

Confined Space Train the Trainer

Class Time: 8:00am - 4:00pm



March 4, 2021
Chesapeake Region Safety Council
2555 Lord Baltimore Dr, STE N-R
Baltimore, MD 21224

August 26, 2021
Carroll Community College
1601 Washington Drive, Westminster, MD 21157

This Trainer Course in Permit-Required Confined Spaces is recommended for inspectors, auditors, safety and health professionals and those personnel responsible for writing, auditing, or training employees with an active role in permit space entry. This course was developed and designed to educate participants to train about all aspects of 29 CFR 1910.146 and 29 CFR 1926.1200 Subpart AA Confined Space in Construction

Prerequisite:

In order to attend this course you must have completed the OSHA 2264 Permit-Required Confined Space Entry course within the last 12 months and provide the CRSC with a copy of your course completion certificate.

Objective:

This program provides the elements to develop a good Confined Spaces Training Program to include:

- Determine Confined Spaces training needs
- Identify goals and objectives
- Develop learning activities
(i.e., lecture, on-the-job, hands-on, discussion, or a combination of all of these)
- Conduct the training – each student will be responsible to develop and present an assigned topic on Confined Spaces to the class and be evaluated on that presentation.
- Evaluate the Training Program

Price:

\$195 for CRSC/NSC Members

\$249 for Non-Members

Every student will receive a student binder and a CD which includes:

- PowerPoint Presentations
- video clips
- test questions
- additional resource information for Confined Spaces

Registration Form- Please FILL OUT the Course Info Below:

Class Name: Confined Space TTT Class Date: (month/day/yr) ____/____/____ Location: (city, state) _____, _____

Student Name(s): _____

Company: _____ Email: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Fax #: _____ #4862

Indicate Payment Method: (please check) **Are you a CRSC/NSC Member?** Yes _____ or No _____ if Yes provide member # _____

Check Enclosed _____ Please Invoice _____ Visa _____ Mastercard _____ American Express _____ Discover _____

Card # _____ CID # _____ Exp. Date: _____ Name on Card: _____

You can mail this form to:

Chesapeake Region Safety Council - 2555 Lord Baltimore Drive, Suites N-R, Baltimore, MD 21244
Call to register: 800-875-4770 **Fax:** 410-281-1350 **Register online** at www.chesapeakeesc.org
Make checks payable to: Chesapeake Region Safety Council