



2022 OSHA Refresher Training

OSHA

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

Presented by...

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

3 CEs

Mandatory 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 and Hazard
Communication Standards**

**Bloodborne Pathogen
Standards**

**OSHA Laws Pertaining
to Funeral Homes**

SEPTEMBER 27

Sheraton Suites
1989 Front St.
Cuyahoga Falls, OH
Morning Session
8:00 - 11:00 AM
Afternoon Session
1:00 - 4:00 PM

(two sessions – attend only one)

OCTOBER 12

Presidential Banquet Center
4578 Presidential Way
Kettering, OH
Evening Session
4:00 - 7:30 PM
Includes dinner

NOVEMBER 10

OFDA Headquarters
2501 North Star Road
Columbus, OH
Morning Session
8:00 - 11:00 AM
Afternoon Session
1:00 - 4:00 PM

(two sessions – attend only one)

Registration for each venue will open one-half hour prior to start time.

Register on the reverse side or at ofdaonline.org

OSHA Refresher Training

REGISTRATION

Funeral Home Name:	<input type="text"/>
Funeral Home Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>
Phone:	<input type="text"/>

All information, including individual email address for each registrant is required

Member Fees: Cuyahoga Falls—\$70 Kettering—\$70 Columbus—\$50

Non-Member Fees: Cuyahoga Falls —\$125 Kettering—\$125 Columbus—\$75

Registrant Full Name	Individual Email	FD/Emb. License#	Fee Amount
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Select location and session: Cuyahoga Falls: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Kettering Evening* Columbus: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon * includes meal, please indicate food sensitivity, allergies, or dietary restrictions:			

Registrant Full Name	Individual Email	FD/Emb. License#	Fee Amount
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Select location and session: Cuyahoga Falls: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Kettering Evening* Columbus: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon * includes meal, please indicate food sensitivity, allergies, or dietary restrictions:			

Registrant Full Name	Individual Email	FD/Emb. License#	Fee Amount
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Select location and session: Cuyahoga Falls: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Kettering Evening* Columbus: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon * includes meal, please indicate food sensitivity, allergies, or dietary restrictions:			

PAYMENT INFORMATION

Total Amount Due:

Name on Card:	<input type="text"/>		
Signature:	<input type="text"/>		
Credit Card #:	<input type="text"/>		
Exp. Date:	<input type="text"/>	CVC#:	<input type="text"/>
Email for receipt:	<input type="text"/>		Office use only
			<input type="text"/>

If mailing registration: Make checks payable to OFDA, send to: 2501 North Star Road, Columbus, OH 43221

Questions: 614.486.5339