



SAFETY CENTER  
INCORPORATED

SAFETY CENTER INCORPORATED  
111 S SPRING STREET | CLAREMONT CA 91711  
(909) 625-9650 | (909) 625-9652 FAX



## 2-Day Express

# COUNTERBALANCED FORKLIFT TRAINER CERTIFICATION



2010 DATES: January 25-26 • May 17-18

LOCATION: California Steel Industries  
9400 Cherry Avenue

Fontana, CA 92335

HOURS: 7:30 am to 5 pm *both days*

FEES\*: Member Price \$945  
Non-Member Price \$995

\*Lunch included

### OVERVIEW:

This "Train the Trainer" program is specific to the counterbalanced forklift (ITA\*\* Classes 1,4 and 5) and will teach the trainee how to effectively train operators of this equipment and deliver an effective, fully compliant counterbalanced forklift operator certification program. Each trainee's knowledge and demonstrated skills in all aspects of the program are evaluated and graded. This program, its content and structure, meet or exceed all existing OSHA, ANSI/ITSDF and ISO 9000 regulations and standards. **Operator credentials are not issued during this program.** \*\*Industrial Truck Association

### PREREQUISITES:

Trainees enrolled in the 2-Day Express Program, should have a moderate knowledge of the equipment addressed and will be sent a Counterbalanced Operator Reference Manual a minimum of one week prior to the program for review and completion. **It is mandatory that the manual be completed prior to participation and brought to the course for successful completion.**

*Note: A portion of the 'hands-on' training will be outdoors, please wear appropriate clothing & your company's work required footwear (i.e. steel-toed shoes).*

## ENROLLMENT FORM



SAFETY CENTER INCORPORATED  
111 S. SPRING STREET  
CLAREMONT, CA 91711

(909) 625-9650  
(909) 625-9652 FAX  
JOAN@SAFETYCENTER.ORG



FAX



E-MAIL



MAIL



PHONE

NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_  
made payable to *Safety Center Incorporated*

**if applicable - please provide a**  
Purchase Order #: \_\_\_\_\_

Charge to my: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Prefer customization? Train on your **own** equipment @ **your** facility! Call for details!

**THANK YOU!**

11/24/09

# WWW.SAFETYCENTER.ORG