

1065 Ahua Street  
Honolulu, HI 96819  
Phone: 808-833-1681 FAX: 839-4167  
Email: [info@gcahawaii.org](mailto:info@gcahawaii.org)  
Website: [www.gcahawaii.org](http://www.gcahawaii.org)



# GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

## OSHA REQUIREMENTS:

### Hazard Communications

Tuesday, March 6, 2012

7:30 a.m. Registration/Breakfast/ 8:00 a.m. – 12:00 noon Program

GCA Conference Room

This course introduces the OSHA's hazardous communication standards. Attendees will learn the guidelines for recognizing and protection from exposure to hazards and how to identify container labels, placards and material safety data sheets.

Certificate of attendance will be issued after course completion with a score of 80% or better.

#### The class will cover the following topics:

##### Hazard Communications

- Purpose of Standard, Scope & Application
- Hazard Determination
- Written Hazard Communication Program
- Multi-employer worksites
- Labels and other forms of warnings
- Material Safety Data Sheets
- Employee information and training

#### To register, please fill out form and fax to 839-4167.

Please reserve \_\_\_\_\_ space(s) for our company at \$95 per person for members and \$150 per person for non-members.

*LIST NAME(S) ATTENDING (Please print)*

#### For billing purposes, please (✓) below where applicable:

- Payment Enclosed
- For Credit Card Payment, Please fill out the attached Form.
- Please bill company. (GCA Member Only)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing: \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

**Please note!! To avoid being billed in full, cancellations MUST be made by March 1, 2012.**

This course is not intended and should not be construed to provide legal or other professional advice. Nor should it be considered an exhaustive treatment of all safety and health issues related to the construction industry.

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**PLEASE FAX WITH YOUR  
 REGISTRATION FORM TO:  
 839-4167**

<b>CREDIT CARD AUTHORIZATION FORM</b>			
NAME ON CARD:			
COMPANY:			
BILLING ADDRESS:			
CITY/STATE/ZIP			
PHONE:		FAX:	
AMOUNT:			
CREDIT CARD TYPE:			
<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
CARD NUMBER:			
EXP. DATE:		CODE:	
EVENT & LOCATION:			
DATE OF EVENT:			
SIGNATURE:		DATE:	
CONTACT PERSON			

<input type="checkbox"/> Check box to request credit card receipt to be emailed @ _____
<input type="checkbox"/> Check box to request original credit card receipt to be mailed.
<input type="checkbox"/> Check box to request copy of credit card receipt to be faxed.

<i>FOR GCA OFFICE ONLY:</i>
<i>RECEIVED BY:</i>
<i>DATE:</i>