

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

1065 AHUA STREET • HONOLULU, HAWAII 96819-4493 • PHONE 808-833-1681 • FAX 808-839-4167

E-MAIL ADDRESS: gca@gcahawaii.org • WEBSITE: www.gcahawaii.org

OSHA 10-HR FOR THE CONSTRUCTION INDUSTRY

Thursday & Friday, October 16 & 17, 2008 –
7:30 a.m. Registration – 8 a.m. - 1:30 p.m. Program
King Kamehameha's Kona Beach Hotel
(Includes continental breakfast and lunch)

Sponsored by the GCA Safety Committee:

This course provides an overview of safety requirements for most construction activities that will include and introduction to OSHA and the following topics:

- I. Introduction to OSHA – What is OSHA's main purpose?
- II. Focus Four Hazards
- III. Four leading causes of Construction Fatalities
 - a. Fall Hazards
 - b. Electrical Hazards
 - c. Struck by Hazards
 - d. Caught-in between Hazards
- IV. Excavation and Trenching
- V. Scaffolding
- VI. Personal Protective Equipment
- VII. Hand and Power Tools
- VIII. Material Handling

- October 16 & 17, 2008 - 7:30 am to 1:30 pm (includes continental breakfast and lunch)
- Participants will receive the **OSHA Standards for the Construction Industry Manual**
- 10-hour safety card upon successful completion of the course.

WHERE: King Kamehameha Kona Beach Hotel
75-5660 Palani Road, Kona
Telephone: (808) 329-2911

COST: \$150 per person for GCA Members
\$200 per person for non-members

To register, please fill out form and mail or fax to 839-4167.

Please reserve _____ space(s) for our company.

LIST NAME(S) ATTENDING (Please print)

For billing purposes, please (✓) below where applicable:

- Payment Enclosed Amount \$ _____
- For Credit Card Payment, Please fill out the attached Form.
- Please bill company. (GCA Member Only)

Name: _____

Company: _____

E-mail: _____

Mailing: _____

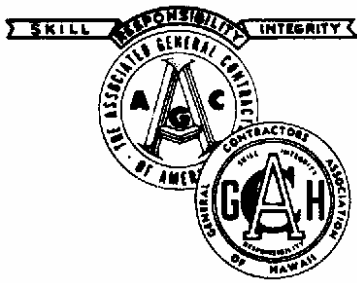
City/Zip: _____

Phone: _____

FAX: _____

Please note!! To avoid being billed in full, cancellations MUST be made by Friday, October 3, 2008.

This course is not intended and should not be construed to provide legal or other professional advice. Nor should it be considered an exhaustive treatment of all safety and health issues related to the construction industry.



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***PLEASE FAX WITH YOUR
REGISTRATION FORM TO:
839-4167***

CREDIT CARD AUTHORIZATION FORM			
NAME ON CARD:			
COMPANY:			
BILLING ADDRESS:			
CITY/STATE/ZIP			
PHONE:		FAX:	
AMOUNT:			
CREDIT CARD TYPE:			
<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
CARD NUMBER:			
EXP. DATE:		CODE:	
EVENT & LOCATION:			
DATE OF EVENT:			
SIGNATURE:		DATE:	

<input type="checkbox"/> Check box to request original credit card receipt to be mailed.
<input type="checkbox"/> Check box to request copy of credit card receipt to be faxed.

<i>FOR GCA OFFICE ONLY:</i>			
<i>RECEIVED BY:</i>			
<i>DATE:</i>			