

NEW SAFETY TRAINING DVD!

“Your Safety Matters”

The NGFA and Grain Elevator and Processing Society have completed development of a new safety education DVD training program for employees of grain-handling, feed-manufacturing and grain-processing operations.

Entitled, *Your Safety Matters*, the DVD video and accompanying training materials have been mailed to those who pre-ordered it, as well as to the 21 companies whose generous financial sponsorships helped make the project achievable.

The need for the DVD was identified by the Safety, Health and Environmental Quality Committee, which noted that an up-to-date training video on general safety practices for the grain, feed and processing industry previously did not exist. The committee also noted that fatalities and injuries resulting from such incidents as engulfments in grain bins are a reminder that despite the great strides made in reducing the occurrence of fires and explosions in facilities over the last 25 years, safety challenges still remain. Further, the committee believed the new DVD was needed to meet the challenge of training new employees, given job turnover and the increasing diversity in the workplace.

The new 30-minute DVD video addresses following topics:

- Fires and explosions.
- Confined space and bin entry.
- Truck and rail safety (such as fall protection).
- Safe operation of equipment (such as proper lockout and tagout procedures).



- Ladder safety.
- Manlifts.
- Electrical.
- Personal protective equipment.
- Hazard communication.
- First aid.
- Emergency action plans.
- Facility security.

Each DVD includes both a non-reproducible English and Spanish version along with a wealth of supplemental training materials.

To order, fill out the form below and return it to the NGFA by mail or fax [(202)289-5388]. Thank you!

ORDER FORM — YOUR SAFETY MATTERS DVD

Pricing: **\$100** each for one to five copies.
 \$80 each for six to 10 copies.
 \$70 each for more than 10 copies.

Quantity Desired: _____

Total Amount: _____

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

PAYMENT OPTIONS

CREDIT CARD TOTAL \$ _____

American Express Master Card Visa

Account Number _____ Expiration Date _____

Print Name of Cardholder _____

Signature _____ Zip Code of Billing Address
for Verification

BILL ME (NGFA Members Only)

CHECK ENCLOSED (Return form with payment to:
**NGFA, 1250 Eye St., N.W., Ste. 1003,
Washington, D.C., 20005.**)