

2022 - SAFETY PLAN ORDER FORM

WORKPLACE SAFETY IS THE LAW

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.

Federal OSHA laws require all employers to provide a place of employment which is free from recognized hazards that are likely to cause death or serious physical harm to employees. *Occupational Safety and Health Act of 1970. 29 USC § 654.* C.P.S., a third-party private entity, will prepare and provide a comprehensive written safety plan that will assist employers in complying with occupational safety and health standards issued by OSHA.

Violations of OSHA may result in the following fines and penalties pursuant to *29 USC § 666*:

- (a) *Willful or repeated violation: Civil penalty of not less than \$5,000 and up to \$7,000 for each violation may be imposed;*
- (b) *Citation for serious violation: Civil penalty of up to \$7,000 for each violation shall be imposed;*
- (c) *Citation for violation determined not serious: Civil penalty of up to \$7,000 for each violation may be imposed; ... (d) ...*
- (e) *Willful violation causing death to employee: A fine of up to \$10,000 and imprisonment of up to 6 months, or both, shall be imposed.*

It is essential that all employers maintain and prepare, in writing, an accurate safety plan that will protect their business from fines and penalties.

C.P.S. IS A NON-GOVERNMENTAL ORGANIZATION AND DOES NOT HAVE A CONTRACT WITH ANY GOVERNMENT AGENCY TO PROVIDE THIS SERVICE.

Follow the steps below to complete this form and fulfill your order. Your information will be kept confidential and will not be disclosed to third parties. **Mail the completed form with \$275.00 to C.P.S. in the enclosed envelope. Please respond today!**

Step 1. CONTACT INFORMATION

Company Name

Address

Step 2. BUSINESS ACTIVITY

Check the box below that best describes your business' activities. ****REQUIRED****

General (retail, office, food service, warehousing, etc.) **Healthcare** **Construction** **Maritime**

Step 3. Check appropriate payment method.

CHECK ENCLOSED FOR \$275.00

Please make your check payable to:

C.P.S.
5614 Connecticut Ave. NW #190
Washington, DC 20015
(202) 838-0037

PAY BY CREDIT CARD

We accept Visa, MasterCard and Discover

Account Number

Name of CC Holder:

Exp. Date

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Step 4. SIGNATURE I certify that I have read this document, understand its contents and authorize the charges. I understand that C.P.S. is not a government agency and is not providing legal advice.

Signature ****REQUIRED****

Print Name Clearly

Email Address

Phone Number

Step 5. Return this entire completed form with payment in an envelope addressed to the address above.