

# 2019 OSHA

## Refresher Training

ofdaonline.org



### Presented by...

**Barbara K. Garrison, M.S., CHMM,**  
President, Safety & Environmental  
Solutions, LLC.

**Three** hours continuing education  
(includes one hour required topic  
laws/rules)

**All** funeral homes should send at least  
one representative to attend the annual  
OSHA training seminar, as required to  
satisfy the OSHA AND Workers'  
Compensation Group Rating Program  
regulations.

**Formaldehyde Hazard Standards**

**Bloodborne Pathogen Standards**

**Other Recognized Hazards  
in Funeral Homes**

**OSHA Laws Pertaining  
to Funeral Homes**

**OCTOBER 2**

Presidential Banquet Center  
4578 Presidential Way  
Kettering, OH  
Evening Session  
4:00 - 5:00 PM OSHA  
5:00 - 5:30 PM Dinner  
5:30 - 7:30 PM OSHA

**OCTOBER 8**

Sheraton Suites  
1989 Front St.  
Cuyahoga Falls, OH  
Morning Session  
8:00 - 11:00 AM  
Afternoon Session  
2:00 - 5:00 PM  
(two sessions – attend only one)

**OCTOBER 17**

OFDA Office  
2501 North Star Road  
Columbus, OH  
Morning Session  
8:00 - 11:00 AM  
Afternoon Session  
2:00 - 5:00 PM  
(two sessions – attend only one)

# OSHA Refresher Training Registration

Funeral Home Name

Address

City, State, Zip





Phone

Funeral Home E-mail address

**All information, including individual e-mail address for each registrant is required to register**

**OFDA Member \$70/Non member \$140 for Kettering and Cuyahoga Falls locations**

**OFDA member \$50/Non member \$100 for Columbus location**

Registrant Name	Individual E-mail	FD/Emb License #	Fee Amount
1.			
Select location and session: <input type="checkbox"/> <b>Kettering</b> Evening <b>Cuyahoga Falls:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <b>Columbus:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon			
2.			
Select location and session: <input type="checkbox"/> <b>Kettering</b> Evening <b>Cuyahoga Falls:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <b>Columbus:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon			
3.			
Select location and session: <input type="checkbox"/> <b>Kettering</b> Evening <b>Cuyahoga Falls:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <b>Columbus:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon			
Total Due			
Name on Credit Card			
Billing Address			
   			
Card #		Exp. Date	Security Code
Signature			
Send this completed form (if paying by check, make payable to OFDA) to OFDA, P. O. Box 21760, Columbus, OH 43221, or fax to 614-486-5358 Registration also available at <a href="http://ofdaonline.org">ofdaonline.org</a>			