



Mark your calendar for March 17, 2021 CONTINUING EDUCATION WEBINAR VIA ZOOM OR CALL IN

INJURY & ILLNESS PREVENTION PROGRAM UPDATE CAL/OSHA UPDATE

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INJURY & ILLNESS PREVENTION PROGRAM

This training webinar will cover the **NEW** requirementsof CCR Title 8, GISO 3203, that went into effect July 1, 2020. CAL/OSHA has added a new element to the regulation and a revision to your injury and Illness Prevention Plan **IS MANDATED.**

State Law requires every business in California **MUST** have an up-to-date written Injury & Illness Prevention Program (IIPP) in accordance with the latest changes of the CAL/OSHA regulations.

CAL/OSHA UPDATE

Knock, Knock! Whose there? CAL/OSHA!! CAL/OSHA Who??? BE PREPARED – NOT SCARED

This update is ideal for supervisors and/or anyone with safety and health responsibilities. The latest CAL/OSHA policies, procedures and standards as well as general industry safety and health principles will be reviewed. Special emphasis will be placed on Injury & Illness Prevention Programs. Workers Comp Insurance Company's are now required by law to review your Company's Injury & Illness Prevention Program.

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

No financial adjustments are applicable to a serious violation which causes death, serious injuryor exposure **OR** if employer does not have an **OPERATIVE** Injury & Illness Prevention Program.

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

WEBINAR IS LIMITED TO THE FIRST 100 PEOPLE THAT REGISTER!

MONTHLY WEBINAR Wednesday, March 17, 2021 TIME: 2:00 pm - 4:00 pm **IIPP UPDATE & CAL/OSHA UPDATE** TOPIC: WEBINAR: VIA ZOOM OR CALL IN - Info will be e-mailed to you, provide e-mail for each person below FEE: \$150 PER MEMBER COMPANY / \$350 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 <u>\$150.00</u> Telephone ☐ Non-Member \$350.00 Representative Name: Representative E-mail: 2. ___ 3. 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:\$_____ Date:_____ E-mail: Signature: Name on card: Phone number: