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CLARE, MI 48617  
PERMIT #2

Michigan Rural Water Association  
2127 University Park Drive Ste 340  
Okemos MI 48864

*Michigan Rural Water Association Presents*

# **OSHA Compliance Training**

March 30, 2023  
Mt. Pleasant City Hall  
Commission Chambers  
320 W Broadway  
Mt Pleasant, MI 48858

April 20, 2023  
Department of Public Works  
City of Sterling Heights  
7200 18 Mile Rd.  
Sterling Heights, MI 48314

April 27, 2023  
City of Marshall  
Public Services Building  
900 S. Marshall Ave  
Marshall, MI 49068

Instructor:  
David Maloney, CSG Direct



# OSHA Compliance Training

**Class Overview:** On the job training often does not emphasize State Safety Requirements. This training will update operators and supervisors on current State Safety Requirements for:

- Lockout Tag-out
- PPE
- Chemical Handling
- Blood-borne dangers
- Fire Extinguishers
- Fall Protection
- And more

This operator Safety Compliance training is a needed compliment to on-the-job training.

<b>AGENDA</b>	
8am – 8:30am	Arrival and class check-in
8:30am – 10am	Instruction
10am – 10:10am	Break
10:10am – 11:40am	Instruction
11:40am – 11:55am	Break / Working Lunch (provided)
11:55am – 12:55pm	Instruction

## OSHA Compliance Training

Please select which class you will attend

- \_\_\_\_ March 30, 2023, Mt. Pleasant
- \_\_\_\_ April 20, 2023, Sterling Heights
- \_\_\_\_ April 27, 2023, Marshall

Member: \$175 per attendee    Non-Member: \$225 per attendee

**WAYS TO REGISTER:** Website: [www.mrwa.net](http://www.mrwa.net)  
 Email: [training@mrwa.net](mailto:training@mrwa.net) Fax: 517-657-2417  
 Mail: MRWA, 2127 University Park Drive, Ste 340, Okemos, MI 48864

**Attendee cell phone and email address are required.  
 Registration will not be processed without this info.**

ATTENDEE Name:
Employer:
Address:
City/State/ZIP:
<b>ATTENDEE CELL Phone:</b>
<b>ATTENDEE Email:</b>
Name & phone of person completing form:
Send and invoice: ____ Charge my credit card info below: ____
Visa ____ Mastercard ____ Discover ____ Card number:
Expiration date: _____ CSC code: _____
Name on card:
Card Billing address:
Email address to send receipt to:

**Payment/Cancellation Policy:** Payment is expected prior to class. Cancellations must be requested at least 3 business days prior to the start of the class or your registration fee will be forfeited. If you cancel least 3 business days prior to the start of class, the full amount may be refunded. You may send a substitute attendee.