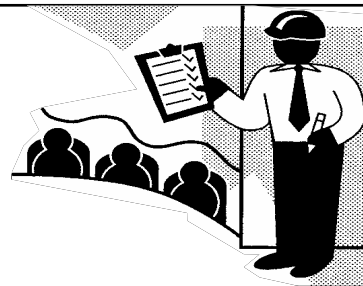


National Safety Council's

Job Safety Analysis

0.6 NSC CEUs/0.6 COCs/1.0 IH CMs (Approval #03-2809)



at the
**Chesapeake
Region
Safety
Council**



July 28, 2005

9:00 A.M. - 4:00 P.M.

Registration Fee

- \$230 for Chesapeake Region Safety Council & National Safety Council members
- \$300 for non-members

Fee includes refreshments, lunch and student materials.

Training Goals

Upon completion of the Job Safety Analysis (JSA) course, you will understand the basics of JSA:

- ◆ Reduce incidents and injuries by identifying and controlling hazards
- ◆ Participate in developing efficient procedures to reduce injuries and operating costs
- ◆ Complete JSA form correctly

Job Safety Analysis (JSA) is a participatory process, requiring input, feedback, and cooperative effort from line employees, supervisors, and upper management. This course provides a step-by-step overview of the process, including the participant's role in the JSA.

You should attend if you are:

Any employee, safety committee member, team leader, manager, etc., who needs an overview of job safety analysis to participate effectively in the JSA process.

Why you should attend:

If you need an overview of job safety analysis to participate effectively in the JSA process, this course will help you understand the process and your role in it.

During training you will focus on:

You will analyze work tasks to familiarize yourself with the basic elements of the JSA Process, including:

- Breaking the job task into component steps
- Identifying hazards inherent in task performance
- Specifying hazard control

Location

Chesapeake Region
Safety Council
17 Governor's Court
Baltimore, MD 21244

Maps will be sent with confirmations

Certificates of Completion issued by the Chesapeake Region Safety Council

THREE WAYS TO REGISTER FOR: Job Safety Analysis - Thursday, July 28, 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

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

Office Use Only # 4357