



465 W St Mary's Rd Ste 100
 Tucson AZ 85701
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 E-mail: Subs@actaz.net Web: www.actaz.net

Safety Training Class Schedule

2012

	(Class ID in Brackets)	Time of Class
Jan.24	(FT) Forklift Training	3:30—7:30 pm
Jan. 31	(RFL) Refresher Forklift Training	3:00 - 5:00 pm
Feb. 7	(S) Scaffolding Training	3:30 - 7:30 pm
Mar.13 & 14	(10hr) Osha 10 Hour	1:00 - 7:00 pm
Apr. 4	(FP) Fall Protection	3:30—7:30 pm
May 22	(CS) Confined Space	3:30 - 7:30 pm
Jun. 13	(EC) Excavation Comp. Person	3:30—7:30 pm
July 17	(FT) Forklift Training	3:30—7:30 pm
Aug. 8	(S) Scaffolding Training	3:30 - 7:30 pm
Sept 11	(FP) Fall Protection	3:30—7:30 pm
Sept. 27	(RFL) Refresher Forklift Training	3:00 - 5:00 pm
Oct. 10& 11	(10hr) Osha 10 Hour	1:00 - 7:00 pm
Oct. 24	(EC) Excavation Comp. Person	3:30—7:30 pm
Nov. 14	(CS) Confined Space	3:30 - 7:30 pm
Nov. 29	(RFL) Refresher Forklift Training	3:00 - 5:00 pm

Registration Cut-Off All class registration must be in the ACT office before Noon, 48 hours prior to the scheduled class. All companies registered will be notified no later than 2 pm 24 hours prior to the scheduled class if the class is cancelled.

All classes available in Spanish UPON REQUEST

Contact the ACT office for more information

Instructor: Sharon Powers, RSP –POWERS SAFETY SERVICES, LLC.
 Cost: \$50.00 ACT Members Location: 465 W St. Mary's Rd in the Boardroom
 \$75.00 Non Members OSHA Classes \$75 Members \$105 Non Members
 Class includes: Seminar Materials, Food & Beverage
 Please bring a Pen/Pencil to use.

You will be charged for No Show Reservations unless you have Cancelled within 48 hours prior to Seminar schedule!

Registration Form: Duplicate Registration Form for multiple class registrations

Fill out registration form and fax to 624-3049.
 Seating guaranteed upon receipt of your Registration & Payment. Class subject to **24-hour cancellation.**

Class ID# _____ Date of Class: _____

Company Name: _____

Contact: _____

Address: _____

City _____ State: _____ Zip _____

Phone: _____ Fax: _____

Participants:

Invoice me Use my Visa/Master Card

You may now e-mail your information too!
Subs@actaz.net or Fax 624-3049

Card # _____

Expiration Date: _____



Signature: _____