



Keeping safe IN A CONFINED SPACE

CONFINED SPACE TRAINING

This program gives the students the knowledge to safely enter confined spaces. This course covers the identification of hazards, atmospheric testing, respiratory protection, classification, and safe entry procedures.

This is a 6 hour seminar with demonstrations and discussions including a PowerPoint presentation and a student handbook.

The "Confined Space Training" course will allow you to:

- Establish confined space's role in today's industry.
- Know WorkSafeBC requirements for confined spaces.
- Acknowledge the principle hazards involved with CS entry.
- Learn the basic skills in hazard recognition & control.
- Use confined space assessment techniques.
- Utilize confined space fall protection systems.
- Learn rescue and retrieval requirements.

Certificate issued upon successful completion.

This is a Gold Seal Accredited course.

Upon completion, you will be awarded with **1** Gold Seal Credit.



Date: Thursday June 24, 2010

Time: 8:00 am – 2:30 pm

**Location: Accent Inn
1325 Columbia Street
Kamloops, BC**

To register for this course, please fill out the information to the right and fax back to SICA at (250) 491-3929.

Refunds will be given due to cancellation only if made at least 5 business days prior to course date. Those that cancel after the deadline, but before the course date, will receive a credit that can be applied towards future SICA courses, with an expiration date of two years. The credit amount will be the amount paid less 15% administrative fee. "No-Show's" will receive no credit or refund.



SOUTHERN INTERIOR CONSTRUCTION ASSOCIATION
KELOWNA HEAD OFFICE
#104-151 Commercial Drive
Kelowna, BC V1X 7W2
Ph: (250) 491-7330 F: (250) 491-3929
E: kelowna@sica.bc.ca

COURSE REGISTRATION:

NAME: _____

COMPANY: _____

COMPANY PHONE: _____

COMPANY EMAIL: _____

COMPANY FAX: _____

Course cost:

Members	___ \$175.00	___
Additional Registration: (From same company)	___ \$160.00	___
Potential Members	___ \$240.00	___
	Plus GST (5%)	___
	Total	___

METHOD OF PAYMENT:

Cheque mailed DATE: _____
 Credit Card VISA MC

CREDIT CARD # _____

EXPIRY DATE: ____ / ____

CARDHOLDER NAME: _____

SIGNATURE: _____

* Note: this cannot be charged to your SICA account.