

OSHA Compliance Group, Inc.

In order to conduct our services for your company safety policies and programs, please fill out the following questionnaire form:

1. Company Name: _____ Date: _____

2. Your ISNetworld Account: Username: _____

Password: _____

Address as listed on your ISNetworld Account:

3. Company-Street: _____

4. Company-City: _____

5. Zip / Postal Code: _____

6. State / Province: _____

7. Is the above address also your shipping address?

If not please provide us with your shipping address:

8. Name of Person filling out this form: _____

9. Business Phone #: _____

10. Cell Phone #: _____ Alt Phone Number: _____

11. Email address of person filling out this form: _____

What is the time frame between:

12. Safety-meetings: _____

13. Routine-Safety-Checks: _____

Who is your RSO - Responsible Safety Officer for your company? (This is the person in charge of your company's safety program.

14. -RSO: _____



1038 E. Bastanchury Rd., Ste 205
Fullerton, CA 92835



Call
T: 888-801-0247
F: 866-941-5613



Contact
customersupport
@safetymanual.com



© by
OSHA Compliance Group, Inc.
All rights reserved

OSHA Compliance Group, Inc. is an independent company, specializing in compliance with Third-Party Prequalification Providers such as ISNetworld®, PEC Premier®, PICS Auditing®, Complyworks®, Canqual®, Safety Council Solutions® and others.

OSHA Compliance Group, Inc. is in no way endorsed, sponsored, approved by, or otherwise affiliated with ISNetworld®, PEC Premier®, or PICS Auditing®. ISN®, ISNetworld®, RAVS®, T-RAVST™, MSQ™ are registered trademarks of ISN® Software Corporation.

What is the title of the supervisor or person who will be conducting the safety meetings? (Safety Director / Foreman / Jobsite Forman / Owner / Field Supervisor)

15. -Safety-officer:

In the sections below in the chapters that ask for a specific name - please supply or list the RSO or the individual's name that is responsible for that chapter / section. In most cases we are able to use the term "Competent Person" if you do not have a specific name to insert.

If you are not required to submit for a specific chapter / section, please fill out the information in case that chapter / section is added to your required safety program. This will help expedite any further updates. Chapters / Sections not listed do not require any further specific information.

16. Bloodborne-pathogens-First-aid: **Name of Qualified First Aid / CPR Person on the job-site.**

17. Confined-Space-Names: **Confined Space / Permit Confined Space: (insert your list of Employees including: Authorized entrants, attendants, entry supervisors, persons who test or monitor the atmosphere in a permit space.**

List:

--

18. -Crane-operator-Off-shore: **Name of Qualified Person:**

19. -Crane-operator-On-shore: **Name of Qualified Person:**

20. -Discipline-name: **Name of company Representative:**

21. -Fall-Prevention: **Name of "competent person" responsible for all fall safety issues:**

22. -Fire-Protection: **Name of Qualified Person**

23. Person in charge First-aid-CPR program and training(They do not have to be the person conducting the training): **Name of Qualified Person**

24. -Grounding-Conductor Program: **Name of Qualified Person**

25. -HAZCOM Program: **Name of Qualified Person**

26. -Ladder-Safety: **Name of Qualified Person**

27. -Lockout-tag-out: **Name of "competent person" who will be responsible for all lockout / tagout exposure controls and safety issues.**

28. -PPE-Assessment: **List of PPE Equipment Supplied List of all equipment:**

29. -Scaffolds: **Name of "competent person" responsible for all scaffolds and fall protection safety issues with scaffolds.**

30. Trenching-shoring-excavations: **Name of Qualified Person**

31. Welding-cutting-hot-work: **Name of Qualified Person**

32. What is your timeline? Are you in a big rush to get this uploaded and approved? We normally can upload your safety programs within 2-3 days at the latest. Although if you need it right away we can get it done possibly today or within 24 hours.

33. Any other Comments or Concerns::

The following questions shall be incorporated in your OSHA Safety Manual

1. How many employees does your company have?

2. Number of Company Drivers?

3. Number of Company Vehicles?

4. Number of Forklifts?

5. Number of Supervisors?

6. What is your industry?

7. Please give a brief description of what your company or business does:

8. Does your company require a pre-employment physical or drug screen? _____

9. If you have an eyewash where is it located?

10. Where will all the safety notices be posted?

11. Do you have a 1st Aid Kit?

12. Where is the First Aid Kit located?

13. Where will the "Material Safety Data Sheets" be kept?

14. How many employees are on the safety committee?

15. If Tailgate Safety Meetings or Toolbox Talks are performed, how often are they done?

16. Where will the emergency phone numbers be kept?

16. How did you hear about us?

- a. Google
- b. Yahoo
- c. Other:
- d. Referred by:

Continue to Last Page for Credit Card Payment Info and Authorization - Sheet. You will receive an invoice with your shipment and via e-mail after the charge is processed.

For Any Questions call us @ 888-801-0247

Credit Card Payment – Visa / MasterCard / American Express.

Please place a check by the product you are ordering and circle the amount you authorize.

ISNetworld Compliance Package @ \$, 00.00 + Shipping 20.00 = \$2,820.00

- *Service Includes the following:*

- Complete Written Program (RAVS) Submission Service
- Assistance with Questionnaire and Documentation requirements
- 1 Year Service Agreement to maintain compliance within system
- Industry and Company Specific OSHA Safety Manual
- 1 Hard Copy of Written Programs (RAVS) and 1 Hard Copy of OSHA Safety Manual

- Individual Programs/RAVS® @ \$ 0.00 each #RAVS® _____ = _____

- Service Agreement Add-On: _____ 1 Year - \$1,000.00

Other:

ISNetworld RAVS One Time Submission @ \$1,500.00

ISNetworld Questionnaire and Documentation Assistance @ \$800.0

AVETTA Manual Submission Service @ \$1,200.00

VERIFORCE Manual Submission Service @ \$1,800.00

OSHA Safety Manual Basic Edition (E-Mail Only Files) @ \$550

OSHA Safety Manual Pro Edition (Color + Tabs) @ \$700.00

Total: _____

Company Name: _____

Name on Card: _____

Email: _____

CC# _____ Exp. _____ CVV _____

Billing Address: _____

Authorizing Signature: _____ Date: _____

PLEASE SIGN THE CARD HOLDER – AUTHORIZED SIGNATURE OR WE CAN GET YOUR CREDIT CARD INFO OVER THE PHONE IF YOU DO NOT WANT TO PROVIDE IT VIA FAX OR E-MAIL

I agree to the terms of this Invoice and authorize payment in accordance with the card issuer agreement.

PLEASE EMAIL THIS PAGE TO SERVICE@OSHACOMPLIANCEGROUP.COM or Fax it to (714)783-9135

Payment by Check is available – all checks are to be made out to: “OSHA Compliance Group, Inc.”

OSHA Compliance Group, Inc.
1038 E. Bastanchury Rd., Ste 205
Fullerton, CA 92835

***CHECK ORDERS* Please email or fax us a copy of your check-before mailing the payment.**