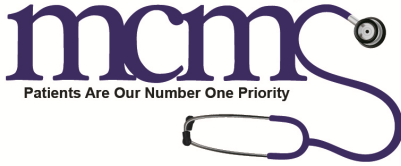


Monroe County Medical Society



# Health & Safety - OSHA

## Survival Series 2018

**Date:** Wednesday, June 20, 2018

**Time:** 8:30 am—10:30 am

**Place:** Monroe County Medical Society  
The Park at Allens Creek  
132 Allens Creek Road  
Rochester, NY 14618

This presentation will introduce you to common hazards found in medical offices and will be followed by a hands-on experience to guide you in applying what you've learned to your own offices. You'll explore questions like:

- What are common workplace hazards in medical offices?
- How important are ergonomic?
- What programs does OSHA require medical offices to have in place?
- How do I complete a job hazard analysis for my office?
- Where can I get additional assistance?
- What do I do if OSHA shows up?

### Program Registration Fees

MCMS & 7th District Member: \$30 per office (unlimited staff)

Non-member: \$60 per office (unlimited staff)

**Contact Us:** For more information call (585) 473-7573.

### Presenter:

**Diane H. Peapus, PhD, MPH**  
NYS DOL Onsite  
Consultation Program



Diane is a public health professional who consults small businesses in assessment of exposure to workplace hazards and in developing abatement plans. Her clients include private healthcare providers, community clinics, and medical research labs.

## Health & Safety - OSHA — June 20, 2018

Online registration is available at [www.mcms.org](http://www.mcms.org)

Name(s): \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

*MCMS may photograph this event for marketing purposes. Unless this permission is revoked in writing to MCMS, by virtue of their attendance, all program participants agree to the use of the event photo in MCMS marketing.*

**Registration Fees:** MCMS and 7th District Member: \$30 per office Non-member: \$60 per office

**\*Note to Nonmembers:** If you complete a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment.

Payment of \$\_\_\_\_\_ is enclosed. (Check payable to "MCMS")  Please e-mail a receipt.

Please bill my credit card in the amount of \$\_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Address associated with card: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Send completed form and payment to:

Monroe County Medical Society, 132 Allens Creek Rd., Rochester, NY 14618

Fax: (585) 473-7641 Email: [rking@mcms.org](mailto:rking@mcms.org)

**MCMS Cancellation Policy:** Cancellation requests must be sent via e-mail to Ronaele King at [rking@mcms.org](mailto:rking@mcms.org) with "Cancellation Request" in the subject line. Correspondence must include event title, date and time, registrant's name, and payee's contact information. If cancellation notice is provided at least 7 days prior to the scheduled event, a refund may be requested, minus a 20% processing fee. If cancellation notice is provided at least 1 day prior to the scheduled event, a credit voucher will be issued for the full amount paid that may be used by anyone in the practice within one year of the original event date. Questions? Contact Ronaele King at [rking@mcms.org](mailto:rking@mcms.org) or at 585-473-7573.