



2-Hour Silica Hazard Awareness

COURSE DESCRIPTION:

In this awareness seminar, students will learn about the basics of Silica and Respirable Crystalline Silica Dust encountered during construction activities. This course will identify the basic health hazards associated with exposure to silica and respirable crystalline silica dust, some of the common construction tasks that could result in exposure to respirable crystalline, and typical control measures employers may implement to protect workers from exposure.

Additionally, the training will review the new OSHA regulation concerning silica and respirable crystalline silica, where to get a copy of the regulation, and the basic requirements surrounding OSHA's new Respirable Crystalline Silica standard (e.g. exposure limits, housekeeping, written exposure control plan, medical monitoring, training and recordkeeping).

TOPICS include:

- What is Crystal Silica?
- Materials containing crystalline silica
- Health effects of exposure to respirable crystalline silica
- OSHA's final rule & Construction
- OSHA's final rule and General Industry sector jobs
- Brief review of engineering controls, work practice controls, and personal protective equipment to protect workers

COURSE COMPLETION:

Students are required to complete 100% of the course and actively participate in all learning activities to receive a Silica Hazard Awareness Course Completion ID Card.

HOW TO REGISTER

ONLINE: Please visit www.tscta.com

EMAIL: Send completed form to 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: **\$75.00 per participant**
- For 6+ attendees: **\$67.50 per participant**

ACCEPTED FORMS OF PAYMENT:

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

<u>SELECT DISTRIBUTION OPTION</u>	
<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.

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

		CREDIT CARD ON FILE	
<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>		RELEASE OF MATERIALS	
<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: _____