



*The Safety Committee invites you to attend the*

## **How to Manage a HIOSH/OSHA Inspection**

**Date & Time:**

September 21, 2017  
10:00 a.m. – 2:00 p.m.

**Location:**

GCA Conference Room  
1065 Ahua Street, Honolulu

**Cost:**

\$75 for members  
\$95 for non-members

**Register**

**Please RSVP by  
September 14, 2017.**

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

The GCA Safety committee is pleased to announce “**How to Manage an OSHA/HIOSH Inspection**” Training.

In this scenario based training, participants will be engaged in a simulated OSHA/ HIOSH inspection of a construction project.

Avoid citations and penalties! Join us and hear from a Construction Safety Manager and former HIOSH Compliance Officer as they guide participants on how to prepare for a possible HIOSH/OSHA Inspection; successfully resolve issues identified by an inspector; how to deal with an inspector during the on-site visit; what the agency looks for before issuing a citation and how the appeal process works.

Participants will learn how to manage a HIOSH/OSHA inspection from the opening conference to the appeal process. Learn the rights and responsibilities of the employer, employees and the inspector.

**Who Should attend:**

All levels of Managers in small and medium sized business; Safety Professionals, Project Superintendents, Project Managers, Engineers and others involved in the OSHA inspection process.

**For information in joining Safety Committee, [please click here.](#)**

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.

The General Contractors Association of Hawaii Presents:

# HOW TO MANAGE A HIOSH/OSHA INSPECTION

September 21, 2017

Registration Form

Fax to 808-839-4167 or email to [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:	
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

**TIME:** 10:00 a.m. – 2:00 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:**

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>
\$75 for members (bill company)	\$95 for non-members
Enclosed is a check for	Make check payable to <b>GCA of Hawaii</b>
Charge credit card on file	
Charge my credit card (See attached CC Form)	

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 Website: [www.gcawhawaii.org](http://www.gcawhawaii.org)



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

<b>CREDIT CARD AUTHORIZATION FORM</b>			
NAME ON CARD:			
COMPANY:			
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:	
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>
<i>RECEIVED BY:</i>
<i>DATE:</i>