

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

The 20 Hour 3-day Advanced Course is open only to those individuals who have recently (within 6 months) completed the 10-Hour 2-day Course and upon successful completion of this additional 20-Hour 3 day Course, participants will receive a Certificate of Completion of 30-Hours OSHA Authorized Voluntary Compliance Training plus a wallet size certification card. **Participants are requested to bring both the OSHA Compliance Manual and their copy of What Every Supervisor Must Know About OSHA (received at the 10-hour program).**

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

Attend this training program and learn the latest information on:

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, March 5 & 6 (Registration at 7:30)

8:00 am to 3:30 pm, March 7, 2013

Matterhorn Conference Center, 2041 Cassopolis Street, Elkhart, Indiana

Retail Cost (includes lunch): \$400

Elkhart Chamber Member Discount Cost: \$300

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: _____