

# POISON PREVENTION

## Presentation Reporting Form

Please complete a presentation report after each presentation given. You may use the form below or log on to [www.ndsc.org/homeandcommunity/lists/PoisonPrevention](http://www.ndsc.org/homeandcommunity/lists/PoisonPrevention) to report your presentation online.

### PRESENTER INFORMATION

LAST NAME

FIRST NAME

PHONE

EMAIL

COMPANY NAME

### PRESENTATION INFORMATION

**Presentation Type:** *Please Select One*

Worksite

Industry: *Please Select One*

- |   |   |
|---|---|
| <input type="checkbox"/> Agriculture          | <input type="checkbox"/> Manufacturing                |
| <input type="checkbox"/> Construction         | <input type="checkbox"/> Marketing                    |
| <input type="checkbox"/> Education            | <input type="checkbox"/> Mining                       |
| <input type="checkbox"/> Emergency Responders | <input type="checkbox"/> Oil & Gas                    |
| <input type="checkbox"/> Government           | <input type="checkbox"/> Petrochemical                |
| <input type="checkbox"/> Health Care          | <input type="checkbox"/> Safety                       |
| <input type="checkbox"/> Insurance            | <input type="checkbox"/> Transportation               |
| <input type="checkbox"/> Law Enforcement      | <input type="checkbox"/> Utilities                    |
|   | <input type="checkbox"/> Other: <i>please specify</i> |

Home & Community

Organization: *Please Select One*

- |   |   |
|---|---|
| <input type="checkbox"/> Child Care           | <input type="checkbox"/> High School                  |
| <input type="checkbox"/> Church               | <input type="checkbox"/> Hospital/Clinic              |
| <input type="checkbox"/> Civic Organization   | <input type="checkbox"/> Human Services               |
| <input type="checkbox"/> Elementary School    | <input type="checkbox"/> Nursing Home                 |
| <input type="checkbox"/> Emergency Responders | <input type="checkbox"/> Parent Teacher Association   |
|   | <input type="checkbox"/> Other: <i>please specify</i> |

HOST ORGANIZATION

ADDRESS

CITY

STATE

ZIP

HOST ORGANIZATION CONTACT

CONTACT PHONE

CONTACT EMAIL

DATE OF PRESENTATION(S) \_\_\_\_\_ # OF PRESENTATIONS \_\_\_\_\_ # IN ATTENDANCE \_\_\_\_\_

*(Total presentations given at this organization.)*

*(Total attendance at presentations reported on this form.)*

Please complete the form above and mail or fax to: North Dakota Safety Council  
Attn: Serena Schmit  
1640 Burnt Boat Drive  
Bismarck, ND 58503  
Fax: 701-223-0087

