

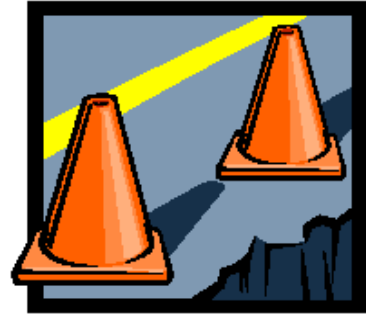
1065 Ahua Street  
Honolulu, HI 96819  
Phone: 808-833-1681 FAX: 839-4167  
Email: [info@gcahawaii.org](mailto:info@gcahawaii.org)  
Website: [www.gcahawaii.org](http://www.gcahawaii.org)



# GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.



### Dates & Time:

January 9, 18, 23, 25 & 31, 2018

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 **January 2, 2018**. 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.*

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The General Contractors Association of Hawaii Presents:

## OSHA 30-HR for the CONSTRUCTION INDUSTRY

Registration Form

**FAX to 808-839-4167 or [gca@gcahawaii.org](mailto:gca@gcahawaii.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:** January 9, 18, 23, 25 & 31, 2018

**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 **January 2, 2018**. 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.

<b>Registration Fees:</b>		<b>TOTAL:</b>	
	\$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)		

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

<b>CREDIT CARD AUTHORIZATION FORM</b>			
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: