

**NEW MEXICO
SELF-INSURERS' FUND
TRAINING WISH LIST
(PLEASE PRINT LEGIBLE)**



Today's Date: _____
Municipality Name: _____
Safety Coordinator or Contact: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
Fax: _____
E-Mail: _____

We would like the following training topics for our
Municipality during the scheduled dates.
Please refer to the enclosed calendar.

July 2019
August 2019
September 2019
October 2019
November 2019
December 2019
January 2020
February 2020
March 2020

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April 2020
May 2020
June 2020

Additional Requests:

Our Municipality would like assistance with the following items:

- OSHA 300 Log
- Safety & Health Policy/Program
- JHA's (Job Hazard Analysis)
- Emergency Action Plan
- ***Annual Facilities Inspections***
- Other Needs:

Request for "Special Request Week" Topic & Date:

JULY 2019: _____

SEPTEMBER 2019: _____

NOVEMBER 2019: _____

MARCH 2020: _____