

Submission for IPA Safety Competition

To (Chapter Safety Representative): _____

From (Your Name): _____

I am requesting (# of points): _____

For the completion of the following safety activity (describe what you have done):

Signature: _____

Printed Name: _____

Chapter: _____

Date: _____

Note to Chapter Safety Representative: Please forward this form to the IPA Safety Coordinator. The current IPA Safety Coordinator is John McConnochie, 2S 844 Shagbark Drive, Batavia, IL 60510.

(This form is "IPA Safety Activity.rtf", last modified on July 11, 2011 (Mon.))