



OSHA

WRITTEN COMMUNICATION PLAN

Helping make workplace documentation easier to manage.

Thank you for your interest in our OSHA Written Communication Plan, the first step in educating employees on proper procedures and paperwork in an effort to assist in protecting your firm's staff against unnecessary risks.

Our easy to understand OSHA Written Communication Plan includes helpful information on three primary OSHA standards required for funeral homes.

Each plan comes equipped with:

- Bloodborne Pathogen Exposure Control Plan
- Hazard Communications Program
- Formaldehyde Exposure Control Plan
- Employee information and training guidelines
- Recordkeeping requirements
- Fact Sheets on Diseases
- Customizable OSHA Forms
- Online access to the plan
- All forms for all employees at your funeral home location(s)
- One copy of a printed plan with forms for reference

Get started today!

Simply complete the attached agreement and payment information. Then either mail or fax to the address below.

New Jersey Funeral Directors Services, Inc.
Attn: OSHA Written Communication Plan
P.O. Box L, Manasquan NJ 08736-0642
Telephone: 800.734.3712 • Fax: 732.974.8144



New Jersey Funeral
Directors Services, Inc.

www.njsfda.org/osha



OSHA WRITTEN COMMUNICATION PLAN

Agreement made _____, by and between

THE PROVIDER	AND	THE FUNERAL HOME		
New Jersey Funeral Directors Services, Inc. P.O. Box L Manasquan NJ 08736-0642 800.734.3712		Firm Name:		
		Address:		
		City:	State:	Zip:
		Telephone:	Fax:	

INTRODUCTION AND BACKGROUND

The Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor regulates employee safety in the workplace. Persons engaged as workers within the FUNERAL HOME are covered by the multiple standards and authorities of OSHA, including, but not necessarily limited to: Bloodborne Pathogens (29 CFR 1910.1030), Hazard Communication (29 CFR 1910.1200), Formaldehyde Exposure (29 CFR 1910.1048), and those general and miscellaneous workplace safety standards that contribute to the creation of a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to employees.

PURPOSE OF THE OSHA WRITTEN COMMUNICATION PLAN

The purpose of this OSHA Communication Plan (hereinafter referred to as the PLAN by the PROVIDER) is to assist the FUNERAL HOME in meeting the OSHA written communication plan obligations stated above.

IT IS EXPRESSLY UNDERSTOOD that the purpose of the PLAN is not to provide any services, advice, recommendations or counseling relating to labor or employment issues, or state and federal laws and rules, related thereto.

GOALS OF THE OSHA WRITTEN COMMUNICATION PLAN

The PLAN is designed to function as a tool to support the FUNERAL HOME's written compliance efforts. The PLAN does not provide a GUARANTEE of written compliance, nor by its mere possession will the FUNERAL HOME achieve compliance. Compliance depends on a large number of documentation, facility and human and work practice variables not under the control of the PROVIDER as part of this PLAN and which are subject to the day to day changes and alterations of an active workplace.

No other services, training or consultation is provided herein.

LIMITATION OF LIABILITY

We make no warranties or representations, express or implied, oral or written that the PLAN will confer a status of compliance, or insulate or protect the FUNERAL HOME from legal action or sanctions for non-compliance, with the laws and rules governing employee and workplace safety and health administered by the U.S. Department of Labor, the Occupational Safety and Health Administration (OSHA), or any other agency or bureau of the federal, state or local government, and that the limit of our liability is solely that of the purchase price of the Written Communication Plan.

OWNERSHIP AND USE

The documentation and related materials provided under this PLAN are copyrighted by New Jersey Funeral Directors Services, Inc. and others, and express written permission is required for any duplication or distribution beyond the restricted license granted herein.

EFFECTIVE DATE.

The effective date of the PLAN is March 10, 2020.

UPDATING

Additional updating of the documentation to maintain currency with changes in industry standards and OSHA requirements may require participation in other subscription services that may be offered by the PROVIDER.

Updates will be provided online in an electronic format. Updates are not meant to replace the initial written communication plan and original documentation purchased by the FUNERAL HOME but rather should be used to supplement the relevancy of the original plan as related to changes in regulation. Should wholesale updates be required, they will be provided to subscribers who purchased the PLAN within the previous three-year period, free-of-charge. Online access will include the updated written communication plan, relevant standards and documents necessary to assist the FUNERAL HOME in meeting its obligations as related to the updates and/or changes as implemented by the U.S. Department of Labor.

Those FUNERAL HOMES who purchased the PLAN prior to 2016 will be required to purchase a renewal to access the updated information.

Additional printed copies of the PLAN can also be purchased.


FEES AND COSTS

For the PLAN to be provided as specified herein, the FUNERAL HOME agrees to pay the following member or non-member fee, based upon active membership status in the New Jersey State Funeral Directors Association, Inc. on the date this contract is executed.

PRICING <i>All sales within New Jersey are subject to NJ Sales Tax.</i>		
	NJSFDA Member	Non-Member
Initial Plan*	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
Renewal <i>(Plans purchased prior to 2016)</i>	<input type="checkbox"/> \$225	<input type="checkbox"/> \$325
Additional Plan books Quantity:	<input type="checkbox"/> \$75 per book	<input type="checkbox"/> \$75 per book

* Initial plan purchase includes printed bound book with printed forms and online access.

Method of Payment		
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
Cardholder Name <i>(as it appears on the card)</i> :		
Credit Card Number:	Expiration Date:	

THE PROVIDER	FOR THE FUNERAL HOME(S)
 George R. Kelder Jr., CFSP President	Signature:
	Title:

If you have any questions, please contact Membership Services at 800.734.3712.

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