

# Safety Management Techniques



## Nov. 15 -19,2010

This class will begin at Noon on Monday Nov. 15, 2010

## Location:

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

### Safety Management Techniques

(SMT) is designed to assist safety and health professionals who are responsible for managing employees and/or projects in safety and health efforts. SMT is part of the curriculum toward achieving the Advanced Safety Certificate

### Learning Objectives

Upon completing this course, participants will be able to:

- Create a safety and health management plan for their company or facility
- Use problem solving and decision making to help resolve their organization's safety and health issues
- Assess organizational practice and environmental conditions
- Develop a budget for their safety and health efforts

### The Advanced Safety Certificate

(ASC) is the National Safety Council's program for the development of safety professionals. Those who earn it can be justifiably proud of their accomplishments. It places them a cut above others in the field and tells their top management that they are better able to develop and implement an effective safety and health program. The ASC targets skills that increase compliance with regulatory standards, improve productivity and enhance employee participation in the safety and health process. Those who earn the ASC are better able to provide other employees with training needed to make a safety and health program work, and fulfill their responsibilities as part of management



### Fee:

\$1195 for Members      \$1550 for Non-Members

2.6 CEU's - Continuing Education Units awarded for this course  
2.6 COC's

### Four Ways to Register Safety Management Techniques - November 15-19, 2010 - Baltimore, MD

1. Mail This Form    2. Fax 410-281-1350    3. 1-800-875-4770    4. Register online at [www.chesapeakeesc.org](http://www.chesapeakeesc.org)

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

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

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

Title \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

CRSC / NSC Member? Yes, member # \_\_\_\_\_ 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**

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