

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!