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DEPARTMENT OF LABOR

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Stand-Down

To Prevent Falls in Construction

May 7-11, 2018

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# Certificate of Participation

Thank you for joining thousands of employers in the 2018 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). 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 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 mandatory to print the certificate.

1. Name of Business\*:

Limit to 40 characters

2. Project Title:

Project Title

http://draft.osha.gov/StopFallsStandDown/certificate.html

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

6. Number of years of participation:

Select one...



Generate Certificate

Share your Story With Us

If you want to share information with OSHA on your Safety Stand-Down, Fall Prevention Programs or suggestions on how we can improve future initiatives like this, please send your email to oshastanddown@dol.gov. Also share your Stand-Down story on social media, with the hashtag: #StandDown4Safety.

#### OMB Control Number xxxx-xxxx

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 OSHAPRA@dol.gov or to US Department of Labor, OSHA Directorate of Standards and Guidance N-3609, 200 Constitution Avenue, NW, Washington, DC 20210.

# **UNITED STATES** DEPARTMENT OF LABOR

Occupational Safety and Health Administration 200 Constitution Ave., NW, Washington, DC 20210 800-321-6742 (OSHA) TTY

www.OSHA.gov

# **FEDERAL GOVERNMENT**

White House Affordable Care Act Disaster Recovery Assistance USA.gov Plain Writing Act Recovery Act No Fear Act

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