

# INSTRUCTIONS FOR COMPLETING ORDER FORM AND WORKSHEETS

**NOTICE:** ALL FORMS MUST BE COMPLETED AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE CUSTOMER COMPANY.

## ORDER FORM —

1. TOP SECTION — This information must **contain the name, address, phone numbers, etc. of THE COMPANY FOR WHOM THE SAFETY PROGRAM IS BEING WRITTEN.** Please attach a business card and a piece of letterhead or some other printed item containing the official company name and address. If you would like an order number, please fax your order form to 510.523.2422 with that request. The order number assigned is also the invoice number.
2. MIDDLE SECTION — Please fill in the PO#, CK# of payment made in advance, amount PAID \$ and amount DUE \$. If you need to be invoiced, please note that **RCG does not extend terms except by special arrangement.** It is assumed when orders are received that payment is either made **in full in advance** or a **C.O.D.** package will be accepted. If you must use a PO and be invoiced instead, please call 510.523.2242 for verification.

## WORKSHEETS —

1. SAFETY WORKSHEET — This completed form **MUST** accompany the other worksheets or a program cannot be produced. It contains key information.
  - a. Check off every item or situation encountered by the company (please note exceptions listed below) and write the company name in the space at the bottom.
    - i. **"Kitchen for Employee Use"** (item #190, pg. 2 of 2) — this item should be checked if your employees have access to a kitchen where actual cooking can be done. Whether you have an actual kitchen or not, be sure to check each of the individual pieces of kitchen equipment listed in items 190.1 through 190.9 that your employees have access to.
    - ii. **"Sexual Harassment"** (item #147) and **"Workplace Violence"** (item #2000) are special categories. If you **do not** have these policies and need one or both of them, then check the appropriate boxes and we will add them to your IIPP. If you already have either policy, please write "already have" next to the category so we will not duplicate your efforts.
    - iii. **"AUTOMATIC CATEGORIES IN EVERY IIPP"** — this form is to be used only if you want any of these categories eliminated from your IIPP. We do NOT recommend it!

Continued on reverse

- b. **BUSINESS CATEGORY WORKSHEETS** — These include:
- Agricultural Worksheet (2 pages)
  - Automotive Worksheet
  - Hospitality/Food Service Worksheet
  - Industrial Chemical Worksheet
  - Industrial Tools/Equipment/Machines Worksheet (3 pages) — please note that page 1 of this set is for Contractors; you may only need pages 2 and 3 of this set.
  - Personal Services Worksheet
  - Medical Worksheet
  - Workplace Security Worksheet (2 pages)
- i. Some businesses require a combination of these. Be sure to read through all of the categories on all of the worksheets. Check off anything that applies to your place of business, and write your company name in the space provided at the bottom. If you don't use particular worksheets, simply eliminate the unused ones from the final set you turn in with your order.
- ii. Many businesses are not aware of their need for information on INDUSTRIAL CHEMICALS. In general, companies using any chemicals beyond basic janitorial cleaning products will need to complete the Industrial Chemical Worksheet.
- iii. Some businesses combine a number of services and products. If you have multiple departments, we recommend that each department have a separate IIPP. In such cases, separate worksheets will need to be completed for EACH DEPARTMENT. A master IIPP which covers the entire business can also be provided; however, such programs require special pricing. Call for more information.
- iv. If you are unsure about any of the items listed on any worksheet, use a question mark, and we will decide for you, based on the rest of the worksheets, if the category will be used. We will call you if we need more information.

## HOW TO EXPEDITE YOUR ORDER

1. **Fax the signed order form** to 510-523-2242 to establish your place in the production line. Then, mail your worksheets, the original signed order form, your deposit check, and any attachments (such as copies of previous safety programs or equipment manuals) to: **Relational Compliance Group, ATTN: Production, P.O.Box1278 Alameda, CA 94501**
- a. Keep a photocopy of all documents you mail.
  - b. Under normal circumstances, the finished program is shipped within 10 working days after the date the program is received by Production. The 10 days are counted from the next business day after the deposit is received.
  - c. All orders are shipped UPS ground unless otherwise specified.
2. **RUSH ORDERS** — If your order needs to be shipped earlier than 10 days after receipt by Production **PLEASE CALL FOR SPECIAL TERMS.**
- a. If a rush order requires overtime by Production crew, extra charges will apply.
  - b. If a rush order requires special research, extra charges will apply and the shipping date will need to be negotiated based on availability of research data.
  - c. Shipping charges will be added to cover UPS Red or Blue, FEDEX or Express Mail.