Susan Harwood Training Grant Program

Committee for the Advancement of Arboriculture in cooperation with,

MORBARK, OSHA, NJ Arborists-ISA Chapter and TCIA

FREE TRAINING OPPORTUNITY

Chipper Operator & Safety Training

Wednesday, September 13, 2017

(One-day class)

Location:	***Camden County Parks Office***
	1301 Park Blvd.
	Cherry Hill, NJ 08002
Time:	***8:00am to 1:00pm***

Trainees shall bring the following equipment: Chaps, Hard Hat, Ear Protection, Eye Protection, Work Gloves and Work Boots.

This free training is designed to:

Train Tree Care employees in hazards, as well as accepted practices for brush chipper operation and other associated tasks. The course, which is built for crew members, will increase employee involvement with overall safety compliance and self-policing. This is a hands-on training experience.

Agenda :

8am – 8:30am	***Registration***
8:30am – 9:30am	***Welcome, Introduction of Trainers, Goals***
	OSHA Component
	Employers and Owner Operators – focus
9:30am – 11:00am	***Chipper Operator & Safety Video Presentation***

11:00am – 11:15am	***Break***
11:15am – 12:15pm	***Chipper Operator & safety Outdoor Session***
12:15pm – 1:00pm	***Trainee Test & Course Evaluation***

848-373-9588 or mail to: CAA, 101 W. Veterans Hwy, Jackson, NJ 08527 Any Questions email the CAA at caanj4u@gmail.com

Seating is limited – so register early

Spanish Language Training available

The CAA does not issue certifications, only certificates of completion for this training

This is a FREE TRAINING opportunity – you must register to participate and you must show up for the training. Individuals who do not show up without good cause will be ineligible for future FREE Training

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Chipper Operator & Safety Training

Committee for the Advancement of Arboriculture with

MORBARK, NJAISA and OSHA - SUSAN HARWOOD GRANT

REGISTRATION:

Wednesday, September 13, 2017
Camden County Parks Office
1301 Park Blvd
Cherry Hill, NJ 08002

Language: please circle one; English Espanol

Contact Name _____ Phone _____

Company _____ Fax _____

Address _____

Email _____

NAME and TITLE of each Participant:

_____

_____

Form must be returned in order to be eligible to participate in the training

Please email your Registration to caanj4u@gmail.com **or fax your form to 848-373-9588 or mail to: CAA, 101 W. Veterans Hwy, Jackson, NJ 08527 Any Questions email the CAA at** caanj4u@gmail.com

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