



OSHA REQUIREMENT: RESPIRATORY PROTECTION

Tuesday, February 21, 2012

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

GCA Conference Room

This course focuses on the proper use of respirators. Course topics include types of respirators, filters, protection factor and respirator program and fit testing. Includes hands-on activities.

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

The class will cover the following topics:

Respiratory Protection 29 CFR 1910.134

- Respiratory Protection Program
- Selection of Respirators
- Medical Evaluations
- Fit Testing
- Use of Respirators
- Maintenance & Care
- Breathing Air Quality & Use
- ID of Filters, Cartridges & Canisters
- Training & Information
- Program Evaluation
- Record Keeping

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 February 14, 2012.

1065 Ahua Street
 Honolulu, HI 96819
 Phone: 808-833-1681 FAX: 839-4167
 Email: info@gcahawaii.org
 Website: www.gcahawaii.org



GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

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

CREDIT CARD AUTHORIZATION FORM			
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>