



Safety Trained Supervisor (STS) – Prep Course

(Certification for Construction)

GCA Conference Room

Friday, October 29, 2010

7:30 a.m. Registration/8:00 a.m. – 3:00 p.m. Program

The Safety Trained Supervisor (STS) certification program is run by the Council on Certification of Health, Environmental and Safety Technologists (CCHST www.cchest.org). The STS certification program is intended for individuals who: are managers at any level, first time supervisors of work groups or organization units, have a safety responsibility for a work group that is part of other work duties. STS are not safety specialists or safety practitioners. Typical candidates have a safety responsibility that is collateral or an aspect of their job duties. The main job duties are in a craft or trade, in leadership, supervision or management or in a technical specialty.

The typical STS helps an employer implement safety programs at the worker level through supervisory, safety *committee* or similar safety and health leadership roles (safety responsibility is a part-time responsibility). Safety tasks often include monitoring for job hazards, helping ensure regulatory compliance, training employees in safety practices, performing safety recordkeeping tasks, coordinating corrections for safety problems with or among work groups and communicating with safety specialists or management.

The STS is a professional certification which shows the holder has met a minimum competency in general safety practices. Some benefits include having a certification of competency via a third party administered test; meeting the governments construction unified guide specification which requires STS certified supervision for the Site Safety and Health Officer position or collateral duty safety position.

To gain eligibility for a STS examination, you must be of good moral character and meet the following three requirements:

- 1) Have 2 years of experience in construction;
- 2) Have 1 year of experience as a supervisor or safety leader of a work group. (This can be concurrent with #1);
- 3) Have completed 30 hours of formal safety training through a single course or multiple courses.

This prep-course will help students prepare for the 75 question, multiple-choice computer examination required to qualify for the STS certification. Course topics will include the application process, test taking strategies and an understanding of basic safety concepts which may be covered the 10 safety task categories in the examination. These areas include:

- 1) Conduct New Employee Health and Safety Orientation (9.5%)
- 2) Perform Pre-task Safety and Health Hazard Analysis (10.6%)
- 3) Perform Basic Safety and Health Hazard Recognition (10.7%)
- 4) Issue and Monitor the Use of Personal Protective Equipment (9.6%)
- 5) Conduct Safety and Health Meetings (9.3%)
- 6) Plan for Safety and Health Hazard Prevention (10.7%)
- 7) Inspect Tools and Equipment (9.7%)
- 8) Apply Safety and Health Standards on Job Sites (11.1%)
- 9) Participate in Job Safety and Health Inspections (9.7%)
- 10) Investigate Accidents and/or Incidents (9.3%)

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

Please reserve _____ space(s) for our company at \$175 per person for members/\$225 non-members.

LIST NAME(S) ATTENDING (PLEASE PRINT)

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

Payment Enclosed Total \$ _____

Please bill company. (GCA Member Only)

For credit card payment, please fill out the attached Credit Card Authorization Form.

Name: _____

Company: _____

E-mail: _____

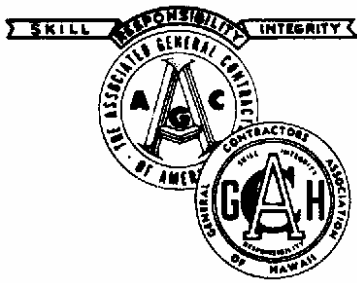
Mailing: _____

City/Zip: _____

Phone: _____

FAX: _____

Class space is limited and reserved on a first come, first served basis. Please note!! To avoid being billed in full, cancellations MUST be made by October 15, 2010.



GENERAL CONTRACTORS ASSOCIATION OF HAWAII

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E-MAIL ADDRESS: gca@gcahawaii.org • WEBSITE: www.gcahawaii.org

***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>			