

OSHA PARTNERING AGREEMENT 2007 / 2009

As a participating Louisiana Nursing Home Association member, I hereby wish to become a partner with OSHA through LNHA Partnering Agreement.

I acknowledge my responsibilities and duties under the partnering agreement as follows:

- Establish a written company Safety & Health Program;
- Conduct employee safety and health training;
- Perform documented semi-annual self-inspections / audits;
- Will submit to LNHA or OSHA Consultation, OSHA 300 logs and employee hours worked;
- Establish a written lifting policy
- Assure that at least one employee/representative attends OSHA Outreach Training Courses offered in the region;
- Recognize that we may be selected by OSHA for a verification inspection;

By committing to the LNHA Partnering Agreement, we recognize that the safety & health of our work force is of the utmost importance.

FACILITY NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____

DATE: _____

Please mail or Fax to: (225) 927-5250
LNHA
7844 Office Park Blvd.
Baton Rouge, LA 70809
Attn: Dena Arnone