

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 REQUIREMENT: FORKLIFT SAFETY

LOCATION: GCA Office

Thursday, November 13, 2008

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

Be OSHA-compliant for forklift safety.

OSHA requires employers to provide site-specific and equipment-specific instruction to all of their forklift operators.

The class will cover the following topics:

- Designations
- Operator Training
- Safe operation
- Forklift Use
- Authorized Use Areas
- Fuel handling and storage
- Changing and charging storage batteries.
- Lighting for operating areas
- Control of noxious gases and vapors
- Operations, Traveling and Loading
- Truck operations
- Traveling
- Loading
- General Condition and Maintenance
- Forklift Condition
- Maintenance of Forklifts
- Practical Skills & Operation Testing

Who Should Attend as required by OSHA:

Concrete, Drywall, Electrical, Excavation
Fencing, General Contractor, Glass, HVAC
Masonry, Roofing, Sheet Metal, Steel

**Please note!! To avoid being billed in full,
cancellations MUST be made by
Friday, October 31, 2008.**

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

Please reserve _____ space(s) for our company at \$95 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: _____

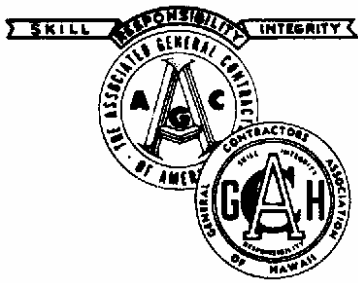
Mailing: _____

City/Zip: _____

Phone: _____

FAX: _____

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>			