

PUBLICATIONS - ORDER FORM

Name:			Date	:			
Position:	☐ Local Executive	□ NAC Chair	☐ Local OH&S Representative				
Email Add	ress:	Phone Number:					
Request for Local #: Facility/Agency:							
Facility/Ag	ency Address:		City:	PC: _			
EXECUTIV	E PUBLICATIONS				QUANTITY		
Local Exe	cutive Tool Kit (max. 5)						
Labour Relations: Member Issues Form							
Labour Relations: Fact Sheet							
NURSING ADVISORY (NAC) PUBLICATIONS							
 Work Situation Report (WSR) Form (Official document) Base/Regional Hospitals: Request is for Units All Other Facilities/Agencies: Request is for the following office(s)/locations(s): 							
	Work Situation Report (WSF tice or educational purpose:						
How To Complete A Work Situation Report (WSR) Form (brochure)							
NAC: Step	os in the Problem Solving Pi	rocess (11" x 17" poster)					
Nursing Advisory Committee (NAC) Local Chair Tool Kit							
Work Situ	uation Report (WSR) Investig	gation Sheet					

OCCUPATIONAL HEALTH & SAFETY (OH&S) PUBLICATIONS

QUANTITY

Local OH&S Representative (max. 10)

- Base/Regional Hospitals: Request is for _____ Units
- All Other Facilities/Agencies: Request is for the following office(s)/ locations(s):

Occupational Health & Safety (OH&S) Fact Sheet

Please return completed form to the Regina SUN Office - Attn: Janelle Ruhr @ 2330 2nd Avenue, Regina, SK S4R 1A6 janelle.ruhr@sun-nurses.sk.ca fax: (306) 522-4612

SUN OFFICE USE ONLY			
Date Received:	Date Shipped:	Processed by:	