

# Occupational Hazards

THE MAGAZINE OF SAFETY, HEALTH AND LOSS PREVENTION

please make any corrections needed to your information above

**YES!** I wish to continue receiving **OCCUPATIONAL HAZARDS** at no charge.  No

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

DIRECT PHONE \_\_\_\_\_

DIRECT FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

May **OH** contact you via fax?  Yes  No

**COMPLETE THIS FORM & FAX BACK TO: 1-800-245-2375**

1. How would you like to receive your copy of OH?  Digital  Print

2. What is the primary end product manufactured or service performed at your business location? (please be specific)

\_\_\_\_\_

3. What is the total number of employees at this location?

- |                                    |                                      |  |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> 1 1 - 9   | <input type="checkbox"/> 4 50 - 99   | <input type="checkbox"/> 7 500 - 999     |
| <input type="checkbox"/> 2 10 - 19 | <input type="checkbox"/> 5 100 - 249 | <input type="checkbox"/> 8 1000 - 2499   |
| <input type="checkbox"/> 3 20 - 49 | <input type="checkbox"/> 6 250 - 499 | <input type="checkbox"/> 9 2500 and over |

4. Please check **ALL** functions for which you have a responsibility:

- |  |  |
|--|--|
| <input type="checkbox"/> 01 Safety                   | <input type="checkbox"/> 10 Other (please specify) |
| <input type="checkbox"/> 02 Industrial Hygiene       | _____  |
| <input type="checkbox"/> 03 Environmental Compliance | _____  |
| <input type="checkbox"/> 04 Occupational Health      | _____  |
| <input type="checkbox"/> 05 Fire Protection          | _____  |
| <input type="checkbox"/> 06 Training                 | _____  |
| <input type="checkbox"/> 07 Ergonomics               | _____  |
| <input type="checkbox"/> 08 Emergency Response       | _____  |
| <input type="checkbox"/> 09 Construction Safety      | _____  |

5. Which of the following products or services, if any, do you recommend, select, and/or buy in your job? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> 01 Safety Equipment    | <input type="checkbox"/> 06 Training            |
| <input type="checkbox"/> 02 Environ. Compliance | <input type="checkbox"/> 07 Ergonomics          |
| <input type="checkbox"/> 03 Occupational Health | <input type="checkbox"/> 08 Emergency Response  |
| <input type="checkbox"/> 04 Industrial Hygiene  | <input type="checkbox"/> 09 Construction Safety |
| <input type="checkbox"/> 05 Fire Protection     | <input type="checkbox"/> 10 None of the Above   |

6. Which of the following product/services do you plan to purchase in the next 12 months?

(check all that apply)

- |   |
|---|
| <input type="checkbox"/> 01 Protective Clothing               |
| <input type="checkbox"/> 02 Hand Protection                   |
| <input type="checkbox"/> 03 Foot Protection                   |
| <input type="checkbox"/> 04 Fall Protection Handling/Storage  |
| <input type="checkbox"/> 05 Head Protection                   |
| <input type="checkbox"/> 06 Eye & Face Protection Products    |
| <input type="checkbox"/> 07 Hearing Protection                |
| <input type="checkbox"/> 08 Safety Incentives                 |
| <input type="checkbox"/> 09 Respiratory Protection            |
| <input type="checkbox"/> 10 Training                          |
| <input type="checkbox"/> 11 Worker's Comp. Ins.               |
| <input type="checkbox"/> 12 Security                          |
| <input type="checkbox"/> 13 Instrumentation/Monitoring Equip. |
| <input type="checkbox"/> 14 Emergency Response                |
| <input type="checkbox"/> 15 Drug Testing                      |
| <input type="checkbox"/> 16 Ergonomics                        |
| <input type="checkbox"/> 17 Consulting Services               |
| <input type="checkbox"/> 18 Machine & Tool Safety             |
| <input type="checkbox"/> 19 AED's                             |
| <input type="checkbox"/> 20 Fire Protection                   |
| <input type="checkbox"/> 21 First Aid/Health Prod.            |
| <input type="checkbox"/> 22 Hazardous Materials               |
| <input type="checkbox"/> 23 Safety Signage                    |
| <input type="checkbox"/> 24 Plant Safety                      |
| <input type="checkbox"/> 25 Slip & Fall Protection            |
| <input type="checkbox"/> 26 Software                          |
| <input type="checkbox"/> 27 Confined Space                    |
| <input type="checkbox"/> 28 None of the Above                 |

Select the associated  
FREE newsletters you  
would like to receive

- YES! I wish to receive **OH Weekly E-newsletter** at no cost.
- YES! I wish to receive **Ergonomics E-newsletter** (monthly) at no cost.
- YES! I wish to receive **Industrial Hygiene Insights E-newsletter** (monthly) at no cost.
- YES! I wish to receive **Safety Solutions E-newsletter** (monthly) at no cost.

**FAX TO: 1-800-245-2375 THANK YOU!**