



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

June 22 • 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.

June 23 • 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.

June 24 • 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
 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
 (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 - Core, Instructor & Management!

THANK YOU!

4/6/10

WWW.SAFETYCENTER.ORG