



April 29, 2021

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

June 17, 2021

Virtual Instructor Led Training (VILT)

July 1, 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

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

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

Course Fee:

\$195.00 for CRSC/NSC Members

\$249.00 for Non-Members

Every student will receive a student binder and a USB drive which includes:

- PowerPoint Presentations
- Video clips
- Test questions
- Additional resource information for Confined Spaces

Lunch and refreshments for in-person classes

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