

# OSHA 10-Hour for Construction



## About the Course

OSHA requires a contractor to have a competent person on-site to qualify for Focused Inspection. This safety course is designed to help contractors develop safety and health competent persons for their job sites.

The competent person will learn to recognize potential hazards in construction before an incident occurs. Individuals will also be able to identify and implement abatement techniques for hazards found on job sites.

The following topics are covered during the in-class training:

- Fall protection
- Excavation and trenching safety
- Electrical safety
- Hand and power tool safety
- Personal protective equipment
- Heavy equipment safety
- Fire prevention and protection
- Hazard communication
- Recordkeeping
- OSHA's Focused Inspection Initiative

**NOTE:** A 1926 OSHA Manual is included with all registrations.

## When

Thursday and Friday, November 1-2, 2018  
7:00 am – 1:00 pm each day

## Where

AGC Georgia Training Center  
1940 The Exchange  
Atlanta, GA 30339  
*at intersection of Windy Hill Road  
and I-75 / I-285 in Cobb County*

## Registration Fee

AGC Georgia Members Save \$20 when registering at [www.agcga.org](http://www.agcga.org). There is a \$20 increase if registration is within 2 weeks of course start date.

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|-------------------------------------|-------------|
| • CompTrust AGC MCIC Policy Holders | <b>FREE</b> |
| • AGC Georgia Member                | \$205       |
| • AGC Georgia YLP Member            | \$186       |
| • Non-AGC Georgia Member            | \$305       |

## Instructor

Philip Greisen, CET, CHST  
Senior Safety Consultant  
PROSAFE Solutions, Inc.

## Attendee Registration Form

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Registrant's Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Food Restrictions: \_\_\_\_\_  
Primary contact for registration, if not registrant: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Check One:

- Check: Make checks payable to AGC Georgia. Mail copy of this form with your check to our lockbox:  
*Wells Fargo Bank/ AGC Georgia; P. O. Box 934023; Atlanta, GA 31193-4023*

Charge My:  AmEx  MC  Visa  Discover Total Amount Due \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Regardless of payment method, please use one of the methods below to return this form:

- Electronically: Use "Click to Submit" button to attach to an automated email (*Doesn't work on all systems*)
- Fax: 678-298-4101
- Email: After completing form scan to [registration@agcga.org](mailto:registration@agcga.org).