

In order to conduct our services for your PICS®/PEC® Account, please fill out the following questionnaire form:.

1.	Company Name:	Date:	
2.	Your PICS®/PEC® Account: Username:		
	Password:		
	Address as listed on your PICS®/PEC® A	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 #: Al	lt 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 (person in charge of your company's safe		e
14.	-RSO:		



visit 187 W. Orangethorpe Ave., Suite I Placentia, Ca 92870



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







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	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 jobsite.			
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:			

15. -Safety-officer:

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.	2. What is your timeline? Are you in a big rush to get this uploaded a your safety programs within 2-3 days at the latest. Although if you possibly today or within 24 hours.	
33	3. Any other Comments or Concerns::	
55.	3. Any other comments of concerns	
	The following questions shall be inc PICS®/PEC® Safety M	
1.	How many employees does your company have?	
2.	Number of Company Vehicles?	
3.	Number of Forklifts?	
4.	Number of Supervisors?	
5.	What is your industry?	
6.	Please give a brief description of what your company or business	does:

7.	Does your company require a pre-employment physical or drug screen?		
8.	If you have an eyewash where is it located?		
9.	Where will all the safety notices be posted?		
10.	Do you have a 1st Aid Kit?		
11.	. Where is the First Aid Kit located?		
12.	2. Where will the "Material Safety Data Sheets" be kept?		
13.	3. How many employees are on the safety committee?		
14.	4. If Tailgate Safety Meetings or Toolbox Talks are performed, how	often are they done?	
15.	5. Where will the emergency phone numbers be kept?		

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.

A representative will confirm your order and we will begin creating and uploading your PICS®/
PEC® Safety Programs, Policies and Procedures once we receive everything back from you.

	☐ PICS®/ PEC® manual submission services =		services = \$	\$800.00 + shipping \$20.00 = \$820.00	
	Service Agreemen	t Add-On: _	1yr - \$500 3	Yrs - \$1,000.	
Other	:				
☐ As ☐ En ☐ Fle ☐ Fo ☐ Ha	80+ Tailgate Safety Meeting on CD Asbestos Compliance Guide Employee Safety Handbook Fleet Onsite Health & Safety 1st Aid Kit Forklift Compliance Guide Hazard Communication Guide Lead Paint Compliance Guide		 □ Personal Prof □ Respiratory P □ Supervisors S □ Workplace V □ ISNetworld® F □ ISNetworld® F □ ISNetworld® F 	Safety Handbook Solence Guide Package A Package B	\$25.00 \$125.00 \$75.00 \$50.00 \$2,020.00 \$2,520.00 \$3,000.00
				Total:	
	Company Name:				
	Name on Card:				
	Email:				_
	CC#		Exp	CVV	_
	Billing Address:				
	Authorizing Signature:			Date:	
	PLEASE SIGN THE CARD HOLDER – AUTI	HORIZED SIGN	IATURE 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 quote and authorize payment in accordance with the card issuer agreement.

PLEASE FAX THIS PAGE BACK TO US @ 866-941-5613 or scan it and e-mail back to us at

drrenfro@safetymanual.com

Payment by Check is available – all checks are to be made out to: "OSHA Compliance Goup, Inc."

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