

Respiratory Protection Train the Trainer

February 11, 2022

Class Time : 8:00am - 4:00pm



Chesapeake Region Safety Council
2225 Lord Baltimore Dr., STE N-R
Baltimore, MD 21244

An estimated 5 million workers are required to wear respirators in 1.3 million workplaces through-out the United States. Respirators protect workers against insufficient oxygen environments, harmful dusts, fogs, smokes, mists, gases, vapors, and sprays. These hazards may cause cancer, lung impairment, diseases, or death. Compliance with the OSHA Respiratory Protection Standard could avert hundreds of deaths and thousands of illnesses annually.

This Trainer Course in Respiratory Protection is recommended for inspectors, auditors, safety and health professionals and those personnel responsible for writing, auditing, or training employees with an active role in respiratory protection. This course was developed and designed to educate participants to train about all aspects of 29 CFR 1910.134 Respiratory Protection.

Course Objectives

This program provides the elements to develop a good Respiratory Protection Training Program to include:

- Determine training needs
- Identify goals and objectives
- Develop learning activities (i.e., lecture, on-the-job, hands-on, discussion, or a combination of all of these)
- Conduct the training – each student will be responsible to develop and present an assigned topic on Respiratory Protection to the class and be evaluated on that presentation.
- Evaluate the Training Program

Price:

\$195.00 members

\$249.00 non members

Course fee includes: refreshments, lunch and student materials

Student materials include:

Every student will receive a student binder and a USB drive which includes: PowerPoint Presentations, video clips, test questions, additional resource information for Respiratory Protection.

Prerequisite: In order to attend this course you must have completed the OSHA 2225 Respiratory Protection course within the last 12 months and provide the CRSC with a copy of your course completion certificate.

Registration Form- Please FILL OUT the Course Info Below:

Class Name: Res Prot. TTT Class Date: (month/day/yr) ____/____/____ Location: (city, state) _____, _____

Student Name(s): _____

Company: _____ Email: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Fax #: _____ #4379

Member : Yes _____ No _____ Member Number: _____

Indicate Payment Method: (please check)

Check Enclosed _____ Please Invoice _____ Visa _____ Mastercard _____ American Express _____ Discover _____

Card # _____ CID #: _____ Exp. Date: _____ Name on Card: _____

You can mail this form to:

MAOTIEC/Chesapeake Region Safety Council - 2555 Lord Baltimore Drive, Suites N-R, Baltimore, MD 21244

Call to register: 800-875-4770 Fax: 410-281-1350 Register online at www.oshamidatlantic.org

Make checks payable to: Chesapeake Region Safety Council