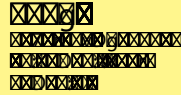




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This Trainer Course in Permit-Required Confined Spaces is recommended for inspectors, auditors, safety and health professionals and those personnel responsible for writing, auditing, or training employees with an active role in permit space entry. 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 Spaces 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