

10 Hour General Industry Safety & Health Program *A Guide to OSHA Compliance*

The 10 hour 2-day Course is designed to present detailed information on how the provisions of OSHA Act must be implemented in the workplace. The 10 Hour Training fee includes your personal copies of the **OSHA General Industry Compliance Manual** (the official comprehensive manual which includes the regulations your business needs to follow), a copy of **What Every Supervisor Must Know About OSHA** as well as the **OSHA Student Handbook** booklet.

Upon completion of the training, participants will receive a Certificate of Completion and a Department of Labor OSHA wallet size certification card.

Attend this training program and learn the latest information on:

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|---|-----------------------------------|-------------------------------|
| Citations, Inspections & Penalties | Hazardous Materials | OSHA Act, General Duty Clause |
| Cutting, Welding & Brazing | Health and Safety on the Internet | Personal Protective Equipment |
| Ergonomics | Lockout-Tagout | Proposed OSHA Laws |
| Fire Protection | Machine Guarding | Safety & Health Programs |
| Hazard Communication | Materials Handling & Storage | Unified Agenda |
| Hazard Recognition | Means of Egress | Walking-Working Surfaces |
| <i>(Actual agenda available upon request)</i> | | |

8:00 am to 4:30 pm, February 7th (Registration at 7:30)

8:00 am to 2:30 pm, February 8th, 2011

Matterhorn Conference Center, 2041 Cassopolis Street, Elkhart, Indiana

Retail Cost (includes lunch): \$300

Elkhart Chamber Member Discount Cost: \$200

Registrations may be made by phone (574) 293-1531, by Fax (574) 294-1859 or by E-mail: jwalsh@elkhart.org or online @ www.elkhart.org. Check made payable to Greater Elkhart Chamber of Commerce or Credit card is required to hold reservation. Attendance is limited to 85 registrants. Cancellations must be received at least 4 working days prior to the first session for a full refund.

Number of Registrants: _____ Total payment amount: _____

Name: _____ Email: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Credit Card Payment: (All information must be provided in order to process payment)

Visa/MC/Discover/Amex # (circle one): _____

Exp. Date: _____ Customer Verification Number _____ (3-Digit for Visa/MC/Disc or 4-Digit for Amex)

Billing Address: _____

City State Zip: _____