

National Safety Council's

# Safety Inspections

## Managing a Safety & Health Inspection Program

at the **Chesapeake Region Safety Council**



**Wednesday, July 27, 2005 - 8:30 A.M. to 4:00 P.M.**

0.6 NSC CEUs/0.6 COCs/1.0 Safety CMs (Approval #03-2806)

### You should attend if you are:

responsible for conducting or supervising safety inspections, or training industrial safety and/or health inspectors

### What's in it for you?

- Development of check lists in continuous and formal safety inspections
- Familiarity with the inspection process

### During training you will cover:

- Pre-inspection tasks
- What to inspect and where to gather information
- Recording observations
- Handling employee reactions to the inspection process
- Developing inspection reports
- Analyzing data and setting priorities

Certificates of Completion issued by the Chesapeake Region Safety Council

### Training Goals

Upon completion of the Safety Inspections Course, you will be able to:

- ◆ Plan and complete a safety inspection with reports
- ◆ Develop recommendations and follow-up
- ◆ Manage an effective inspection program
- ◆ Complete inspection reports

This workshop provides an overview of the safety and health inspection process, then examines specific techniques to improve the process.

### Location:

Chesapeake Region Safety Council  
17 Governor's Court, Suite 185  
Baltimore, MD 21244

*Maps will be sent with confirmations*

### Registration Fee

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

Fee includes refreshments, lunch and student materials

## **THREE WAYS TO REGISTER FOR: Safety Inspections - Wednesday, July 27, 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 # 4435*

### 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**