



# 2026 - SAFETY MANUAL ORDER FORM

(PENNSYLVANIA BUSINESSES)

**FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.**

Customer ID Number [REDACTED]	Business ID [REDACTED]	Notice Date 01/22/2026	Formation Date 12/09/2025
Business Address [REDACTED]			
33491 [REDACTED], LLC [REDACTED], PA [REDACTED]			
		<b>Please Respond By: February 21, 2026</b>	

Records indicate that [REDACTED] LLC is registered to do business in the State of Pennsylvania. **Federal OSHA laws** require all employers to provide a place of employment which is free from recognized hazards that are likely to cause death or serious physical harm to employees. **Occupational Safety and Health Act of 1970. 29 USC § 654.** C.P.S., a third-party private entity, will prepare and provide a comprehensive written safety manual that will assist employers in complying with occupational safety and health standards issued by OSHA.

## Violations of OSHA may result in the following fines and penalties pursuant to 29 USC § 666:

- (a) *Willful or repeated violation: Civil penalty of not less than \$5,000 and up to \$70,000 for each violation may be imposed;*
- (b) *Citation for serious violation: Civil penalty of up to \$7,000 for each violation may be imposed;*
- (c) *Citation for violation determined not serious: Civil penalty of up to \$7,000 for each violation may be imposed; ... (d) ...*
- (e) *Willful violation causing death to employee: A fine of up to \$10,000 or imprisonment of up to 6 months, or both, may be imposed.*

It is essential that all employers maintain and prepare, in writing, an accurate safety manual that will protect their business from fines and penalties. C.P.S. IS A NON-GOVERNMENTAL ORGANIZATION AND DOES NOT HAVE A CONTRACT WITH ANY GOVERNMENT AGENCY TO PROVIDE THIS PRODUCT.

Follow the steps below to complete this form and fulfill your order. Your information will be kept confidential and will not be disclosed to third parties. Mail the completed form with **\$295.00** to C.P.S. in the enclosed envelope. **Please respond today!**

## Step 1. CONTACT INFORMATION

Company Name [REDACTED] LLC
Address [REDACTED], [REDACTED], PA [REDACTED]

## Step 2. BUSINESS ACTIVITY

Check the box below that best describes the primary business activities of [REDACTED], LLC. **\*\*REQUIRED\*\***

<input type="checkbox"/> General (retail, office, restaurant/food service, warehousing, etc.)	<input type="checkbox"/> Healthcare/Medical	<input type="checkbox"/> Construction	<input type="checkbox"/> Maritime
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## Step 3. Enclose check for \$295.00 or pay online.



PAY ONLINE  
[www.paysafety.org](http://www.paysafety.org)

Make **\$295.00** check payable to:

C.P.S.  
PO Box 73127  
Washington, DC 20056  
Call (202) 838-0037  
[cps.safetymanual@gmail.com](mailto:cps.safetymanual@gmail.com)

**GOVERNMENT FINES  
AND/OR CIVIL ACTIONS  
MAY BE IMPOSED FOR  
FAILING TO MEET SAFETY  
REQUIREMENTS.**

## Step 4. SIGNATURE

I certify that I have read this document, understand its contents and authorize the charges.  
I understand that C.P.S. is not a government agency and is not providing legal advice.

Signature <b>**REQUIRED**</b>	Print Name Clearly
Email Address	Phone Number

## Step 5. Return this entire completed form with \$295.00 payment in the enclosed return envelope.

ALL C.P.S. PRODUCTS AND SERVICES ARE 100% FULLY GUARANTEED.