



Western Pennsylvania Chapter

# STEP SPECIAL!!! OSHA 10-HOUR CERTIFICATION COURSE

Authorized by:



- ⇒ **DID YOU KNOW?** Currently, OSHA 10 and 30 hour training is mandatory in seven states. This year, OSHA has implemented plans to make OSHA 10 hour certifications mandatory for all field personnel, 30 hour certifications mandatory for all supervisory personnel, and CPR and First Aid mandatory each year for all Electrical tradesman.
- ⇒ **DID YOU KNOW?** Jobsites funded with Federal Dollars require ALL personnel to hold an OSHA 10 Hour Certification JUST TO WALK ON-SITE!

This course is designed to provide an overview of required safety regulations to meet Federal OSHA Standards on all construction sites and for all trades.

Participants receive completion cards from OSHA.

The course covers personal protective equipment, hand and power tools, material handling, electrical safety, floor and wall openings, scaffolds and ladders, cranes and hoists, and excavation and trenching.

**Date:** Thursday March 1, 7:00am-12:00pm  
 Friday March 2, 7:00am-12:00pm

**Place:** ABC Chapter Office  
 3500 Spring Garden Avenue

Not a member? Why not?:	\$225.00
<u>ABC Membership Discount:</u>	\$110.00
<u>3 + ABC enrollees:</u>	\$95.00

STEP SPECIAL!!! ALL STEP PARTICIPANT COMPANIES TAKE  
10% off FINAL PRICE!

**DUE TO OSHA's CHANGING REGULATIONS, YOU MUST PAY IN  
ADVANCE FOR ALL OSHA COURSES**

# Associated Builders and Contractors of Western Pennsylvania



## Course Registration Form

Western  
Pennsylvania  
Chapter

Course Title: OSHA 10 Hour

Course Date: March 1, 2, 2012—7:00am—12:00pm

*All registration forms must be received at least one week prior to course date. All courses are subject to minimum enrollment.*

### Company Information

Company: \_\_\_\_\_  
Company Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Company Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Company Contact: \_\_\_\_\_  
Contact E-mail Address: \_\_\_\_\_

### Registrant Information

Name	E-mail Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

### Payment Information

Price per Registrant: \_\_\_\_\_ X Number of Registrants: \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_

How would you like to pay?

Check

*Check payments may be mailed to: ABC of Western PA, Attention: Kim, 3500 Spring Garden Avenue, Pgh., PA 15212*

Credit Card

Visa\*

Master Card\*

Security Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

*Credit card payments may be faxed to 412.231.3201 (Attn: Kim) or E-mailed to kgrosel@abcwpa.org*