

Respiratory Protection Train the Trainer

February 11, 2022
Virtual Instructor Led Training

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



An estimated 5 million workers are required to wear respirators in 1.3 million workplaces through-out the United States. Respirators protect workers against insufficient oxygen environments, harmful dusts, fogs, smokes, mists, gases, vapors, and sprays. These hazards may cause cancer, lung impairment, diseases, or death. Compliance with the OSHA Respiratory Protection Standard could avert hundreds of deaths and thousands of illnesses annually.

This Trainer Course in Respiratory Protection is recommended for inspectors, auditors, safety and health professionals and those personnel responsible for writing, auditing, or training employees with an active role in respiratory protection. This course was developed and designed to educate participants to train about all aspects of 29 CFR 1910.134 Respiratory Protection.

Course Objectives

This program provides the elements to develop a good Respiratory Protection Training Program to include:

- Determine 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 Respiratory Protection to the class and be evaluated on that presentation.
- Evaluate the Training Program

Price:

\$195.00 members
\$249.00 non members

Course fee includes: refreshments, lunch and student materials

Student materials include: Every student will receive a student binder and a USB drive which includes: PowerPoint Presentations, video clips, test questions, additional resource information for Respiratory Protection.

Prerequisite: In order to attend this course you must have completed the OSHA 2225 Respiratory Protection course within the last 12 months and provide the CRSC with a copy of your course completion certificate.

Registration Form- Please FILL OUT the Course Info Below:

Class Name: Res Prot. TTT **Class Date:** (month/day/yr) ____ / ____ / ____ **Location:** (city, state) _____, _____

Student Name(s): _____

Company: _____ **Email:** _____

Address: _____ **City, State, Zip:** _____

Phone #: _____ **Fax #:** _____ #4379

Member : Yes _____ No _____ **Member Number:** _____

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