

Safe + Sound Week Event Registration Form

- 1) Are you participating at a U.S. location?* (Check box)
 - Yes
 - No
- 2) City/State (Smart fill and Drop Down)
- 3) City/Country (Drop Down and Fill in Blank)
- 4) Name of Business or Organization* (Smart fill)
- 5) Email Address* (Fill in Blank)
- 6) Industry* (drop down)
- 7) Does your organization want to be recognized on the map?*
- 8) Are you hosting an event that is free and open to public?* (Check box – select one)
 - Yes, our event is free and open to the public
 - No, our event is a private event for workers at my workplace
- 9) How did you find out about S+S Week?* (Check box – select multiple)
 - Participation in prior years
 - Communication from industry/trade-specific association
 - Communication from safety and health professional organization
 - OSHA QuickTakes
 - OSHA Website
 - OSHA Staff or Program
 - Safe + Sound Campaign Email List Serv
 - National/Local/Trade Press
 - Internet Search
 - Online Advertising
 - Social Media
 - Colleague/co-worker
 - I don't know/remember
 - Other (Fill in the blank)

Public Burden Statement

Public reporting burden for this voluntary collection of information is estimated to average 3 minute per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. OSHA will use this information to evaluate participation in Safe + Sound Campaign. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, please send them to OSHAPRA@dol.gov or to US Department of Labor, OSHA Directorate of Standards and Guidance N-3609, 200 Constitution Avenue, NW, Washington, DC 20210.

10) How far along are you in developing a safety and health program?* (Check box – select one)

- We do not have a safety and health program
- We are just starting our safety and health program.
- Our safety and health program includes management leadership, worker participation, and a systematic approach to find and fix hazards.
- Our safety and health program follows OSHA's Recommended Practices for Safety and Health Programs.
- Our safety and health program is certified to SHARP, VPP, ANSI Z10, and/or ISO 45001.
- Other (fill in the blank)

11) Please provide details and contact information:

Event Name* (Fill in the Blank)

Event Date* (Fill in the Blank)

Event Start Time* (Fill in the Blank)

Event End Time* (Fill in the Blank)

Event Description* (Fill in the Blank)

Event URL (Fill in the Blank)

Contact Name* (Fill in the Blank)

Contact Email or Phone Number* (Fill in the Blank)

- Sign me up for the monthly Safe and Sound at Work email listserv. I want to receive communications on resources and upcoming events. (pre-checked box, can opt out)

Requirements for the form:

- Question 1, 4, 5, 6, 7, 9, and 10 are required for all responses
- If Question 1 response is “yes,” Question 2 required. In Question 2, the “State” field will be a drop-down menu with full state and territory names. The “City” field will be a drop down based on “State” selected.
- If Question 1 response is “no,” Question 3 required. In Question 3, the “Country” field will be a drop-down menu. The “City” field will be a fill in the blank.
- If Question 7 response is “Yes”, Question 8 is required.
- If “Yes, our event is free and open to the public” is selected in Question 8, question 11 is required and a checkbox to indicate whether the event is a nationwide event appears

This event is a Nationwide event

- Industry drop down should include the following:

Agriculture, Forestry, Fishing and Hunting

Construction

Government

Health Care and Social Assistance

Manufacturing

Maritime

Oil and Gas

Professional and Business Services

Retail

Transportation and Warehousing

Utilities

Other: _____ (Fill in Blank)