



Date & Time:

November 2, 9, 10, 16 & 17, 2018

7:30 am to 4:00 pm

Location:

GCA Conference Room
1065 Ahua Street, Honolulu

Cost:

\$500 for GCA members
\$750 for non-members

Register

**Please register by
October 19, 2018.**

Class space is limited and reserved on a first come, first served basis.

Please note!! If you cancel your registration at least five (5) days prior to the class, GCA will provide a full refund. No refund will be provided if you do not meet this deadline, however you may transfer your registration to another employee within your organization.

CONSTRUCTION SAFETY HAZARD AWARENESS TRAINING FOR CONTRACTORS COURSE

This 40 Hour Construction Safety Hazard Awareness Training course is designed specifically for contractors.

By attending this course, the Site Safety & Health Officer (SSHO) will meet the additional required certification as stated in the NAVFAC UFGS 1.6.1.1.1. The SSHO must obtain the course certification within sixty (60) calendar days from award.

This course will also cover the major revisions to the EM385-1-1.

Prerequisite:

1. 5 years of construction industry safety experience **OR**
2. 3 years if he/she holds a Certified Safety Professional designation from the Board of Certified Safety Professionals. **OR**
3. safety and health degree

Attendees must attend all classes.

Upon completion of the course and passing 80% of the test, the **Construction Safety Hazard Awareness Training for Contractors** certification will be given. Certificate will expire 3 years from date of issue.

INSTRUCTOR: Tristan Aldeguer

Please see attached for the registration form.

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



GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

The General Contractors Association of Hawaii Presents:

40 HOUR CONSTRUCTION SAFETY HAZARD AWARENESS TRAINING FOR CONTRACTORS COURSE

Registration Form

Fax to 808-839-4167 or gca@gcawhawaii.org

If you did not receive a confirmation, please call 833-1681 ext. 14.

NAME:		EMAIL:	
NAME:		EMAIL:	
CONTACT:		EMAIL:	
COMPANY:			
ADDRESS:			
CITY:		STATE/ZIP:	
PHONE/FAX:		CELL:	
<p>➔ Sign here to confirm the attendee(s) listed above meets the prerequisite stated on the first page.</p>			

LOCATION: The course will be held at GCA Conference Room, 1065 Ahua Street, Honolulu, HI 96819

DATE: November 2, 9, 10, 16, and 17, 2018

TIME: 7:30 a.m. – 4:00 p.m.

“Participants must complete all sessions in order to obtain certificate.”

PAYMENT INFORMATION: (Payment must accompany registration to secure seat) Registration fee includes lunch and Participant’s handout for the course.

Registration Deadline and Cancellation policy: DEADLINE: October 19, 2018

No refund will be provided if cancellation is made after the deadline, however you may transfer your registration to another employee within your organization. Class space is limited and reserved on a first come, first served basis.

Registration Fees:	TOTAL:
<input type="checkbox"/> \$500 for members (bill company)	<input type="checkbox"/> \$750 for non-members
<input type="checkbox"/> \$90 EM385-1-1 (2015) Manual	
<input type="checkbox"/> Enclosed is a check for	Make check payable to GCA of Hawaii
<input type="checkbox"/> Charge credit card on file	
<input type="checkbox"/> Charge my credit card (See attached CC Form)	

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

CREDIT CARD AUTHORIZATION FORM			
NAME ON CARD:			
COMPANY:			
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>