo). If a flu clinic takes place during the workday, please describe how employee participation is encouraged.</i>
<input type="checkbox"/>	Promotes health screenings offered in the community <i>Please describe the health screenings promoted in the past year, and how this information is communicated to employees (e.g. cancer and blood pressure screenings through Howard County General Hospital or Health Department). If an event takes place during the workday, please describe how employee participation is encouraged.</i>
Other	My workplace...
<input type="checkbox"/>	Please check this box if you have implemented a policy, program, or engage in promotion efforts that are not listed above. <i>Please describe your policy, program or promotion effort. You may also attach additional documentation to your application.</i>

2: Physical Activity

Please check *all criteria that apply* in Physical Activity.

REMEMBER:

- ✓ 3 criteria checked and explained= **Bronze certification.**
- ✓ 4 criteria checked and explained= **Silver certification.**

Policy	My workplace...
<input type="checkbox"/>	Provides clean and well lit stairwells that are accessible to employees*
<input type="checkbox"/>	Allows employees time during the workday or offers flex time to encourage physical activity <i>Please explain your policy to encourage physical activity during the workday and how this information is communicated to employees (e.g. 15 minute walk break).</i>
Program	My workplace...
<input type="checkbox"/>	Provides incentives for joining a gym or fitness facility* <i>Please describe the incentives offered (e.g. discounted or free membership) and list your partner gyms or fitness facilities. Please indicate how long this incentive has been offered to employees. If available, include estimates of employee participation.</i>
<input type="checkbox"/>	Provides bike racks at the workplace to encourage biking to work
<input type="checkbox"/>	Creates a company team and participates in health focused fundraising events <i>Please list health focused fundraising events (e.g. Relay for Life; American Diabetes Association Tour de Cure, MS Walk) that your company team has participated in during the past two years. If available, include estimates of employee participation.</i>
<input type="checkbox"/>	Provides access to a fitness facility on-site or in a related building * <i>Please describe the facility (location in the building, types of equipment, and hours of operation) and how long it has been open to employees. If available, include estimates of employee utilization.</i>
<input type="checkbox"/>	Offers on-site fitness activities ** <i>Please describe the types of activities (e.g. exercise classes, walking programs, yoga, tai chi, personal training) and how frequently they were offered during the past year. If available, include estimates of employee participation.</i>
Promotion	My workplace...
<input type="checkbox"/>	Promotes taking the stairs through point-of-decision prompts at key points in the building* <i>Please describe how stairwells are labeled (e.g. posters by the elevators, arrows pointing to stairway entrance).</i>

#2: Physical Activity (cont.)

Promotion (cont)	My workplace...
<input type="checkbox"/>	Promotes walking inside the building or around outside of office building* <i>Please indicate if your business promotes indoor or outdoor walking paths and how this information is communicated to employees.</i>
<input type="checkbox"/>	Promotes biking or walking to work as alternate forms of transportation <i>Please describe the type of promotional materials (e.g. bike maps) and how this information is communicated to employees (e.g. email, posters).</i>
<input type="checkbox"/>	Promotes off site physical activity* <i>Please describe the types of activities promoted during the past year (e.g. recreational leagues, marathons, bike races, or company sports teams) and how this information is communicated to employees. If available, include estimates of employee participation.</i>
Other	My workplace...
<input type="checkbox"/>	Please check this box if you have implemented a policy, program, or engage in promotion efforts that are not listed above. <i>Please describe your policy, program or promotion effort. You may also attach additional documentation to your application.</i>

3: Mental Health

Please check *all criteria that apply* in Mental Health.

REMEMBER:

- ✓ 2 criteria checked and explained= Bronze certification.
- ✓ 3 criteria checked and explained= Silver certification.

Policy	My workplace...
<input type="checkbox"/>	Provides a designated space in the workplace for employees to take a break away from their desks (e.g. employee lounge, break room, cafeteria)
<input type="checkbox"/>	Provides Employee Assistance Programs (EAP) <i>Please describe the EAP program offered, the types of employees eligible for this service (e.g. full-time, part-time, contractual), and how this program is communicated to employees and supervisors.</i>
<input type="checkbox"/>	Provides supervisors with training on how to communicate effectively with employees regarding mental health concerns <i>Please describe the types of training (e.g. substance abuse, depression, domestic violence) and information on how the training is provided (e.g. online module, seminar format) and how many employees have completed training.</i>
<input type="checkbox"/>	Implements a dress down policy or casual work day policy on a designated day
Program	My workplace...
<input type="checkbox"/>	Offers on-site mental health education programs <i>Please describe the types of programs offered (e.g. brown bag seminar on depression) and how frequently they were offered during the past year. If available, include estimates of employee participation.</i>
<input type="checkbox"/>	Offers on-site activities to decrease stress <i>Please describe the types of activities offered (e.g. brief seated massage, acupuncture) and how frequently they were offered during the past year. If available, include estimates of employee participation.</i>
<input type="checkbox"/>	Offers team building exercises to increase employee morale <i>Please describe the types of activities offered (e.g. participate in community clean up, habitat for humanity, outdoor excursion, ropes courses) and how frequently they were offered during the past year. If available, include estimates of employee participation.</i>
<input type="checkbox"/>	Has a program to recognize employee achievements (e.g. employee of the month, nominations for employee of the year). <i>Please indicate the type of recognition program (e.g. employee of the month, reserved parking space, incentive award), how long the program has been in place and how employees are recognized. If applicable, describe how employees participate in this program (e.g. nominate a colleague, serve on awards committee).</i>

#3: Mental Health (cont.)

Promotion	My workplace...
<input type="checkbox"/>	Promote off-site mental health education and/or resources and programs in the community. <i>Please describe the resources and programs promoted in the past year (e.g. work/life balance seminars, stress management, or financial management workshops in community offered through Howard Community College, Mental Health Authority, Department of Citizen Services) and how this information is communicated to employees. If available, include estimates of employee participation.</i>
<input type="checkbox"/>	Promotes counseling services in community <i>Please describe the services promoted in the past year (e.g. resources for depression, anxiety, suicide help lines) and how this information is communicated to employees.</i>
Other	My workplace...
<input type="checkbox"/>	Please check this box if you have implemented a policy, program, or engage in promotion efforts that are not listed above. <i>Please describe your policy, program or promotion effort. You may also attach additional documentation to your application.</i>

4: Environmental Health

Please check *all criteria that apply* in Environmental Health.

REMEMBER:

- ✓ 2 criteria checked and explained= **Bronze certification.**
- ✓ 3 criteria checked and explained= **Silver certification.**

Policy	My workplace...
<input type="checkbox"/>	Implements on-site recycling policy (e.g. signs, point of decision prompts)
<input type="checkbox"/>	Offers options for a compressed work week (e.g. 10 hours a day/ 4 days a week), flex time, and/or telecommuting <i>Please describe your policies relating to a compressed work week, flex time, and/or telecommuting, the types of employees eligible and how long these options have been available to employees. If available, include estimates of employee participation. You may also attach a copy of your policies to your application.</i>
<input type="checkbox"/>	Implements a paperless or paper-reduction policy <i>Please describe your policies related to reducing paper consumption and waste and how long this policy has been in place (e.g. employees must limit the amount of copies and/or printing jobs). Also describe how this information is communicated to employees.</i>
<input type="checkbox"/>	Requires the use of eco-friendly cleaning products <i>Please describe your agreement with internal or external janitorial staff regarding the use of eco-friendly cleaning products and list the types of cleaning products used in your workplace.</i>
Program	My workplace...
<input type="checkbox"/>	Develops carpooling system and/or has designated “bike to work” days for employees. <i>Please describe how employees are encouraged to participate and how the information is communicated to employees during the past year. If applicable, include a list of incentives for employee participation (e.g. gas card, free bike locks).</i>
<input type="checkbox"/>	Provides on-site free or reduced cost smoking cessation classes <i>Please describe number of classes made available and how frequently they were offered to employees during the past year. Please list the outside vendors or organizations that administer the classes. If available, include estimates of employee participation.</i>
<input type="checkbox"/>	Conducted an energy audit to improve energy efficiency and reduce waste <i>Please describe the audit, including when it was conducted and the resulting changes made (e.g. installed energy efficient light bulbs, networked computers to a central printer/copier, programmed thermostat to conserve heat/air conditioning after hours and on weekends).</i>

4: Environmental Health (cont.)

Promotion	My workplace...
<input type="checkbox"/>	<p>Promotes off-site free or reduced cost smoking cessation classes <i>Please list classes promoted during the past year, including the sponsoring organization (e.g. Health Department, Howard County General Hospital) and how this information is communicated to employees. If the class takes place during the workday, please describe how employee participation is encouraged. If available, include estimates of employee participation.</i></p>
<input type="checkbox"/>	<p>Promotes off-site environmental health programs in the community <i>Please describe how this information is communicated to employees and how often this has been promoted (e.g. Howard County GreenFest, Green Building Institute seminars, National Center for Healthy Housing seminars).</i></p>
Other	My workplace...
<input type="checkbox"/>	<p>Please check this box if you have implemented a policy, program, or engage in promotion efforts that are not listed above. <i>Please describe your policy, program or promotion effort. You may also attach additional documentation to your application.</i></p>

5: Nutrition

Please check *all criteria that apply* in Nutrition.

REMEMBER:

- ✓ **1 criteria checked and explained= Bronze certification.**
- ✓ **2 criteria checked and explained= Silver certification.**

Policy	My workplace...
<input type="checkbox"/>	Provides access to healthy food and beverage options and offers a minimum of 25% healthy options (e.g. in vending machines, in break rooms)** <i>Please list the food and beverage options available on site, and describe your policies related to healthy food (e.g. contract with vending company requires a defined minimum percentage of stocked health options). You may also attach a copy of the related policies or guidance documents to your application.</i>
<input type="checkbox"/>	Food ordered for on-site meetings must meet certain minimum nutrition guidelines. <i>Please describe policy or guidance used when placing food orders for on-site meetings (e.g. utilize American Cancer Society's Meeting Well guidebook) You may also attach a copy of your policy or guidance to your application **</i>
<input type="checkbox"/>	Provides on-site area for employees to prepare, store, and eat lunch as well as access to a drinking water supply <i>Please list appliances (e.g. refrigerator, microwave) provided.</i>
Program	My workplace...
<input type="checkbox"/>	Offers on-site nutrition programs <i>Please describe the types of programs and how frequently they were offered during the past year (e.g. healthy dining tips, organic eating, grocery shopping tips). If available, include estimates of employee participation.</i>
<input type="checkbox"/>	Offers incentives for participation in weight loss programs <i>Please explain the incentives (e.g. rebate or discount) offered, list the specific weight loss programs (e.g. Weight Watchers) and how long the incentive has been available to employees. If available, include estimates of employee participation.</i>
Promotion	My workplace...
<input type="checkbox"/>	Promotes healthy nutrition through point-of-purchase prompts at vending machines or in cafeterias <i>Please describe how healthy items in the vending machines are labeled, e.g. through stickers, decals, fliers.</i>
<input type="checkbox"/>	Promotes nutrition focused programs in the community. <i>Please describe the types of nutrition programs (e.g. healthy dining, healthy cooking) promoted in the past year and how this information is communicated to employees. If the programs take place during the workday, please describe how employee participation is encouraged.</i>

#5: Nutrition (cont.)

Other	My workplace...
<input type="checkbox"/>	<p>Please check this box if you have implemented a policy, program, or engage in promotion efforts that are not listed above. <i>Please describe your policy, program or promotion effort. You may also attach additional documentation to your application.</i></p>

6: Safety

Please check *all criteria that apply* in Safety.

REMEMBER:

- ✓ 1 criteria checked and explained= Bronze certification.
- ✓ 2 criteria checked and explained= Silver certification.

Policy	My workplace...
<input type="checkbox"/>	Requires key card access for entry into building
<input type="checkbox"/>	Requires employee to carry photo I.D. badges
<input type="checkbox"/>	Has a functional security alarm system
<input type="checkbox"/>	Has functioning fire extinguisher and smoke detectors
<input type="checkbox"/>	Has First-Aid Kit and an Automated External Defibrillator (AED) on-site
<input type="checkbox"/>	Has a plan for emergencies such as natural disasters or mass casualty events <i>Please describe your policies related to emergency preparedness (e.g. employee notification procedures, communication plan, temporary shut down plan).</i>
<input type="checkbox"/>	Has an "In Case of Emergency Call List" on file for all employees
<input type="checkbox"/>	Has a designated employee to serve as on-site safety monitor to inspect workplace and ensure employee safety
<input type="checkbox"/>	Implements incident reporting system for workplace safety concerns <i>Please describe how long this system has been in place and the process by which employees can report safety concerns or injuries.</i>
<input type="checkbox"/>	Conducts scheduled and unscheduled fire drills and employees receive training on evacuation plan <i>Please indicate how frequently drills occur and how employees are trained on procedures in case of fire.</i>
Program	My workplace...
<input type="checkbox"/>	Provides free on-site CPR, First-Aid and/or AED training* <i>Please describe programs (e.g. frequency, material, instructors used). Please describe the number trainings made available and how frequently they were offered to employees during the past year. Please list the outside vendors or organizations that conduct the trainings. If available, include estimates of employee participation and an estimate percentage of employees who are certified.</i>
<input type="checkbox"/>	Provides on-site safety programs <i>Please indicate the topics addressed (e.g. injury prevention, emergency preparedness) and how frequently programs were offered during the past year. If available, include estimates of employee participation.</i>

#6: Safety (cont.)

Program (cont)	My workplace...
<input type="checkbox"/>	Provides option for employees to create ergonomically designed work stations <i>Please describe accommodations made for employees to make changes to their work stations (e.g. workability assessments available, cost of modifications covered by business).</i>
Promotion	My workplace...
<input type="checkbox"/>	Promotes off site CPR training, First-Aid training, and other safety programs <i>Please list classes promoted during the past year, including the sponsoring organization and how this information is communicated to employees. If the class takes place during the workday, please describe how employee participation is encouraged. If available, include estimates of employee participation.</i>
Other	My workplace...
<input type="checkbox"/>	Please check this box if you have implemented a policy, program, or engage in promotion efforts that are not listed above. <i>Please describe your policy, program or promotion effort. You may also attach additional documentation to your application.</i>

Additional Workplace Wellness Awards and Recognition

Please use the space below to list any awards, certifications or recognitions your workplace has received related to employee health and wellness (e.g. LEED certification, OSHA's Sharp Award, AHA's Fit Friendly certification).

Please indicate the year the award was achieved and attach any supporting documentation or copies of certification to your application.

Healthy Workplaces Acknowledgment Form

I understand that ***Healthy Workplaces*** is a voluntary program that recognizes Howard County businesses for their health and wellness standards and affirm that the information on this application is complete and accurate.

I understand that if this workplace is recognized as a ***Healthy Workplace***, the workplace will receive a decal logo for display, be listed on the Howard County Health Department website and be recognized by the Chamber of Commerce and the Horizon Foundation.

I understand that if this workplace is recognized as a ***Healthy Workplace*** and is interested in maintaining the ***Healthy Workplace*** designation, the workplace must apply for re-certification one year after receiving the initial certification.

I have read the above information and have included all necessary documentation to the best of my ability.

Applicant Name and Title (printed) _____

Applicant Signature _____

CEO/President Name (printed) _____

CEO/President Signature _____

Date _____