



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

# PROFESSIONAL SAFETY INSTITUTE 2010

## CORE SAFETY CERTIFICATE

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



### ESTABLISHING A SUCCESSFUL SAFETY PROGRAM

This course provides the foundation from which successful occupational safety & health programs are created. Together with the materials provided, you will have the basic tools & understanding needed to return to your work environment & eliminate exposures to loss as an ongoing process of working in a safe & healthy workplace.

**April 21**

### INDUSTRIAL HYGIENE

This one-day survey course of technical topics covers major stressors of the industrial hygiene field including chemical, physical and biological factors. Solutions will be offered for hazard communication, solvents, temperature extremes, skin care, respirators, vibration, indoor air quality, noise, radiation, confined space safety, and hazard control.

**April 22**

### SELLING SAFETY

This class provides students with ideas and techniques to improve their safety-related workplace relationships with management and employees so that everyone understands and gets "on board". It is one of the most important courses within the Professional Safety Institute course series.

**April 23**

*These classes may be taken individually or as a series*

**DATES:** As listed

**FEE:** \$230 per class  
 Members  
 \$265 per class  
 Non-members

**TIME:** 8 am - 5 pm

**LOCATION:**

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

**Enhance Your  
 Knowledge  
 & Career!**

## ENROLLMENT FORM



SAFETY CENTER INCORPORATED  
 111 S SPRING STREET  
 CLAREMONT, CA 91711

(909) 625-9650 PH  
 (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: \_\_\_\_\_

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

**THANK YOU!**

2/24/10

**WWW.SAFETYCENTER.ORG**