

# Join the National Safety Stand-Down

XXXX XX, 20XX



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## Certificate of Participation

Thank you for joining thousands of employers in the XXXX Fall Prevention Stand-Down. This certificate of participation is yours in recognition of the time and effort you devoted to talk about preventing falls with your crew. Of course, every day should be fall prevention day, so I challenge you to build on the steps you took today. I hope you will keep talking to your employees and dedicating yourself to preventing falls at your worksites.

Sincerely,

Dean McKenzie, Director  
Directorate of Construction

**NOTICE:** The Fall Prevention Stand-Down certificate will download as a PDF. It is recommended that you complete this form on a desktop or laptop computer with a screen resolution set at a MINIMUM of 1360 x 768 and the browser is maximized on the screen.

To download a certificate for your business's participation in the Stand-Down, please fill out the information below. Once you submit this information, you will receive a certificate (a printable PDF document will display) with your business name, project title and level of participation (depending on the number of years of participation). We also hope that you will help us by answering a few optional questions about your Safety Stand-Down and giving us feedback on our campaign. Please note that you are not required to request a certificate and that if you choose to do so OSHA will not use the information or feedback you provide for any purpose other than evaluating the Stand-Down campaign and planning future outreach efforts. Also note that the certificate does not represent an assessment of compliance with OSHA standards at your worksite(s).

Items marked \* are required to print the certificate.

1. Name of Business\*:

2. Project Title:

3. State:

4. Type of Industry\*:

5. Number of Employees who participated\*:  (Numbers only field)

6. Number of years of participation:

7. Please tell us about your Stand-Down. What did you do? What materials did you use? How did it go? What do you expect to happen as a result of the Stand-Down? (Optional. Limit entry to 4000 characters.)

8. How can we improve future initiatives like this? What could have been better? (Optional. Limit entry to 4000 characters.)

Generate Certificate

OMB Control Number 1225-0088

Expiration date: XX/XX/XXXX

PAPERWORK REDUCTION ACT

Public reporting burden for this voluntary collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. OSHA will use this information to evaluate the National Fall Prevention Safety Stand-Down. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, please send them to [PRA@OHA.DHS.gov](#) or to US Department of Labor, OSHA Directorate of Standards and Guidance, 200 Constitution Avenue, NW, Washington, DC 20210.