

# AMERICAN SOCIETY OF SAFETY ENGINEERS

1800 East Oakton Street  
Des Plaines, Illinois 60018-2187 USA

847.699.2929  
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August 28, 2012

Michael Rosenow, CSP, CIH  
Northeastern Illinois, Greater Chicago and Three Rivers Chapters  
Argonne National Laboratory  
9700 South Cass Avenue - Bldg 200  
Argonne, IL 60439-4831

Dear Mr. Rosenow:

Your request for CEUs has been approved and I am pleased to award you the following for each conference/seminar attendee of the Northeastern Illinois, Greater Chicago and Three Rivers Chapters', Chicagoland Safety and Health Conference – 24<sup>th</sup> Annual Professional Development Conference on Monday, September 17<sup>th</sup> through Thursday, September 20<sup>th</sup>, 2012.

Date	Event	CEU Award
September 17-18, 2012	OSHA 10-Hour for General Industry Seminar - 2 Days	1.2
September 17-18, 2012	Industrial Hygiene Triage for Safety - Part 1 & 2	1.2
September 17, 2012	Severe Weather	.3
September 17, 2012	Extreme Temps in the Workplace / What to Expect from OSHA (Must Attend Both)	.3
September 17, 2012	Emergency Response Planning	.3
September 17, 2012	Seven Steps on How to Handle every Worker's Comp Claim	.3
September 18, 2012	Aging & Obesity in the Workforce / LOTO Lockout Tagout (Must Attend Both)	.3
September 18, 2012	Finance for Safety & Health Professionals: How to Sell Safety to Mgmt	.3
September 18, 2012	Confined Space	.3
September 18, 2012	Safety Measurements: What are they & how do we use them?	.3
September 19, 2012	24 <sup>th</sup> Annual Chicagoland S&H Conference (Must attend 4 sessions)	.6
September 20, 2012	Accident Investigation	.3
September 20, 2012	Your Computer Workstation: Making Ergonomics Work for You!	.3
September 20, 2012	24 <sup>th</sup> Annual Chicagoland S&H Conference (Must attend 2-AM sessions)	.3
September 20, 2012	Health & Safety Auditing	.3
September 20, 2012	OSHA Program Requirements (OSHA CAS's)	.3
September 20, 2012	Behavioral Interviewing & Creating A Dynamic Resume	.3
September 20, 2012	Complacency: The Silent Killer / Death Does Not Take a Holiday (Must Attend Both)	.3

Please provide the following information for each attendee on the enclosed sign-in sheets, which may be duplicated. Do not change or alter the sign-in sheets. **Attendees must attend the entire event and sign the corresponding sign-in sheet in order to receive the CEU award.**

- Name
- Address
- Telephone and Email
- ASSE member number

Please note that we do not issue an individual certificate to any attendee, but attendees may receive a free CEU transcript by requesting it from our Customer Service Department at (847) 699-2929. Attendees may also request a transcript in writing to ASSE Customer Service, 1800 E. Oakton Street, Des Plaines, IL 60018. If you have any questions, please call me at (847) 768-3405.

Good luck with your conference.

Yours truly,

  
Trudy Goldman, ARM  
Manager, Education and Program Development

Enclosure

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: OSHA 10-Hour for General Industry Seminar - 2 Days

Date(s) of Program: September 17-18, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-SEM-082812-1

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		

Please duplicate as necessary

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: Industrial Hygiene Triage for Safety - Part 1 & 2 - 2 Days

Date(s) of Program: September 17-18, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-SEM-082812-2

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		

Please duplicate as necessary

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: Severe Weather

Date(s) of Program: September 17, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-1

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		

Please duplicate as necessary

# ASSE Continuing Education Units (CEU) Sign-In Sheet

**Name of Program:** Extreme Temps in the Workplace / What to Expect from OSHA (Must Attend Both)

**Date(s) of Program:** September 17, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-2

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
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Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		

Please duplicate as necessary

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: Emergency Response Planning

Date(s) of Program: September 17, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-3

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: Seven Steps on How to Handle every Worker's Comp Claim

Date(s) of Program: September 17, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-4

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		

Please duplicate as necessary

# ASSE Continuing Education Units (CEU) Sign-In Sheet

**Name of Program:** Aging & Obesity in the Workforce / LOTO Lockout Tagout (Must Attend Both)

**Date(s) of Program:** September 18, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-5

**All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:**

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		

Please duplicate as necessary

# ASSE Continuing Education Units (CEU) Sign-In Sheet

**Name of Program:** Finance for Safety & Health Professionals: How to Sell Safety to Management

**Date(s) of Program:** September 18, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-6

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: Confined Space

Date(s) of Program: September 18, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-7

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		

# ASSE Continuing Education Units (CEU) Sign-In Sheet

**Name of Program:** Safety Measurements: What are they & how do we use them?

**Date(s) of Program:** September 18, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-8

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: 24th Annual Chicagoland S&H Conference (Must attend 4 sessions)

Date(s) of Program: September 19, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-9

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____ _____	(    )		
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Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____ _____	(    )		

Please duplicate as necessary

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: Accident Investigation

In order to receive the CEU award all information must be provided. #CP-PDC-082812-10

Date(s) of Program: September 20, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		

Please duplicate as necessary

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: Your Computer Workstation: Making Ergonomics Work for You!

Date(s) of Program: September 20, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-11

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		

Please duplicate as necessary

# ASSE Continuing Education Units (CEU) Sign-In Sheet

**Name of Program:** 24th Annual Chicagoland S&H Conference (Must attend 2-morning sessions)

**Date(s) of Program:** September 20, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-12

**All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:**

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		

Please duplicate as necessary

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: Health & Safety Auditing

In order to receive the CEU award all information must be provided. #CP-PDC-082812-13

Date(s) of Program: September 20, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: OSHA Program Requirements (OSHA CAS's)

Date(s) of Program: September 20, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-14

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		

# ASSE Continuing Education Units (CEU) Sign-In Sheet

Name of Program: Behavioral Interviewing & Creating A Dynamic Resume

Date(s) of Program: September 20, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-15

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
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Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(    )		

Please duplicate as necessary

# ASSE Continuing Education Units (CEU) Sign-In Sheet

**Name of Program:** Complacency: The Silent Killer / Death Does Not Take a Holiday (Must Attend Both)  
**Date(s) of Program:** September 20, 2012 - NEIL, Greater Chicago & Three Rivers Chapters

In order to receive the CEU award all information must be provided. #CP-PDC-082812-16

All information must be provided or CEUs will not be awarded by the AMERICAN SOCIETY OF SAFETY ENGINEERS:

Name, Job Title Address (PLEASE PRINT)	Phone #	Email	ASSE Member # <small>Non-members leave blank</small>
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
Please indicate <input type="checkbox"/> home or <input type="checkbox"/> business address _____ _____ _____	(   )		
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Please duplicate as necessary