

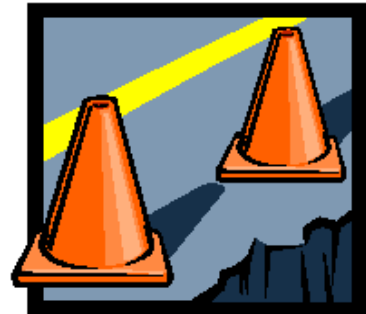
1065 Ahua Street  
Honolulu, HI 96819  
Phone: 808-833-1681 FAX: 839-4167  
Email: [info@gcahawaii.org](mailto:info@gcahawaii.org)  
Website: [www.gcahawaii.org](http://www.gcahawaii.org)



# GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.



### Dates & Time:

August 10, 24, September 21, 22  
and 27, 2018

7:30 a.m. to 3:00 p.m.

### Location:

GCA Conference Room  
1065 Ahua Street, Honolulu

### Cost:

\$300 for GCA members  
\$400 for non-members

**Register**

### Instructor:

Tristan Aldeguer

**DEADLINE:** August 3, 2018

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

Please note!! No refund will be provided if you cancel after the deadline, however you may transfer your registration to another employee within your organization.

*Please see attached for the registration form.*

## OSHA 30-HR for the CONSTRUCTION INDUSTRY

### Introduction to OSHA

- OSH Act, General Duty Clause, Employer and Employee Rights and Responsibilities, Whistleblower
- Rights, Recordkeeping basics
- Inspections, Citations, and Penalties
- General Safety and Health Provisions, Competent Person, Subpart C
- Value of Safety and Health
- OSHA Website, OSHA 800 number and available resources

### OSHA Focus Four Hazards

- Fall Protection, Subpart M (e.g., floors, platforms, roofs)
- Electrical, Subpart K (e.g., overhead power lines, power tools and cords, temporary wiring, grounding)
- Struck by (e.g., falling objects, trucks, cranes, constructing masonry walls)
- Caught in/between (e.g., trench hazards, unguarded machinery, equipment)

- **Personal Protective and Lifesaving Equipment**, Subpart E
- **Health Hazards in Construction** (for example, noise, hazard com. and crystalline silica)
- **Stairways and Ladders**, Subpart X
- **Trenching and Excavation**
- **Tools - Hand and Power**, Subpart I
- **Scaffolds**, Subpart L
- **Cranes, Derricks, Hoists, Elevators, and Conveyors**, Subpart N
- **Welding and Cutting**
- **Confined Space Entry**
- **Managing Safety and Health**
- **Physical Health Hazards (ergonomics)**
- **Fire Protection and Prevention**

### WHO SHOULD ATTEND

Safety Administrators, Managers, & Supervisors. Job site superintendents, Project Managers and engineers, job site foremen, and construction workers who want improve their safety knowledge, skills, and promotion opportunities.

*Upon completion of the course, attendees will receive an OSHA card.*

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The General Contractors Association of Hawaii Presents:

## OSHA 30-HR for the CONSTRUCTION INDUSTRY

### Registration Form

FAX to 808-839-4167 or email to [gca@gcahawaii.org](mailto:gca@gcahawaii.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:	

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

**DATE:** August 10, 24, September 21, 22 and 27, 2018

**TIME:** 7:30 a.m. to 3:00 p.m.

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

**PAYMENT INFORMATION:** (Payment must accompany registration to secure seat)  
 Registration fee includes Participant’s Handouts and lunch.

**Registration Deadline and Cancellation policy:** DEADLINE: August 3, 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.

<input type="checkbox"/>	\$300 per person for GCA members (bill company)	<input type="checkbox"/>	\$400 per person for non-members
<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**

<b>CREDIT CARD AUTHORIZATION FORM</b>			
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>