



Mark your calendar for February 15, 2023
CONTINUING EDUCATION
WEBINAR VIA ZOOM OR CALL IN

CAL/OSHA EMERGENCY COVID REGULATION

Trainer: Philip Moore, Moore Compliance & Training

CAL/OSHA'S BOARD OF DIRECTORS HAVE UPDATED THE COVID-19 REGULATIONS AND INCORPORATED THEM INTO THE IIPP

Under the update, as of January 2023, of the General Industrial Safety Order §3205 Employers must develop, implement and maintain a **written** COVID Prevention Program as part of their Injury and Illness Prevention Program. They must identify, evaluate, and correct COVID hazards in the workplace. COVID cases must be investigated and employees notified and offered at no charge COVID testing.

Why worry about CAL/OSHA????

- Increased the penalties for a Serious Violation from \$7,000 to \$25,000. The base is now \$18,000.
- The penalty for failure to abate a violation has been increased from \$7,000 to \$15,000 per day.
- Willful Violations increased to a maximum of \$70,000.
- Criminal liability for OSHA violations has also been expanded.

INJURY & ILLNESS PREVENTION PROGRAM WITH COVID PREVENTION PROGRAM UPDATE WILL BE AVAILABLE FOR ATTENDING MEMBERS.

Please include e-mail addresses of each attendee below, we will e-mail you the Zoom Webinar and call-in info.

*** certificates will be mailed to attendees**

MONTHLY WEBINAR
Wednesday, February 15, 2023

TIME: 2:00 pm - 4:00 pm
 TOPIC: **CAL/OSHA EMERGENCY COVID REGULATION**
 WEBINAR: **VIA ZOOM OR CALL IN - Info will be e-mailed to you, provide e-mail for each person below**
 FEE: **\$175 PER MEMBER COMPANY / \$375 PER NON-MEMBER COMPANY**

ACT NOW! Return this form to: admin@mfaca.org Or phone (818) 238-9590 Or fax (818) 238- 9592 or pay online at mfaca.org

Company: _____ Member \$175.00
 Telephone (____) _____ Non-Member \$375.00

Representative Name: _____ Representative E-mail: _____
 1. _____
 2. _____
 3. _____
 4. _____

Payment by: Check Credit Card (please fill out info below)
 Credit Card Type: MasterCard Visa American Express Diner's Club Discover
 Credit Card #: _____ Expiration Date: _____ Payment Amount: \$ _____
 Signature: _____ Date: _____ E-mail: _____
 Name on card: _____ Phone number: _____