



Mark your calendar for March 20, 2019
CONTINUING EDUCATION SEMINAR

Stevens Steak House,
5332 E. Stevens Place, Commerce, CA

INJURY & ILLNESS PREVENTION PROGRAM HAZARD COMMUNICATION PROGRAM

Trainer: Bernie Moore, Moore Compliance & Training

INJURY & ILLNESS PREVENTION PROGRAM

This training seminar will cover the requirements CCR Title 8, GISO 3203, that requires every business in California to have a written Injury & Illness Prevention Program latest changes in CAL/OSHA Regulations.

HAZARD COMMUNICATION PROGRAM

On March 26, 2012, OSHA modified the Hazard Communication Standard to align with the United Nations Global Harmonization System of Classification and Labeling of Chemicals to increase the quality and consistency of information regarding chemical hazards and the associated protective measures in the workplace.

Workplace Labeling and Other Forms of Warning. Each container of hazardous chemicals in the workplace shall be labeled, tagged, or marked with the following information:

1. Product identifier;
2. Signal word;
3. Hazard statement;
4. Pictogram(s);
5. Precautionary statement(s);
6. Manufacturer Information;

MSDS ARE NOW SAFETY DATA SHEETS. Each SAFETY DATA SHEET shall be in English and shall contain at least the following section numbers and headings, and associated information under each heading in the order listed.

WHAT'S NEW WITH PROP 65 WILL BE COVERED TOO

MONTHLY SEMINAR Wednesday, March 20, 2019

TIME: 3:00 pm - 5:00 pm
 TOPIC: **INJURY & ILLNESS PREVENTION PROGRAM / HAZARD COMMUNICATION PROGRAM**
 LOCATION: **Stevens Steak House, 5332 E Stevens Place, Commerce, CA; (323) 723-9856**
 FEE: **\$150 PER MEMBER COMPANY / \$350 PER NON-MEMBER COMPANY**

ACT NOW! Return this form to: MFASC, P.O. Box 6547, Burbank, CA 91510-6547. Or phone (818) 238-9590. Or fax (818) 238-9592. Or pay online at mfaca.org

Company: _____
 Telephone (____) _____

- Member \$150.00
 Non-Member \$350.00

Representative(s): 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: _____