

March 17, 2022	Roanoke Higher Education Center, Roanoke, VA
March 31, 2022	ABC-VA, Dulles, VA
April 28, 2022	ABC-VA, Norfolk, VA
May 5, 2022	Chesapeake Region Safety Council, Baltimore, MD
May 26, 2022	Chesapeake Region Safety Council, Baltimore, MD
August 18, 2022	Chesapeake Region Safety Council, Baltimore, MD

In the construction industry in the U.S., falls are the leading cause of worker fatalities

Each year, on average, between 150 and 200 workers are killed and more than 100,000 are injured as a result of falls at construction sites. This course will help you plan, prepare and deliver fall protection training to your workers to prevent injuries and fatalities from falls.



OSHA 3115 and the Fall Protection Train the Trainer Course combined, as presented by the Chesapeake Region Safety Council, meet the Competent Person (CP) 24 hour training requirement in Section 21.C.04 of the EM 385-1-1 USACE Safety and Health Requirements Manual.

Prerequisite:

In order to attend this course you must have completed the OSHA 3115 Fall Protection course within the last 12 months and provide the CRSC with a copy of your course completion certificate.

Objectives:

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

- Determine fall protection training needs
- Identify goals and objectives
- Identify materials and information necessary to train employees
- 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 fall protection to the class and be evaluated on that presentation.
- Evaluate the program

Course Fee:

\$195 for CRSC/NSC Members

\$249 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 fall protection

Registration Form- Please FILL OUT the Course Info Below: Class Time: 8:00am - 4:00pm

Class Name: Fall Protection TTT **Class Date:** (month/day/yr) ____ / ____ / ____ **Location:** (city, state) _____, _____

Student Name(s): _____

Company: _____ **Email:** _____

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

Phone #: _____ **Fax #:** _____ #4890

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:** _____

Register online at www.chesapeakeesc.org
 Chesapeake Region Safety Council
 2555 Lord Baltimore Drive, Suites N-R, Baltimore, MD 21244
 800-875-4770