



YOU ARE INVITED TO ATTEND A SCHOOL OF RISK CONTROL
EXCELLENCE (SORCE) TRAINING SESSION



OSHA 10-Hour for Roofing Contractors

In Spanish or English — Limited number of seats available!

Seminar Information:

When: Spanish:

Wednesday, March 30, 2016 8am-5pm (*lunch served*)

Continued on Thursday; March 31, 2016; 8am-12pm

English:

Thursday; March 31, 2016; 1pm-5pm

Continued on Friday; April 1, 2016; 8am-5pm (*lunch*)

Where: CNA

5565 Glenridge Connector Suite 600
Atlanta GA 30342

Cost: \$150/person RSMCA members, \$250/person non-members,
50% off for CNA insured: \$75pp member, \$125 non-member

Course Overview:

This course focuses on roofing construction safety and health. Required course content includes hazard identification, avoidance, control and prevention, and an introduction to OSHA's electrical standards and fall protection. Ladder safety, scaffolding, OSHA crane standard, rigging and PPE will also be discussed.

Target Audience: Roofing Contractor Employees

Learning Objectives:

- Discuss OSHA, including the rights and responsibilities of employees and employers
- Identify procedures and priorities of an OSHA compliance inspection
- Identify and explain how to control hazards in the roofing industry

Presenters:

English: Bob Cauthen & Marty Scholl, CNA Risk Control

Spanish: Alex St. Blancard - CNA Risk Control

Registration:

Register online at www.rsmca.org or fax attached registration form to 770-516-0236.

For more information, contact RSMCA at info@rsmca.org or 770-615-3751.

Registration deadline: Wednesday, March 16, 2016. 48-hours cancellation notice required for refunds.

To view other CNA Risk Control services offered, please visit: www.cna.com. For additional information contact CNA Risk Control at 866-262-0540.



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RSMCA of GA Education Series: OSHA 10-Hour for Roofing Contractors

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3/30-4/1/2016

☐ \$150 per person RSMCA Members

☐ \$75pp Member insured by CNA

☐ \$250 per person Non-Members

☐ \$125pp Non-Member insured by CNA

Company: _____ Date: _____

Main Contact: _____

Address: _____

Email: _____ Phone: _____

List All Attendees: *English Spanish* *English Spanish*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total # attendees: _____ Total amount: \$ _____

Credit Card: ☐ MC ☐ Visa ☐ AMEX ☐ Disc Mailing Check: _____

Card #: _____ Exp. Date: _____

Signature: _____

Fax this form to 770-516-0236 or email to info@rsmca.org.

Mail checks, payable to RSMCA, to address below. *48-hours notice required for refunds.*

RSMCA of Georgia

3227 S. Cherokee Lane, Ste. 1320, Woodstock, GA 30188
770-615-3751 | info@rsmca.org | www.rsmca.org

