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Honolulu, HI 96819  
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Website: [www.gcawhawaii.org](http://www.gcawhawaii.org)



**GCA of Hawaii**

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

# OSHA REQUIREMENTS:

## Fall Protection

GCA Conference Room

Tuesday, March 30, 2010

7:30 a.m. Registration/Breakfast/8:00 a.m. – 12:00 noon Program

### The class will cover the following topic:

#### Fall Protection

#### 29CFR 1926.500 Subpart M

Falls are the leading cause of deaths in the construction industry. Most fatalities occur when employees fall from open-sided floors and through floor openings. Falls from as little as 4 to 6 feet can cause serious lost-time accidents and sometimes death. Open-sided floors and platforms 6 feet or more in height must be guarded.

#### This presentation will discuss:

- The working conditions that prompt use of fall protection
- Options that are available to protect workers from falls
- Lessons Learned from the recent fall injuries in Hawaii

#### At the end of this topic, you will be able to:

List at least four methods of fall protection available for protecting workers, and state the main criteria that prompt use of fall protection for construction workers.

#### Additional Fall Protection discussion points will include:

- Hierarchy of Fall Protection Planning
- Personal Fall Arrest System (PFAS)
- Calculating fall clearances
- Horizontal Lifelines
- Fall Rescue Planning
- Guardrails
- Walkways and Ramps
- Skylights & Other Openings
- Floor Holes
- Concrete Forms and Rebar
- Excavations
- Roofs
- Wall Openings
- Good Work Practices
- Training Requirements

#### Instructors:

Joaquin Diaz, Tristan Aldeguer, Tracy Lawson

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

Please reserve \_\_\_\_\_ space(s) for our company at \$75 per person for members and \$150 per person for non-members.

*LIST NAME(S) ATTENDING (Please print)*

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

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

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

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

Mailing: \_\_\_\_\_

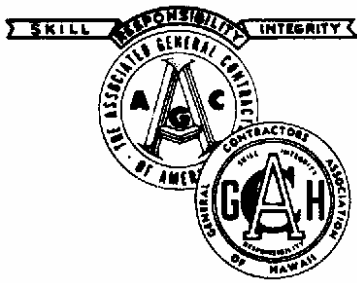
City/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

**Please note!! To avoid being billed in full, cancellations MUST be made by Friday, March 19, 2010.**

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.



**GENERAL CONTRACTORS ASSOCIATION OF HAWAII**

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REGISTRATION FORM TO:  
839-4167***

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