



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

# 1-Day Disaster Preparedness Training

It's not a question of "if" a disaster will strike, but when!



*"Being prepared means being ready for any kind of emergency, be*

*it hurricane, utility disruption or man-made disaster"*

- US Department of Homeland Security

## RECOMMENDATION:

Participants should have current First Aid/CPR training cards and due to the highly interactive skills building activities, participants are to wear closed-toe shoes and casual, comfortable clothing for easy mobility.

**2010 DATES:** June 3 • October 7

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

**HOURS:** 8 am - 5 pm

**FEES:** Member Price \$ 150  
 Non-Member Price \$ 175

## OVERVIEW:

Are you prepared with the intense skills needed to adequately provide for yourself and for your co-workers in the event of a wide-scale natural or man-made disaster? This 1-day class will expose participants to a wide variety of real-life scenarios and situations that they might face during the first 72 hours following a disaster. This class covers a graphic look beyond the requirements and how to put your emergency plan to the test. Training topics include:

- First Aid/Triage • Light Rescue Techniques • Moving Injured Victims • Sanitation • Establishing a Safe/Functional Evacuation Area • Dealing with Deceased • How to Set Up Essential Camp Services • Other Associated Hazards

## ENROLLMENT FORM



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 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!**

2/11/10

WWW.SAFETYCENTER.ORG