

Attachment D: OHSN Enrollment Form

URL: <http://www.cdc.gov/niosh/topics/ohsn/enrollmentform.html>

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Search NIOSH SEARCH

CDC A-Z INDEX

The National Institute for Occupational Safety and Health (NIOSH)

Occupational Health Safety Network (OHSN)
Login to OHSN
Enrollment
Enrollment Form
About OHSN
Current OHSN Injury Trends
How OHSN Works
Frequently Asked Questions
Intervention Tools and Resources
News and Contact Information

Occupational Health Safety Network (OHSN) - Enrollment

Providing National and World Leadership to Prevent Workplace Illnesses and Injuries **NIOSH**

OCCUPATIONAL HEALTH SAFETY NETWORK (OHSN)

Enrollment Request

Please send OHSN Enrollment Documents for my facility / system to join.

We plan to join as a:

Single healthcare facility

Healthcare system with multiple facilities

Healthcare Facility Name (If applicable):

City:

State:

Healthcare System Name (If applicable):

City:

State:

Point of Contact Name:

Point of Contact Email:

Point of Contact Phone Number:

Point of Contact Mailing Address for receiving Federal Express documents. Please no PO Box - physical address only:

How are you currently tracking occupational injury events?

Commercial Software (please specify)

Internally-developed Software

Excel

Hard copy

Other (please specify)

Notes:


Please contact nioshohsn@cdc.gov or 513 841-4337 with any questions.

Contact information is collected by NIOSH for OHSN user support and account setup. NIOSH will not sell, exchange or otherwise make available information regarding OHSN accounts to anyone for any reason.

1010

Type the text: Privacy & Terms

Submit



Public reporting burden of this collection of information is estimated to average 1 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments

regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).