# Rules of Department of Labor and Industrial Relations
## Division 50—Workers’ Compensation
### Chapter 7—Missouri Worker’s Safety Program

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 CSR 50-7.010 Purpose</td>
<td>3</td>
</tr>
<tr>
<td>8 CSR 50-7.020 Definitions</td>
<td>3</td>
</tr>
<tr>
<td>8 CSR 50-7.030 Name and Address Change</td>
<td>3</td>
</tr>
<tr>
<td>8 CSR 50-7.040 Certification Requirements: Safety Engineering and Management Program</td>
<td>3</td>
</tr>
<tr>
<td>8 CSR 50-7.050 Application for Certification: Safety Engineering and Management Program</td>
<td>4</td>
</tr>
<tr>
<td>8 CSR 50-7.060 Requirements For Certification: Safety Engineers and Safety Consultants</td>
<td>7</td>
</tr>
<tr>
<td>8 CSR 50-7.070 Application for Certification: Certified Safety Consultant/Certified Safety Engineer</td>
<td>10</td>
</tr>
<tr>
<td>8 CSR 50-7.080 Continuing Education</td>
<td>17</td>
</tr>
<tr>
<td>8 CSR 50-7.090 Grounds for Refusal, Revocation or Suspension of Certification</td>
<td>17</td>
</tr>
<tr>
<td>8 CSR 50-7.100 Public Complaint Handling and Disposition Procedure</td>
<td>17</td>
</tr>
<tr>
<td>8 CSR 50-7.110 Investigation</td>
<td>17</td>
</tr>
<tr>
<td>8 CSR 50-7.120 Denial of Certification</td>
<td>18</td>
</tr>
</tbody>
</table>
Title 8—DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

Division 50—Workers' Compensation

Chapter 7—Missouri Workers' Safety Program

8 CSR 50-7.010 Purpose

PURPOSE: This rule establishes the purpose for the Missouri Workers' Safety Program, as required by section 287.123, RSMo.

1. The Missouri Workers' Safety Program shall administer and enforce the provisions regarding certification, review and renewal of insurance company safety programs, and the certification of safety engineers and safety consultants, as required by section 287.123, RSMo.

2. The Division of Workers' Compensation of the Department of Labor and Industrial Relations shall establish and maintain a job safety and health information system. The division shall analyze the information to identify and assign priorities to safety and health needs. The division shall promote workers' health and safety through educational programs and other innovative programs developed by the division.

3. The division shall collect and serve as a repository for statistical information on workers' health and safety. The job safety and health information system shall include a comprehensive data base that incorporates all pertinent information relating to each reported injury involving a lost time incident of any nature. The information collected shall be submitted by the insurance carrier on a quarterly basis or as requested by the division.

8 CSR 50-7.020 Definitions

PURPOSE: This rule defines the terms used in the Missouri Workers' Safety Program.

1. The words defined in section 287.123, RSMo shall have the same meaning as when used in these rules, unless the context plainly requires a different meaning.

2. Acceptable educational institution—
   1. A school, college, university or other institution of higher learning in the United States which, at the time the applicant was enrolled and graduated, was accredited by the United States Department of Education; or
   2. A school, college, university or other institution of higher learning outside the United States which, at the time the applicant was enrolled and graduated, maintained a standard of training substantially equivalent to the standards of training of those institutions accredited by one (1) of the regional accrediting commissions recognized by the United States Department of Education.

3. Replacement certificate—The certificate holder whose name or address as recorded in the Division of Workers' Compensation is changed shall promptly notify the Missouri Workers' Safety Program and provide a copy of the appropriate document indicating the change as well as requesting that a new certificate be issued.

4. Program manager—Program manager of the Missouri Workers' Safety Program.

5. Comprehensive survey or review of an employer's operation of business.

6. Safety management—The administration, implementation and maintenance of personal and property that effectively reduces or removes recognizable and/or foreseeable hazardous conditions or acts.

8 CSR 50-7.030 Name and Address Change

PURPOSE: This rule outlines the requirements and procedures for notifying the Missouri Workers' Safety Program of name and address changes.

1. All insurance carriers or claims administrators obtaining certification of a safety engineering and management program, and all individuals certified as a safety consultant or safety engineer, shall ensure that the certificate bears the current legal name of the individual or corporation.

2. A certificate holder whose name or address is changed shall promptly notify the Missouri Workers' Safety Program and provide a copy of the appropriate document indicating the change as well as requesting that a new certificate be issued.

8 CSR 50-7.040 Certification Requirements: Safety Engineering and Management Program

PURPOSE: This rule outlines the requirements for certification of a safety engineering and management program.
(1) The criteria of a certified safety engineering and management program, as established by an insurance carrier, shall include:

(A) Administration.

1. The insurance carrier shall notify each insured employer at the time of the initial purchase of a policy and, annually thereafter, of the availability of its services pertaining to a comprehensive safety engineering and management program.

2. The insurance carrier shall designate and appoint a person to be responsible for the initiation and management of its program.

3. The insurance carrier shall coordinate or supervise the collection of information relating to worker safety to measure the effectiveness of the program, including the effect of the program on the employer's injury and occupational disease incidence rate, the severity of injuries that do occur and other reports as required by the division;

(B) Implementation and Management.

1. The insurance carrier shall establish a program designed to address the worker safety and health needs of its insured employer. The program shall be put in the form of a written outline and shall include—

   A. Provisions for providing an employer with resources to address safety and health issues and advising an employer of the availability of resources and individuals competent to address safety and health concerns;

   B. Provisions for assisting an insured employer to develop a comprehensive safety and health program, pertaining to the specific needs of that employer;

   C. Provisions for assisting an insured employer to identify health hazard exposure, as may be applicable; and

   D. Provisions for assisting an insured employer to conduct effective accident investigation procedures.

2. The insurance carrier, upon request, shall perform a review of its insured employer's written program(s), and shall assist the employer in establishing a minimally acceptable written program(s). The program(s) shall be based on objectively determinable risks or loss control factors associated with an individual employer.

3. The insurance carrier, upon request, shall perform a safety and health review audit, which shall include on-site inspections, consultations or surveys as deemed appropriate and necessary to assist the employer in identifying actual or potential health and safety hazards.

4. The insurance carrier, upon request, shall provide or recommend available resources for case file management. The focus of case file management shall be on returning the injured employee to work as soon as medically possible. The insurance carrier should provide education and/or assistance to the employer in the development of modified duty programs and internal case management; and

(C) Education.

1. The insurance carrier shall establish an educational training and information program designed to educate employers in the identification of health and safety hazards and the prevention of occupational injuries and illnesses.

2. The insurance carrier, upon request, shall make available to any insured employer, educational resources or information pertaining to:

   A. Engineering and work practice controls;

   B. General safety management techniques; and

   C. Such other information as may be appropriate.

8 CSR 50-7.050 Application for Certification: Safety Engineering and Management Program

PURPOSE: This rule outlines the procedures for obtaining certification as a certified safety engineering and management program.

(1) An application for certification must be made on a form provided by the Missouri Workers' Safety Program. Application forms may be obtained by requesting a copy from the Missouri Workers' Safety Program, P.O. Box 58, Jefferson City, MO 65102. The application must be filed within sixty (60) days of the date the insurance company is authorized to sell workers' compensation insurance in the state of Missouri. If the insurance company is authorized to sell workers' compensation insurance prior to the effective date of this rule, the sixty (60) days shall run from notification by the program manager.

(2) An application must be typewritten and signed by an authorized representative of the insurance carrier.

(3) A written outline of the insurance carriers proposed certified safety engineering and management program must be on file before an application will be considered complete and officially filed.

(4) The Missouri Workers' Safety Program shall conduct random on-site visits with the insureds of the insurance carrier as part of the certification or renewal process.

(5) Following the Missouri Workers' Safety Program review process, the applicant will be informed by letter of the approval or denial of certification. The denial letter will identify the reasons for denial and the appeal process.


Missouri Department of Labor and Industrial Relations
Division of Workers' Compensation

Application for Insurance Carriers
Certified Safety Programs

Missouri law RSMO 287.123, requires all insurance carriers writing workers' compensation in the state of Missouri to submit a written outline of their comprehensive safety management and engineering program for certification.

Please submit your written outline within 60 days to this office for review.

Type or print answers to all questions and mail in DUPLICATE to The Missouri Workers' Safety Program, 3315 W. Truman Blvd., P. O. Box 58, Jefferson City, MO 65109.

Undersigned Insurance Carrier hereby requests that the written outline of their comprehensive safety engineering and management services available to their insureds be certified.

INSURANCE CARRIER INFORMATION

Name of Insurance Carrier

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>(No)</th>
<th>(Street)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
<th>(Phone)</th>
</tr>
</thead>
</table>

Principal location (No) (Street) (City) (State) (Zip) (Phone)

Other Missouri locations (No) (Street) (City) (State) (Zip) (Phone)

Other Missouri locations (No) (Street) (City) (State) (Zip) (Phone)

Other Missouri locations (No) (Street) (City) (State) (Zip) (Phone)

Other Missouri locations (No) (Street) (City) (State) (Zip) (Phone)

Other Missouri locations (No) (Street) (City) (State) (Zip) (Phone)

*List additional locations, if any, on supplemental page.

Name of contact person (Title) (Phone No.)

Number of loss control reps.

WS 003
Insurance Carrier Acknowledgment

The undersigned acknowledges that it understands the terms of the Program as outlined in the rules.

Authorized Signature and Title ______________________________ Date ____________
8 CSR 50-7.060 Requirements For Certification: Safety Engineers and Safety Consultants

PURPOSE: This rule defines the requirements for certification as a certified safety engineer or certified safety consultant.

(1) Individuals applying for certification as a certified safety engineer and/or safety consultant shall submit a completed and typed application, together with all required documentation to the Missouri Workers’ Safety Program.

(2) Each applicant seeking certification pursuant to 287.123, RSMo to be a safety engineer or safety consultant certified by the state pursuant to this rule shall furnish evidence to the division that the applicant:
   (A) Is at least eighteen (18) years of age;
   (B) Is United States’ citizen or a legal alien; and
   (C) Has not been convicted of a felony during the ten (10) years immediately preceding the application for certification.

(3) In addition to the qualifications set forth in section (2), an applicant for certification as a certified safety engineer shall submit evidence of having obtained licensure as a professional engineer from the Missouri Board for Architects, Engineers and Land Surveyors.

(4) In addition to the qualifications set forth in section (2), an applicant for certification as a certified safety consultant shall submit evidence of meeting one (1) of the following qualifications:
   (A) Obtained a bachelor’s, master’s or doctoral degree from an acceptable educational institution in—
      1. Industrial hygiene;
      2. Engineering, with a major or concentration in occupational/industrial safety and health; or
      3. Science, with a major or concentration in occupational/industrial safety and health;
   (B) Obtain a bachelor’s, master’s or doctoral degree from an acceptable educational institution with an academic degree training program designed to teach primarily the principles and techniques of safety and health and shall be designed to train the students to become a professional in safety and health, and to engage in the practice of professional safety and health. The teaching of safety and health principles and techniques shall not be incidental to the degree program, but shall be the major course of study;
   (C) Be certified as a safety professional by the Board of Certified Safety Professionals (BCSP), and currently engaged in the full-time practice of safety consulting;
   (D) Be certified as an industrial hygienist by the American Board of Industrial Hygienists (ABHI), and currently engaged in the full-time practice of safety consulting;
   (E) Be certified as an occupational health nurse certified by the American Board of Occupational Health Nurses, Inc., and currently engaged in the full-time practice of safety consulting;
   (F) Be certified as an occupational health physician in occupational medicine by the American Board of Preventive Medicine, and currently engaged in the full-time practice of safety consulting; or
   (G) Be currently engaged in the full-time practice of safety consulting, and has been engaged in a full-time practice for three (3) years. The applicant must complete an academic requirement exemption form provided by the Missouri Workers’ Safety Program.


APPLICATION FOR ACADEMIC REQUIREMENT EXEMPTION

Pursuant to R.S.Mo. 287.123 and 8 CSR 50-7.060(4)(G) the following information is required in order to process an application for academic requirement exemption. If applicant is found qualified for the exemption the Missouri Workers’ Safety Program will credit the applicant with meeting the educational requirements established under the rule for qualification for inclusion on the Registry of Safety Engineers and Consultants.

OCCUPATIONAL SAFETY AND HEALTH EXPERIENCE IN LIEU OF ACADEMIC REQUIREMENT

Employers may be contacted to verify information provided. List each position in chronological order beginning with your present position. Account for all occupational safety and health experience in the last three years. Use a separate space for each position. Attach additional sheets if necessary.

Employer __________________________________________

Address __________________________________________

(Street) (City) (State) (Zip)

Dates of Employment to Title Type of Business or industry

Supervisors name and phone number ________________________________

Description of Experience: Indicate the percentage of time spent in the following areas:

Total shall not exceed 100%

Safety/health administration & management
Safety/health training and education
Accident investigation and statistical reporting
Safety/health program evaluation
Safety/health program design
Hazard identification
Hazard elimination and control
Environmental protection
None of the above

WS 005
Employer

Address

(Street) (City) (State) (Zip)

Dates of Employment

to

Title

Type of Business or industry

Supervisors name and phone number

Description of Experience: Indicate the percentage of time spent in the following areas:
Total shall not exceed 100%

Safety/health administration & management
Safety/health training and education
Accident investigation and statistical reporting
Safety/health program evaluation
Safety/health program design
Hazard identification
Hazard elimination and control
Environmental protection
None of the above

For the three areas in which you spend the most time, provide a brief description of your duties and give specific examples.

I certify that the statements above (including any attachments submitted) are accurate to the best of my knowledge. I hereby authorize the Missouri Workers' Safety Program to verify any information submitted. I understand that any falsification of information in the application (or attachments) may be cause for rejection or withdrawal of certification. I further agree to hold the Missouri Workers' Safety Program harmless from any and all liability in the event this application is rejected on the basis of information furnished to the Missouri Workers' Safety Program by me or third persons which would, in the judgment of the Missouri Workers' Safety Program, make me ineligible for certification.

Signature ________________________________ Date _____________________

WS 005
8 CSR 50-7.070 Application for Certification: Certified Safety Consultant/Certified Safety Engineer

PURPOSE: This rule outlines the procedures for application for certification as a certified safety engineer or certified safety consultant.

(1) Applications for certification as a certified safety consultant or certified safety engineer must be made on the forms provided by the Missouri Workers' Safety Program. Application forms may be obtained by requesting a copy from the Missouri Workers' Safety Program, P.O. Box 38, Jefferson City, MO 65102.

(2) An application, including the applicant’s Social Security number, must be typewritten, signed and notarized.

(3) The following documents must be on file with the division or must accompany the application:
   (A) Authenticated copy of diploma or certificate;
   (B) Proof of certification by a recognized professional agency as set out in 8 CSR 50-7.060(4)(B)-(F); and
   (C) Any additional information as the division deems necessary.

(4) If an applicant has been a defendant in a civil suit involving his/her professional activity or conduct, the applicant shall submit a certified copy of the final judgment. If the case is not yet final, the applicant shall submit a certified copy of the complaint and the clerk’s docket sheet.

(5) Following the Missouri workers' safety review process, the applicant will be informed by letter of the approval or denial of certification. The denial letter will identify the reasons for denial and the appeal process.


APPLICATION FOR ACADEMIC REQUIREMENT EXEMPTION

Pursuant to R.S.Mo. 287.123 and 8 CSR 50-7.060(4)(G) the following information is required in order to process an application for academic requirement exemption. If applicant is found qualified for the exemption the Missouri Workers' Safety Program will credit the applicant with meeting the educational requirements established under the rule for qualification for inclusion on the Registry of Safety Engineers and Consultants.

OCCUPATIONAL SAFETY AND HEALTH EXPERIENCE IN LIEU OF ACADEMIC REQUIREMENT

Employers may be contacted to verify information provided. List each position in chronological order beginning with your present position. Account for all occupational safety and health experience in the last three years. Use a separate space for each position. Attach additional sheets if necessary.

Employer ____________________________________________________________
Address ____________________________________________________________

                      (Street)                  (City)                   (State)       (Zip)

Dates of Employment _______________ _______________ _______________

Title ________________________________________________________________

Supervisors name and phone number _____________________________________

Description of Experience: Indicate the percentage of time spent in the following areas:
Total shall not exceed 100%

Safety/health administration & management ______________________________
Safety/health training and education ________________________________
Accident investigation and statistical reporting _________________________
Safety/health program evaluation ________________________________
Safety/health program design _____________________________________
Hazard identification ____________________________________________
Hazard elimination and control ___________________________________
Environmental protection _________________________________________
None of the above ________________________________________________
Missouri Department of Labor and Industrial Relations  
Division of Workers' Compensation

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Employer ________________________________

Address ________________________________

(Street) ____________________________

(City) ____________________________

(State) ____________________________

(Zip) ____________________________

Dates of Employment ________________________________

Title ________________________________

Type of Business or industry ________________________________

Supervisors name and phone number ________________________________

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Description of Experience: Indicate the percentage of time spent in the following areas:

*Total shall not exceed 100%*

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety/health administration &amp; management</td>
<td></td>
</tr>
<tr>
<td>Safety/health training and education</td>
<td></td>
</tr>
<tr>
<td>Accident investigation and statistical reporting</td>
<td></td>
</tr>
<tr>
<td>Safety/health program evaluation</td>
<td></td>
</tr>
<tr>
<td>Safety/health program design</td>
<td></td>
</tr>
<tr>
<td>Hazard identification</td>
<td></td>
</tr>
<tr>
<td>Hazard elimination and control</td>
<td></td>
</tr>
<tr>
<td>Environmental protection</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

For the three areas in which you spend the most time, provide a brief description of your duties and give specific examples.

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I certify that the statements above (including any attachments submitted) are accurate to the best of my knowledge. I hereby authorize the Missouri Workers' Safety Program to verify any information submitted. I understand that any falsification of information in the application (or attachments) may be cause for rejection or withdrawal of certification. I further agree to hold the Missouri Workers' Safety Program harmless from any and all liability in the event this application is rejected on the basis of information furnished to the Missouri Workers' Safety Program by me or third persons which would, in the judgment of the Missouri Workers' Safety Program, make me ineligible for certification.

Signature ________________________________

Date ________________________________
APPLICATION FOR CERTIFICATION
FOR
SAFETY ENGINEERS AND CONSULTANTS

Pursuant to R.S.Mo. 287.123 and 8 CSR 50-7.060 the following information is required in order to process an application for certification of Safety Engineers and Consultants. If applicant is found qualified for certification the Missouri Workers' Safety Program will provide a letter which states the individual has met the qualification for inclusion on the Registry of Safety Engineers and Consultants.

PART I: PERSONAL INFORMATION
Application for: Safety Engineer Safety Consultant

Name __________________________ Date of Birth __________________________

Present Employer __________________________

Title or Position __________________________

Business address __________________________

Home Address (Street) __________________________ (City) (State) (Zip)

Business phone ( ) Home phone ( )

PART II: PROFESSIONAL REGISTRATION OR CERTIFICATION
Please check each applicable item. Enclose a copy of current registration or certification. Information is subject to verification by the Missouri Workers' Safety Program.

( ) Registered Professional Engineer: Registration# __________ State __________

( ) Certified Safety Professional Certificate# __________ Issued by __________

( ) Certified Industrial Hygienist: Certificate# __________ Issued by __________

( ) Certified Occupational Health Nurse Certificate# __________ Issued by __________

( ) Certified Occupational Health Physician Certificate# __________ Issued by __________

PART III: COLLEGE EDUCATION:
The applicant is responsible for requesting and submitting an authenticated copy of their diploma from each college or university. A copy of certification(s) must also be submitted with the application.

<table>
<thead>
<tr>
<th>College/University</th>
<th>City and State</th>
<th>Attended From</th>
<th>Hours Completed</th>
<th>Major</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

( ) Check here if the exemption from academic requirements is requested and attach the application for academic requirement exemption.
Areas of Study: The applicant is responsible for requesting a certified transcript from each college or university. The transcript must be received by the Missouri Workers' Safety Program directly from the college or university. List all courses taken in the following areas or other related subjects.


PART IV: OCCUPATIONAL SAFETY AND HEALTH EXPERIENCE
Employees may be contacted to verify information provided. List each position in chronological order beginning with your present position. Account for all occupational safety and health experience in the last three years. Use a separate space for each position. Attach additional sheets if necessary.

Employer __________________________________________ Date of Employment ____________________________

Address __________________________________________ Title ____________________________ Type of Business or industry __________________________

Supervisor's name and phone number __________________________________________

Description of Experience: Indicate the percentage of time spent in the following areas:

Safety/health administration & management __________________________________________
Safety/health training and education __________________________________________
Accident investigation and statistical reporting __________________________________________
Safety/health program evaluation __________________________________________
Safety/health program design __________________________________________
Hazard identification __________________________________________
Hazard elimination and control __________________________________________
Environmental protection __________________________________________
None of the above __________________________________________

For the three areas in which you spend the most time, provide a brief description of your duties and give specific examples.

I certify that the statements above (including any attachments submitted) are accurate to the best of my knowledge. I hereby authorize the Missouri Workers' Safety Program to verify any information submitted. I understand that any falsification of information in the application (or attachments) may be cause for rejection or withdrawal of certification. I further agree to hold the Missouri Workers' Safety Program harmless from any and all liability in the event this application is rejected on the basis of information furnished to the Missouri Workers' Safety Program by me or third persons which would, in the judgment of the Missouri Workers' Safety Program, make me ineligible for certification.

Signature ____________________________ Date ____________________________
ANNUAL CERTIFICATION RENEWAL
Safety Engineer/Safety Consultant

Recertification is required annually. You are required to submit proof of one Continuing Education Unit or ten contact hours annually. A certificate or written notice on the organization's letterhead is acceptable. The content of the course should be related to occupational safety and health such as Environmental Health and Safety, Safety Program Administration and Management, General Occupational Safety and Health, Transportation Safety, Industrial Safety, Safety Engineering and Applied Science, etc. The Missouri Workers' Safety Program reserves the right to contact the organization to verify the information provided.

PART I - PERSONAL DATA

Recertification for: Safety Engineer_________ Safety Consultant_________

Name________________________________________ Present Employer________________________________________

Business Address_________________________ Home Address_________________________

(Street) (Street)

(City) (State) (Zip) (City) (State) (Zip)

Business Phone (___)______________________ Home Phone (___)______________________

Job title - Please check one of the below that best describes your current position.

( ) Consultant ( ) Director ( ) Engineer

( ) Coordinator ( ) Administrator ( ) Educator

( ) Supervisor ( ) Manager

PART II - CERTIFICATIONS AND WORK EXPERIENCE (ATTACH A CURRENT COPY)

Certifications: Check each applicable item:

( ) Registered Professional Engineer

( ) Certified Safety Professional

( ) Certified Industrial Hygienist

( ) Certified Occupational Health Nurse

( ) Certified Occupational Health Physician

Registration#________ State

Certificate#________ Issued by ______

Certificate#________ Issued by ______

Certificate#________ Issued by ______

Certificate#________ Issued by ______
Occupational Safety and Health Experience: Indicate the percentage of time spent in the following areas:
Total shall not exceed 100%

| Safety/health administration and management |  |
| Safety/health training and education |  |
| Accident investigation and statistical reporting |  |
| Safety/health program evaluation |  |
| Safety/health program design |  |
| Hazard identification |  |
| Hazard elimination and control |  |
| Environmental protection |  |
| None of the above |  |

For the three areas in which you spend the most time, provide a brief description of your duties and give specific examples.

I certify that the statements above (including any attachments submitted) are accurate to the best of my knowledge. I hereby authorize the Missouri Workers' Safety Program to verify any information submitted. I understand that any falsification of information in the application (or attachments) may be cause for rejection or withdrawal of certification. I further agree to hold the Missouri Workers' Safety Program harmless from any and all liability in the event this application is rejected on the basis of information furnished to the Missouri Workers' Safety Program by me or third persons which would, in the judgment of the Missouri Workers' Safety Program, make me ineligible for certification.

Signature ___________________________ Date ___________________________

WS 002
8 CSR 50-7.080 Continuing Education

PURPOSE: This rule identifies the requirements for obtaining continuing education for those individuals who have received certification as a certified safety consultant or certified safety engineer.

(1) Individuals seeking to maintain certification as a certified safety consultant or certified safety engineer shall submit annually, in writing, proof of having completed one (1) continuing education unit (CEU) during the preceding twelve (12)-month period.

(2) A CEU shall be defined as ten (10) contact hours of participation in an organized or continuing education experience under responsible sponsorship, capable directors, and qualified instructors. Ten (10) contact hours shall equal one (1) CEU; and fifty (50) minutes of instruction shall equal one (1) contact hour.

(3) The course of instruction shall be related to occupational safety and health, and seminar programs that offer CEU credit shall be preapproved by the Missouri Workers' Safety Program. Examples of acceptable areas of instruction are: safety management, industrial hygiene, industrial safety, general safety, driver safety, fire safety, aviation safety, transportation safety, occupational safety and health administration, accident and statistical reporting, safety training, safety engineering, system safety analysis, construction safety, legal and ethical issues related to safety, chemical or biological safety, environmental safety.

(4) Certified safety consultants or certified safety consultants that want to obtain CEU credit for an unapproved seminar shall submit a written request to the program manager including the seminar brochure which outlines the seminar program and faculty for approval of the seminar to meet the CEU requirement. The request may be submitted after the seminar has occurred.

(5) Correspondence or home study is acceptable; provided, however, the criteria outlined in this rule is satisfied.

8 CSR 50-7.090 Grounds for Refusal, Revocation or Suspension of Certification

PURPOSE: This rule identifies the grounds available to the division for refusing to issue a certificate, or for revoking or suspending any certificate that has been issued.

(1) The Missouri Workers' Safety Program may refuse to issue or renew any certificate for failures to comply with the requirements set out in 8 CSR 50-7.070 and 8 CSR 50-7.080. The Missouri Workers' Safety Program shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his/her right to file an appeal with the Labor and Industrial Relations Commission.


8 CSR 50-7.100 Public Complaint Handling and Disposition Procedure

PURPOSE: This rule establishes a procedure for the receipt, handling and disposition of public complaints.

(1) The Missouri Workers' Safety Program shall receive and process, as appropriate, any complaint made against any certificate holder, registered applicant or other individual entity that alleges certain acts or practices which may constitute one (1) or more violations of the Missouri Workers' Compensation Law. Complaints received from sources outside Missouri shall be processed in the same manner as those that originate within Missouri. The division director or any division staff member may file a complaint pursuant to this rule in the manner as any member of the public.

(2) Complaints should be mailed or delivered to the following address: Missouri Workers' Safety Program, P.O. Box 58, Jefferson City, MO 65102. Complaints may be based upon personal knowledge or beliefs based on information received from other sources.

(3) All complaints should be made in writing and shall fully identify the complainant by name and address.

(4) Each complaint received under this rule will be maintained by the division. The complaint file shall contain a record of each complainant's name and address; the subject(s) of the complaint; the date each complaint is received by the division; a brief statement of the complaint, including the name of any person injured or victimized by the alleged acts or practices; a notation whether the complaint resulted in dismissal by the division or formal charges being filed with the Missouri Department of Insurance or the division director; and the ultimate disposition of the complaint.

(5) Each complaint received under this rule shall be acknowledged in writing.

(6) This rule should not be deemed to limit the Missouri Workers' Safety Program's authority to file any complaint with the Missouri Department of Insurance or the division director charging a certificate holder of any unlawful conduct or violation. The complaint filed by the division shall not be limited to the acts charged in a public complaint.

(7) The division interprets this rule to exist for the benefit of those members of the public who submit complaints to the division. This rule does not create any cause of action for certificate holders against those filing complaints with the division.


8 CSR 50-7.110 Investigation

PURPOSE: This rule sets forth the procedure to be used in conducting an investigation and responsibilities of the complainant.

(1) Upon receipt of the complaint in proper form, the division may investigate the actions of the certificate holder, applicant or registrant against the complaint as made. In conducting an investigation, the division in its discretion...
may request the certificate holder, applicant or registrant under investigation to answer the charges made against such business or person in writing and to produce relevant documentary evidence and may request such person or business to appear before it.

(2) A copy of any written answer of the certificate holder, applicant or registrant shall be furnished to the complainant.


8 CSR 50-7.120 Denial of Certification

PURPOSE: This rule outlines the procedure to be used to appeal a decision by the Missouri Workers’ Safety Program of the Division of Workers’ Compensation.

(1) Any individual or business may contest a denial of certification by requesting a hearing before the Labor and Industrial Relations Commission or its designee.
