# SAFE+SOUN

**HOME** 

STEP 1: SELECT YOUR ACTIVITIES

STEP 2: PLAN & PROMOTE YOUR EVENTS

STEP 3: RECOGNIZE YOUR PARTICIPATION

**EVENT ARCHIVE** 

SAFE + SOUND **CAMPAIGN SUPPORTERS** 

SAVE THE DATE

**CONTACT US** 

-19, 2018

O SAFETY

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ates

## Join us for Safe + Sound Week, August 13-19, 2018

Name of Business or

City/State AND Zip

Organization\*

Industry\*

Code\*

### What Is Safe + Sound Week?

A nationwide event to raise awareness and understanding of the value of safety and health programs that include management leadership, worker participation, and a systematic approach to finding and

fixing hazards in workplaces. Why Participate? Safe workplaces a

> Safe + Sound Week Register Participation Web-Form

> > Full business name

Select One

City Name

Yes • No

How to Participat Participating in Sa your workplace. S and tools to help v you can download

Safe + Sound

and manage work bottom line. Partici

Who Is Encourag

Organizations of a safety to workers,

existing one.

Are you hosting an event that is free and open to the public?

Expiration date: XX/XX/XXXX PAPERWORK REDUCTION ACT

rount, reporting outset for this voluntary conection of minimation is estimated to average to minimate per response, including time for reviewing institute, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. OSHA will use the information to evaluate participation in Safe + Sound Week. Persons are not required to respond to the collection of information unless it displays a curre valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing burden, please send them to OSHAPRA@dol.gov or to US Department of Labor, OSHA Directorate of Standards and Guidance N-3609, 200 Constitution enue, NW, Washington, DC 20210.

> Submit Clear

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Check for Tweets















Zip Code

State





Occupational Safety and Health Administration

DEPARTMENT OF LABOR

**UNITED STATES** 

English | Spanish

ABOUT OSHA + WORKERS + EMPLOYERS + REGULATIONS + ENFORCEMENT + TOPICS + NEWS & PUBLICATIONS + DATA + TRAINING

# SAFE + SOL

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**FVFNT ARCHIVE** 

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## Recognize your participation

Congratulations and thank you for participating in the inaugural Safe + Sound Week!

To download a Safe + Sound Week certificate of recognition and web badge for your organization's participation, please fill out the required information below. We also hope that you will help us by answering a few optional questions about your participation and giving us feedback on our efforts. Please note that you are not required to request a Safe + Sound Week certificate of recognition or web badge and that if you choose to do so, OSHA will not use the information or feedback you provide for any purpose other than evaluating Safe + Sound Week and planning future outreach efforts. Also note that the certificate of recognition and web badge do not represent an assessment of compliance with OSHA standards at your worksite(s).

If you experience issues with the certificate download, please try to refresh the webpage. If your issue is not resolved, please email safeandsoundcampaign@dol.gov for assistance.

Items marked \* are required to download the Safe +Sound Week certificate of recognition and web badge. 1. Name of Business or Organization\*: Business/Organization Name 2. City/State AND Zip Code\* City Name State ▼ Zip Code 3. Industry\* Select One 4. Number of Workers Impacted\*: ##### (Numbers only field) 5. Which safety and health program core elements did you include in your Safe + Sound Week activities? (Check all that apply) Management Leadership Worker Participation Finding and Fixing Hazards 6. Participating in Safe + Sound Week had a positive impact on safety & health in my organization. 0 0 Strongly disagree Neither agree nor disagree Strongly agree NIA Comments: Comments 7. The resources provided on the Safe + Sound Week website were helpful in planning my events. ( 0 0 Strongly disagree Disagree Neither agree nor disagree Strongly agree Agree Comments: OMB Control Number XXXX-XXXX Expiration date: XX/XX/XXXX



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Avenue, NW, Washington, DC 20210.



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 participation in Safe + Sound Week. 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 OSHAPRA@dol.gov or to US Department of Labor, OSHA Directorate of Standards and Guidance N-3609, 200 Constitution













