



Confined Space and Associated Hazards

- Date:** Thursday, June 13, 2019
Location: The Blastos Room at Keene Ice, 350 Marlborough Street, Keene NH
Time: 9:00AM –3:00PM (*Registration begins at 8:45 AM*)
Credit: 5 TCH's will be awarded to those who attend 100% of the course. NH DES water & wastewater credit approved.
Cost: **\$85 Members, \$108 Non-members. Lunch included.**
Instructors: Bob Moody (EJ Prescott)

Agenda:

- Permit Required Confined Space Standards
 - 1910.146 and 1926.800 OSHA Standard Regulations
- PPE and safety gear for confined space entries
 - gas detectors, retrieval systems, ventilators, respirators, etc.
- Health hazards associated with confined spaces
 - hazardous atmospheres, silica, blood borne pathogens, SDS sheets
- Hands on simulation of a confined space entry
 - simulated entry from pre-job brief through closing of the space, including safety gear use and filling out of entry permits.
- Closing questions and review

Registration: There are three ways to register: register and pay on our website: www.granitestatewater.org. Fill out this form and mail it with your payment to GSRWA, PO Box 596, Walpole, NH 03608; or fill out this form, request to be billed and fax it to (603) 756-3675.

Cancellation Policy: If you need to cancel, please contact GSRWA in writing at least three business days prior to the day of the course, or be charged a \$30 late cancellation fee. If you do not attend the course and do not contact GSRWA, you will be charged a "No Show" fee equal to the original course registration fee. The No Show fee is non-refundable and non-transferable. Written request for refunds/credits will be considered for special circumstances provided that the request is received within two weeks of the training date.

PAYMENT MUST BE RECEIVED IN FULL PRIOR TO CLASS. NO WALK-INS PLEASE.

Any Questions, please call (603) 756-3670 x 4.
Note: Please refer to our website for the most current information.



Training Class Registration Form

Class Name: Confined Space and Associated Hazards

Class Date: June 13, 2019

System/Business: _____

Address: _____

City, State, Zip: _____

Business #: _____

1) Name of Attendee: _____

Attendee Cell Phone: (____) _____
(In case of last minute changes/cancellation due to weather)

Attendee E-mail: _____
(For reminder's and in case of last minute changes/cancellation due to weather)

2) Name of Attendee: _____

Attendee Cell Phone: (____) _____

Attendee E-mail: _____

3) Name of Attendee: _____

Attendee Cell Phone: (____) _____

Attendee E-mail: _____

Payment Information:

attending _____ X member rate \$ 85 = total \$ _____

attending _____ X nonmember rate \$ 108 = total \$ _____

Total Amount Enclosed = \$ _____

Send me a bill (check here) _____ PO # _____

Mail or fax this form to: GSRWA PO Box 596, Walpole, NH 03608 Tel 603-756-3670
Fax 603-756-3675