



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

# HEAT ILLNESS WORKSHOP



**2010 DATES:** May 12 • June 16 • July 8

**LOCATION:** Safety Center Incorporated  
 Spring Street Center  
 111 S. Spring Street  
 Claremont, CA 91711

**HOURS:** 8 am - 12 noon

**FEES:** Member Price: \$ 75  
 Non-Member: \$ 95

## OVERVIEW:

Highly recommended for supervisors and managers. The goal of this program is to ensure that all who attend understand the regulations and the urgency of training their crew and other supervisory personnel about heat stress. Primary objectives are aimed at assisting attendees in understanding and developing recognition skills to help assist in the evaluation and control of occupational heat stress. The program will encompass the four elements of heat stress programs: provision and encouragement of drinking plenty of water, ready access to shade, full and complete training, and written procedures spelling out the essentials.

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

**THANK YOU!**

2/24/10

WWW.SAFETYCENTER.ORG