

# MID – ATLANTIC CONSTRUCTION SAFETY COUNCIL

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## OSHA 30 HOUR TRAINING - spring 2008

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### 3 Week Saturday Course (10 hours per day)

Saturdays

May 3, 2008, May 10, 2008, and May 17, 2008

7:00 AM to 5:30 PM

**Place: Montgomery County Fire Academy  
1175 Conshohocken Road  
Conshohocken, PA 19428**

**Cost: \$450.00 per person**

**Registration Deadline: Tuesday, April 29, 2008**

**Please register early as - “CLASS SIZE IS LIMITED”**

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**OSHA cards will be distributed to those completing the course.  
Food, beverages, free parking and course materials provided.**

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#### **Instructors include:**

<b>John Young, Skanska USA Building, Inc.</b>	<b>Dona File, L.F. Driscoll Co.</b>
<b>Larry Morris, Cornell &amp; Co.</b>	<b>Andrew Scutti, Dale Construction</b>
<b>Jim Dollard, IBEW Local 98</b>	<b>Bill Reis, Belcher Roofing</b>
<b>John Connelly, SMCA</b>	<b>Jeff Howell, Construction Safety &amp; Training</b>
<b>Frank Baxter, L.F. Driscoll Co.</b>	<b>Bob Verzella, L.F. Driscoll Co.</b>
<b>Gerald Popcke, Risk Control Assoc.</b>	<b>Dennis Dougherty, Med-Tex</b>

**Our instructors are professional safety persons who work  
“In the Field” on a day-to-day basis.**

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### TOPICS INCLUDE:

Introduction to OSHA, Stairs & Ladders, General Safety & Health, Recordkeeping, Tools, HazCom, Concrete and Masonry, Health Hazards in Construction, Fire Protection, Fall Protection, Scaffolding, Electrical, Cranes and Rigging, Material Handling, PPE, Excavations, Motorized Vehicles.

Course will also include fire extinguisher training. Each student will use a fire extinguisher to extinguish a fire.

#### For Information Contact:

Ed Grose – 215-557-0777  
[egrose@macsc.org](mailto:egrose@macsc.org)

#### For Registration Contact:

Kathleen Smith – 215-557-0777  
[Kathleen@macsc.org](mailto:Kathleen@macsc.org)

Make checks payable to: Mid-Atlantic Construction Safety Council  
1717 Arch Street, Suite 3370  
Philadelphia, PA 19103

**Payment required by Tuesday, April 29, 2008**

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Register by fax to Kathleen Smith at 215-557-1970. Mail a copy with your check.

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| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ Check Enclosed OR Circle One: Visa MC Amex

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_