Confined Space Safety is a comprehensive program of confined space entry and rescue standards. This program is directed at those responsible for the permit process and the assignment of employees or contractors who work in confined spaces. Training will assist in designing and administering an on-site compliance program in accordance with OSHA 29 CFR 1910.146

Objectives: At the end of this course, student should be able to:

- Describe terms specific to confined spaces operations
- Understand and define confined spaces versus permit-required confined spaces,
- Discuss physical hazards associated with oxygen deficient and oxygen enriched atmospheres
- Describe safe work practices for welding and cutting operations in confined spaces
- Understand the importance of a confined space permit
- Identify the necessary components of an effective confined space program
- Identify appropriate OSHA standards for confined space operations

Class Name: OSHA 7300 - Confined Space
Class Date: (month/day/yr) ______ / _______ / ______
Location: (city, state) ________________________________, _______

Topics Include:

- Overview of OSHA’s Confined Space Standard 1910.146 and Amendments
- Definitions and examples
- OSHA’s and MOSH’s requirements
- Physical and health hazards associated with confined spaces
- Entry procedures and permits
- Personal protective equipment
- Ventilation
- Atmospheric testing procedures

Registration Form - Please FILL OUT the Course Info Below:

Class Name: OSHA 7300 - Confined Space Class Date: (month/day/yr) _____ / ______ / ______  Location: (city, state) ________________________________, _______

Student Name(s): ____________________________________________________________________________________________________

Company: ______________________________________________________________ Email: _____________________________
Address: _____________________________________________________ City, State, Zip: ____________________________

Phone #: ______________________________ Fax #: ________________________________

Indicate Payment Method: (please check)

Check Enclosed____  Please Invoice______  Visa____  Mastercard______  American Express______  Discover______

Card #______________________________  CID #:_______  Exp. Date:__________ Name on Card: _______________________________

You can mail this form to:
MAOTIEC/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.oshamidatlantic.org
Make checks payable to: Chesapeake Region Safety Council