



Dates & Time:

October 3, 5, 10, 12 and 24, 2017

7:30 a.m. to 3:00 p.m.

Location:

GCA Conference Room
1065 Ahua Street, Honolulu

Cost:

\$200 for GCA members
\$300 for non-members

Register

Class space is limited and reserved on a first come, first served basis.

The registration deadline for this program is **September 22, 2017**. Full refund will be made for cancellations received prior to that date. After that date, no refunds will be granted. Replacements accepted.

Please see attached for the registration form.

OSHA 30-HR for the CONSTRUCTION INDUSTRY

Introduction to OSHA

- OSH Act, General Duty Clause, Employer and Employee Rights and Responsibilities, Whistleblower
- Rights, Recordkeeping basics
- Inspections, Citations, and Penalties
- General Safety and Health Provisions, Competent Person, Subpart C
- Value of Safety and Health
- OSHA Website, OSHA 800 number and available resources

OSHA Focus Four Hazards

- Fall Protection, Subpart M (e.g., floors, platforms, roofs)
- Electrical, Subpart K (e.g., overhead power lines, power tools and cords, temporary wiring, grounding)
- Struck by (e.g., falling objects, trucks, cranes, constructing masonry walls)
- Caught in/between (e.g., trench hazards, unguarded machinery, equipment)

- **Personal Protective and Lifesaving Equipment**, Subpart E
- **Health Hazards in Construction** (for example, noise, hazard com. and crystalline silica)
- **Stairways and Ladders**, Subpart X
- **Trenching and Excavation**
- **Tools - Hand and Power**, Subpart I
- **Scaffolds**, Subpart L
- **Cranes, Derricks, Hoists, Elevators, and Conveyors**, Subpart N
- **Welding and Cutting**
- **Confined Space Entry**
- **Managing Safety and Health**
- **Physical Health Hazards (ergonomics)**
- **Fire Protection and Prevention**

WHO SHOULD ATTEND

Safety Administrators, Managers, & Supervisors. Job site superintendents, Project Managers and engineers, job site foremen, and construction workers who want improve their safety knowledge, skills, and promotion opportunities.

Upon completion of the course, attendees will receive an OSHA card.

1065 Ahua Street
 Honolulu, HI 96819
 Phone: 808-833-1681 FAX: 839-4167
 Email: info@gcawahawaii.org
 Website: www.gcawahawaii.org



GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

The General Contractors Association of Hawaii Presents:

OSHA 30-HR for the CONSTRUCTION INDUSTRY

Registration Form

FAX to 808-839-4167 or gca@gcawahawaii.org

If you did not receive a confirmation, please call 833-1681 ext. 14.

NAME:		Email:	
NAME:		Email:	
NAME:		Email:	
NAME:		Email:	
CONTACT:		Email:	
Company:			
Address:			
City:		State/ZIP:	
Phone/fax:		Cell:	

LOCATION: The course will be held at GCA Conference Room, 1065 Ahua Street, Honolulu, HI 96819

DATES: October 3, 5, 10, 12 and 24, 2017

TIME: 7:30 a.m. – 3:00 p.m.

PAYMENT INFORMATION: (Payment must accompany registration to secure seat) Registration fee includes lunch and Participant's handout for the course.

Registration Deadline and Cancellation policy:

The registration deadline for this program is **September 22, 2017**. If you cancel your registration at least five (5) days prior to the class, GCA will provide a full refund. No refund will be provided if you do not meet this deadline, however you may transfer your registration to another employee within your organization.

Registration Fees:		TOTAL:	
	\$200 for members (bill company)		\$300 for non-members
	Enclosed is a check for \$	Make check payable to: GCA of Hawaii	
	Charge credit card on file		
	Charge my credit card (See attached CC Form)		

1065 Ahua Street
 Honolulu, HI 96819
 Phone: 808-833-1681 FAX: 839-4167
 Email: info@gcahawaii.org
 Website: www.gcahawaii.org



GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

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

CREDIT CARD AUTHORIZATION FORM			
NAME ON CARD:			
COMPANY:			
BILLING ADDRESS:			
CITY/STATE/ZIP			
PHONE/FAX:		CELL:	
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:	
CONTACT PERSON			

<input type="checkbox"/> Check box to request credit card receipt to be emailed @ _____
<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>
RECEIVED BY:
DATE: