



Taking Action for Safety and Health: Implementing an Effective Injury and Illness Prevention Program (IIPP) for Small Businesses

September 18, 2014 from 1pm - 5pm
War Memorial Building, Room 3
3325 Zoo Drive
San Diego, CA 92101

This free half-day course will train you in how to develop and implement an effective health and safety program at your workplace that meets the requirements of Cal/OSHA's Injury and Illness Prevention Program (IIPP) standard. Presented by trainers from UCB's Labor Occupational Health Program and Cal-OSHA Consultation Service.



You'll Learn About:

- Meeting Cal/OSHA requirements and expectations for an effective IIPP
- How to identify and solve common health and safety problems in your workplace
- Steps for investigating work-related accidents, injuries and illnesses when they occur
- Ways to involve your employees in your safety program

For more information or to attend a training:

- Submit Registration Form found at www.lohp.org/iipp
- Check out WOSHTEP's IIPP website: www.dir.ca.gov/chswc/woshtep/IIPP
- Email driver@berkeley.edu -or- telephone 510-643-8902

You'll Receive:

- A free Guidebook and easy-to-use model template for writing your IIPP
- Free Factsheets and Tools to help you implement your IIPP
- Resources for technical assistance

Co-Sponsored by:

- State Compensation Insurance Fund
- City of San Diego, Office of Small Business
- California Dept of Industrial Relations
- California DPH's Occupational Health Branch
- Small Business California
- California Small Business Association

Location of the Workshop: _____ Date of the Workshop: _____

IIPP Training for Small Business Registration Form

1. Your name: _____

2. Name of your business: _____

3. Mailing address of your business: _____

4. Phone: _____ E-Mail Address: _____

5. Your position at this business: Owner Manager Other: _____

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

6. 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

7. Approximately how many people work in your business?

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

8. What language(s) do your employees speak? Check all that apply.

English Spanish Chinese Other: _____

9. Organizations/Associations your business is affiliated with: _____

10. What motivated you to attend this training? (check all that apply)

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

11. Have you attended any other workplace health and safety training sessions in the past 5 years?

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

12. How did you hear about this course? Check all that apply.

Invitation letter Business/trade association Insurance carrier Other: _____

13. What are you most hoping to get out of this course? _____

Thank you for completing this form. Please mail, fax, or scan and email it to: LOHP, UC Berkeley, 2223 Fulton Street, 4th Floor, Berkeley, CA 94720-5120, ATTN: Donna Iverson. Email: driver@berkeley.edu. Fax: 510-643-5698. For more information, contact Donna Iverson at 510-643-8902.