



Safety Exchange Forum

Tuesday, August 18, 2015

7:30 am Registration / networking / Breakfast
 8:00 am Presentations & Safety Exchange
 10:00 am Adjournment

Sheet Metal Workers Hall

2319 Chouteau
 St. Louis, MO 63103



CONFINED SPACE
 AUTHORIZED PERSONNEL ONLY

Confined Space

- ◆ What do the new OSHA standards require?
- ◆ How do the new OSHA standards for construction and general industry compare?

Bonnie Lockhart, Industrial Hygienist, Ameren

Traffic & Construction Right of Way Safety

- ◆ What are the new requirements for Personal Protective Equipment?
- ◆ What's needed for flagger training and certification?
- ◆ Basics for Work Zone Specialist Training.

Chris Engelbrecht, Safety & Health Manager, Missouri Department of Transportation

Hazard Recognition for Line of Fire

- ◆ What are major target hazards for line of fire?
- ◆ How can you recognize & prevent most common line of fire injuries?

Walt Russell, Construction Coordinator, Monsanto-Global Engineering

PDH / LU / CEU credit
 This program has been designed to permit you to qualify for 2 Professional Development Hours (PDH) for Professional Engineers under Missouri statutes, 2 Learning Units (LU) through the American Institute of Architects and 0.2 CEU's for re-certification through the Board of Certified Safety Professionals (BCSP)

***** Registration - Please return by August 14, 2015 *****

Please make reservations so that we can provide sufficient meals and materials. If you cannot attend, you may send a substitute. Otherwise, please call to cancel. Uncanceled reservations will be invoiced.

Name	Organization	E-mail	SLCCC member \$20.	non member \$40
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Charge to my Credit card: American Express Discover MasterCard Visa \$ _____

Acct No. _____ Expiration Date _____ Billing zip code _____

Name on card (print) _____ Signature _____

Does any registrant have a disability or special dietary need which needs accommodation? Yes No

If yes, what type of accommodation is needed? _____

Reservations made by:

Name _____ Organization _____ Phone _____ E-Mail _____

Please return to:

ST. LOUIS COUNCIL OF CONSTRUCTION CONSUMERS
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