

AZ ASHE – 2009 Needs Assessment

I have been involved in the AZ ASHE Chapter in the past:

- Yes
- No

I have held a leadership position in the AZ ASHE Chapter in the past:

- Yes
- No

I would like to have speakers on the following topics (Choose up to 3):

- | | | |
|---|---|--|
| <input type="checkbox"/> Air Handlers and HVAC | <input type="checkbox"/> Fire Alarm Systems | <input type="checkbox"/> NFPA 99 |
| <input type="checkbox"/> Alternate Energy | <input type="checkbox"/> Fire Suppression Systems | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> ILSM/ICRA | <input type="checkbox"/> Security |
| <input type="checkbox"/> Boilers | <input type="checkbox"/> Management | <input type="checkbox"/> TJC Codes/Standards |
| <input type="checkbox"/> Chillers | <input type="checkbox"/> Medical Gasses | <input type="checkbox"/> Other |
| <input type="checkbox"/> Emergency Power | <input type="checkbox"/> NFPA _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Employee Satisfaction | <input type="checkbox"/> NFPA 101 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> NFPA 110 | |

I am knowledgeable on the following topics and would be willing to be a speaker (Choose up to 3):

- | | | |
|---|---|--|
| <input type="checkbox"/> Air Handlers and HVAC | <input type="checkbox"/> Fire Alarm Systems | <input type="checkbox"/> NFPA 99 |
| <input type="checkbox"/> Alternate Energy | <input type="checkbox"/> Fire Suppression Systems | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> ILSM/ICRA | <input type="checkbox"/> Security |
| <input type="checkbox"/> Boilers | <input type="checkbox"/> Management | <input type="checkbox"/> TJC Codes/Standards |
| <input type="checkbox"/> Chillers | <input type="checkbox"/> Medical Gasses | <input type="checkbox"/> Other |
| <input type="checkbox"/> Emergency Power | <input type="checkbox"/> NFPA _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Employee Satisfaction | <input type="checkbox"/> NFPA 101 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> NFPA 110 | |

How often would you like for the group to meet?

- Monthly
- Every Two Months
- Quarterly
- Semi-Annual

Would you be willing to host a meeting?

- Yes
- No

Name _____

Hospital _____

E-mail or Fax (520-469-8092) to Richard L. Parker