



# 8-HR Suspended Scaffold Supervisor Refresher Course

**CEUs: 0.8**

**COURSE DESCRIPTION:**

The purpose of this course is to help supervisors maintain adequate safety discipline on suspended scaffold projects in New York City. During this course, participants will review Federal and NYC DOB scaffold regulations, how to stay in compliance with the most current Suspended Scaffold standards, exchange their experiences and will discuss the most recent changes in the rigging industry.

The instructor will assess students to determine if each student is capable of applying rope knots, terminating wire rope, building a block and tackle system, and operating scaffold hoist motor and each student will independently complete a multiple choice final exam.

**LEARNING OUTCOMES include:**

- Identify main scaffold accident prevention methods
- Assign specific Department of Buildings or OSHA safety rule to given suspended scaffold system
- Demonstrate practical skills necessary to properly install and maintain fall protection systems used on suspended scaffolds
- Apply various applications using ropes, knots & hitches, block & tackle and wire rope termination
- Explain main responsibilities of a suspended scaffold supervisor on a New York City construction project

**COURSE COMPLETION:**

To successfully complete this course, students must obtain a score of **70%** or higher on the hands on and written exam. Successful students will receive an 8 Hour Suspended Scaffold Supervisor Refresher ID card. This card is valid for 4 years.

**HOW TO REGISTER**

**ONLINE:** Please visit [www.tscta.com](http://www.tscta.com)

**EMAIL:** Send completed form to [info@tscta.com](mailto:info@tscta.com)

**FAX:** Send completed form to 718-389-6155

**Course Fees** are due in full in order to be eligible to receive course completion materials. Fees include cost of all training materials.

- Individual Course Fee: **\$200.00 per participant**
- For 4 to 5 attendees: **\$180.00 per participant**
- For 6+ attendees: **\$170.00 per participant**

**ACCEPTED FORMS OF PAYMENT:**

- Cash
- Credit card (see form below)
- Money order/certified check
- Check (7 day hold for release of materials)

<b><u>SELECT DISTRIBUTION OPTION</u></b>	
<input type="checkbox"/>	Release Materials to the student after class; OR
<input type="checkbox"/>	Mail materials to company address

**REGISTRATION, CANCELLATION & ATTENDANCE POLICY**

Seating will not be reserved without completed registration form and payment. After registration, confirmation will be provided by fax, email or printed copy. **Registration forms sent in to office after 5 PM will be processed the following business day.**

**ATTENDANCE:** TSCTA requires 100% attendance to satisfy course requirements. Students must arrive no later than 30 minutes after start of training to be admitted.

**CANCELLATION** or rescheduling requests will be accepted with no penalty at least 3 business days prior to training start date. Failure to provide adequate notice may result in forfeiture of deposit. Registrations made less than 3 days before event start date will not be eligible for a refund. No cash refunds will be issued. TSCTA reserves the right to reschedule or cancel any course date(s) for any reason, including insufficient enrollment. To view TSCTA's registration, refund, classroom, privacy and non-discrimination policies, please visit [www.tscta.com](http://www.tscta.com).

## Registration Form (Please Print)

**SECTION 1**

CLASS DATE: \_\_\_\_\_

LANGUAGE: \_\_\_\_\_

**SECTION 2**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP

HOME # CELL#

DATE OF BIRTH \_\_\_\_\_

EMAIL \_\_\_\_\_

**SECTION 3**

COMPANY/SPONSOR NAME \_\_\_\_\_

COMPANY CONTACT \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY STATE ZIP

EMAIL \_\_\_\_\_

WORK# FAX#



# Credit Card Authorization Form

NOTE: One form can be used for multiple registrations

Phone: 718.389.2103

Fax: 718.389.6155

Email: info@tscta.com

Website: www.tscta.com

		<b>CREDIT CARD ON FILE</b>	
<i>Card holder name</i>		<input type="checkbox"/>	CHECK THIS BOX TO AUTHORIZE TSCTA TO SAVE YOUR CREDIT CARD INFO ON FILE FOR ALL FUTURE TRAINING BALANCES ON YOUR ACCOUNT. A CREDIT CARD RECEIPT WILL BE EMAILED TO YOU EACH TIME A CHARGE IS MADE.
<i>Company Name (if applicable)</i>			
<i>Street Address</i>		<b>RELEASE OF MATERIALS</b>	
<i>City</i>	<i>State</i>	<i>Zip</i>	<input type="checkbox"/>
<i>Phone</i>			
<i>Name of person preparing form (if different than card holder)</i>		<input type="checkbox"/>	MAIL COMPLETION MATERIALS TO ADDRESS

BREAKDOWN OF CHARGES				
Date of Training	Course Name	# of Students	Fee Per Student	Total
Total Amount to be charged				

I, \_\_\_\_\_ hereby authorize TSC Training Academy, LLC to charge the below credit card for the authorized amount. I have read and reviewed TSC's cancellation and deposit policy and agree to the terms as written. I understand that failure to provide three (3) days advance notification of registration cancellation may result in forfeiture of deposit payment (s). Further, no course completion material (s) will be released until ALL account balances have been paid in full.

## CREDIT CARD DETAILS

VISA       MASTERCARD       AMEX       DISCOVER

Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Verification Code: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_