



0.6 NSC CEUs/0.6 COCs/  
1.0 Safety CMs  
(Approval #03-2807)

# Incident Investigation Seminar

presented by the  
**Chesapeake  
Region Safety Council**

**Tuesday,  
July 26, 2005  
9:00 A.M. - 4:00 P.M.**

*This class examines incident investigation and analysis as a means of preventing injuries, property damage, and financial losses.*

### Training Goals

**Upon completion of the Incident Investigation course, you will be able to:**

- Employ effective investigation and interview techniques
- Analyze accidents to identify "true" root causes
- Describe human issues affecting incident reporting

**During training you will examine:**

- Incidents to investigate
- On-site investigation process
- Data to include investigation reports
- Techniques for interviewing witnesses
- Post action: hazard control measures and follow-up

*This course is designed for anyone responsible for investigating incidents. You will learn techniques for gathering complete, accurate and objective accident data. This course will take you on a step-by-step investigation procedure for analyzing all possible root causes.*

### Registration Fee

- **\$230** for Chesapeake Region Safety Council Members
- **\$300** for non-members

Fee includes refreshments, lunch and student materials.

*Certificates of Completion  
Issued by the  
Chesapeake Region  
Safety Council*

LOCATION  
17 Governor's Court,  
Suite 185,  
Baltimore, Maryland

**Maps will be sent  
to registrants**

## **THREE WAYS TO REGISTER FOR: Incident Investigations - Tuesday, July 26, 2005 - Baltimore, MD**

1. Mail This Form    2. Fax 410-281-1350    3. Call 410-298-4770 in Baltimore - or toll free 1-800-875-4770

Send this form and payment to: **Chesapeake Region Safety Council, 17 Governor's Court, Baltimore, MD 21244**

Registrant(s) \_\_\_\_\_ Company \_\_\_\_\_

\_\_\_\_\_ Company Contact \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

CRSC / NSC Member? (circle one)    Yes    No

Office Use Only # 4340

### **Please indicate payment method**

Check Enclosed     Please Invoice     PO # \_\_\_\_\_

Mastercard     Visa     American Express     Discover

Card # \_\_\_\_\_ CID# \_\_\_\_\_

Exp. Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Make checks payable to: **Chesapeake Region Safety Council**