



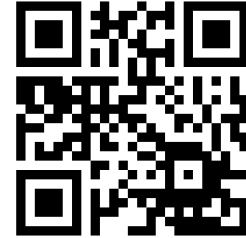
# Safety Exchange Forum

Thursday, July 14, 2016

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

## Ameren Missouri Development & Resource Center

11149 Lindbergh Business Court  
 St. Louis, MO 63123



### Drop Test Truck Demonstration

- ◆ From a drop test demonstration, explore arresting forces to enhance safety.
- ◆ Assess options to provide fall protection

**George List**, Fall Protection Specialist  
**3M - Capital Safety**

### Heat Related Illnesses

- ◆ Assess types of heat related illnesses.
- ◆ What are risk factors?
- ◆ How can incidents be prevented?
- ◆ What are treatment options?

**Janet Wood**, Corporate Safety  
**Ameren**

#### 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 July 11, 2016 \*\*\*\*\*

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 \_\_\_\_\_ 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**  
 180 Weidman Road, Suite 127  
 Manchester, MO 63021-5724  
 Phone 636-394-6200 FAX 636-394-9641