



Mark Gordon
Governor

State of Wyoming

Department of Workforce Services

WCSR

444 W Collins Dr, Ste 1500, Rm 1507

Casper, WY 82601

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307-777-8901

Fax: 307-777-2893



Elizabeth Gagen, J.D.
Director
Jason Wolfe
Deputy Director

6/30/2025

TOWN OF ALPINE
P O BOX 3070
ALPINE, WY 83128-3070

Re: Follow-Up for **WCSR** Services

Dear TOWN OF ALPINE:

Workers' Compensation Safety & Risk (**WCSR**) is following up on our letter sent to you on 6/4/2025 addressing your current Experience Modification Rate (EMR) that is equal to or above one. This EMR is affected by Workers' Compensation injury claims, which could adversely impact your business and employees. Lower EMR's correspond directly with lower workers' compensation insurance premiums.

Workers' Compensation Safety and Risk would like to assist you by conducting a free on-site comprehensive visit for your business. This visit will help to identify workplace hazards, evaluate and establish necessary workplace safety and health programs along with providing necessary trainings. **WCSR** will analyze your loss run report and aid in the application process for the following safety and health discount programs:

Drug-Free Workplace Discount - 10% (Annual application)

Safety Discount - Three Discount levels - 3.33% - 6.66% - 10% (Annual application)

Health & Safety Consultation Discount Four Discount Levels - 3% - 5% - 7% - 10% (This discount lasts 3 years after a **FREE** visit with WCSR)

Deductible Program

Workplace Safety Contracts (also known as the Safety Improvement Fund)

WCSR would be happy to assist you and your business in promoting a safe and healthy workplace environment. Please complete and return the enclosed Service Request Form. If you have any further questions about the services provided by **WCSR**, please call 307-777-8901.

Sincerely,

Adam Powell
WCSR Program Manager

Enc: Service Request/Online Fillable Form
<https://dws.wyo.gov/dws-division/workers-compensation/employers/workers-compensation-safety-and-risk/>



Service Request Form

Online Fillable Form [https://dws.wyo.gov/dws-division/workers-compensation/employers/workers-compensation-safety-and-risk/Department of Workforce Services](https://dws.wyo.gov/dws-division/workers-compensation/employers/workers-compensation-safety-and-risk/Department%20of%20Workforce%20Services)

Company Name: _____ dba: _____

Contact Name: _____

Wyoming Workers' Compensation Policy Number: _____

Physical Address (do not use a PO Box): _____

City: _____ State: _____ Zip: _____

Mailing address if different: _____

Email: _____ Telephone: _____ Fax: _____

Type of Service Requested

(Be advised: A comprehensive evaluation is required to be eligible for a workers' Compensation discount)

☐ **Comprehensive Safety and Health Evaluation** (A Wyoming Workers' compensation Safety and Risk Specialist will conduct an evaluation of the employer's safety and health management systems and the facility/jobsite.)

☐ **Specific/Limited Evaluation**

☐ Anchor Testing ☐ Construction ☐ Industrial Hygiene ☐ Other _____

☐ **Program Assistance**

☐ Bloodborne Pathogens ☐ Confined Space ☐ Hazard Communication
☐ Health & Safety ☐ Hearing Conservation ☐ Lockout/Tag out
☐ Personal Protective Equipment ☐ Process Safety ☐ Respiratory Protection
☐ Other _____

Please note: The undersigned understands that they need to correct all serious hazards or program deficiencies identified in the evaluation.

Requesting Management Representative Signature & Title

Date

Please return completed form to:
Wyoming Department of Workforce Services
Division of Workers' Compensation Safety & Risk
444 W Collins Dr, Ste 1500, Rm 1506, Casper, WY 82601
Phone: (307) 777-8901
Fax #: 307-777-2893

Please include all addition job site addresses below:

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

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