Injury and Illness Prevention Program (IIPP) Training

REGISTRATION FORM

Date of workshop you are registering for:

Location of workshop you are registering for:

REGISTRANT INFORMATION

First and Last Name:

Email Address (required): Preferred Contact Phone Number:

Name of Business: Job Title/Occupation: □ Owner □ Manager □ Other:

Business Street Address: City: State: Zip Code:

What best describes your type of business? (e.g. restaurant, building maintenance, manufacturing, etc.)

Are you the designated person responsible for worker health and safety at your business? □ Yes □ No

If NO, is there such a person? □ Yes □ No

Approximately how many people work in your business?

☐ 1-5 ☐ 11-20 ☐ 51-75 ☐ 151-250
☐ 6-10 ☐ 21-50 ☐ 76-150 ☐ 250+

What language(s) do your employees speak? □ English □ Spanish □ Chinese (Mandarin/Cantonese) □ Other:

Please list any organizations or associations your business is affiliated with.

TRAINING INFORMATION

What motivated you to attend this training? Check all that apply.

☐ High workers’ compensation costs ☐ Recommended by workers’ compensation insurer
☐ Injuries at my workplace ☐ Concerned about health and safety
☐ Cited by Cal/OSHA for not having an IIPP ☐ Opening a new business
☐ Other:

Have you attended any other workplace health and safety training sessions in the past five years?

☐ No, 0 trainings ☐ Yes, 1-2 trainings ☐ Yes, 3+ trainings ☐ Not sure

How did you hear about this training?

☐ Invitation letter ☐ Business/trade association ☐ Insurance carrier ☐ Other:

What are you most hoping to get out of the course?

Please submit this IIPP registration form by email or fax at least **one week** before the training to:

Flor Vasquez
UCLA Labor Occupational Safety & Health (LOSH) Program
Fax: 310-794-6403
Email: fvasquez@irle.ucla.edu
Website: www.losh.ucla.edu

You will receive a registration confirmation note by email.