



Safety Exchange Forum

Thursday, February 9, 2017

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



Engineers Club

4359 Lindell Blvd
 St. Louis, MO 63108

Key Performance Indicators for Upstream Metrics

- ◆ How do you measure safety process vs. safety results?
- ◆ What are leading indicators to predict job site safety?
- ◆ How can you manage project risks and prevent unintended loss?

Jason Wernex, Ameren
Rich Koch, Boeing
Ray Boehm, L Keeley Construction
Jon Sigafos, Monsanto, Moderator

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).

Confined Space Rescue Criteria

- ◆ What should be included in a rescue plan?
- ◆ What's the process to assess rescue techniques and response time?
- ◆ What types of equipment might be needed?

Brad Claghorn, QualSafe Solutions

***** Registration - Please return by February 4, 2017 *****

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"/>

* Owner Members' discount:

- Sustaining Members - 3 complimentary registrations
- Corporate Members - 2 complimentary registrations
- Public Members - 1 complimentary registration

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

Acct No. _____ Expiration Date _____ CVV/CVC Code _____

Name on card (print) _____ Signature _____ Billing zip code _____

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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 Manchester, MO 63021-5724
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