



**SAFETY CENTER INCORPORATED**  
 3909 BRADSHAW ROAD | SACRAMENTO, CA 95827  
 (800) 825-7262 | (916) 366-7233 | (916) 366-1762 FAX

# PROFESSIONAL SAFETY INSTITUTE 2010 TECHNICAL SAFETY CERTIFICATE



*Gain the skills necessary to implement & manage a successful safety program!*

## OSHA RECORDKEEPING REQUIREMENTS

What records do you keep? This class covers accurate methods of reporting and minimum OSHA recordkeeping requirements. You'll also review safety documentation as it relates to the California Injury and Illness Prevention Program (IIPP) requirements, employee exposure records & medical records (HIPPA), hazard communication and other important topics.

**March 9 • September 21 • Member \$250 • Non-Member \$275**

## CONDUCTING SAFETY INSPECTIONS

Periodic inspections help maintain a safe and healthful work environment for your employees, but what does a "Safety Inspection" really involve? This class introduces key concepts of safety inspections such as "Acceptable & Unacceptable Risk" & "Most Frequently Cited Violations", and includes hazard recognition and inspection formats.

**March 10 • September 22 • Member \$230 • Non-Member \$265**

## CONDUCTING ACCIDENT INVESTIGATIONS

This class guides you through the accident investigation process and shows you how to use past accidents to prevent injuries, property damages and financial loss in the future. You'll learn the answers to the six basic questions of accident investigation: who, what, when, where, how and why through the use of real-life case studies and interactive discussions.

**March 11 • September 23 • Member \$230 • Non-Member \$265**

*Classes may be taken individually or as a series.*

### DATES & FEES:

As listed

**TIME:** 8 am - 5 pm

### LOCATION:

Safety Center Incorporated  
 3909 Bradshaw Road  
 Sacramento, CA 95827

**Enhance Your  
 Knowledge  
 & Career!**

## ENROLLMENT FORM



SAFETY CENTER INCORPORATED  
 3909 BRADSHAW ROAD  
 SACRAMENTO, CA 95827

(800) 825-7262 x219  
 (916) 366-1762 FAX  
 QUEN@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: \_\_\_\_\_

Ask about our other PSI Certificated courses - Core, Instructor & Management!

**THANK YOU!**

12/8/09

**WWW.SAFETYCENTER.ORG**