



# Registration form

**September 16 & 17, 2024**  
Riverhouse on the Deschutes • Bend, Oregon

Please print

All parts of the registration form must be completed to process your registration.

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Company: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address (required): \_\_\_\_\_ (Must be unique email address; no duplicate emails)

Part 1 – Registration fees	
<p><b>General attendance</b> (check all that apply)</p> <p><input type="checkbox"/> <b>Monday and Tuesday</b> (Sept. 16 &amp; 17) .....\$230</p> <p><input type="checkbox"/> <b>One day Monday</b> (Sept. 16) .....\$105</p> <p><input type="checkbox"/> <b>One day Tuesday</b> (Sept. 17) .....\$125</p> <p style="text-align: right;"><b>TOTAL ENCLOSED \$</b> _____</p>	<p><b>Payment (check, credit card information, or purchase order) must accompany registration form.</b></p> <p>Mail check or fax credit card information or purchase order to:</p> <p><b>COSHA Central Oregon Conference</b>            PO Box 5640            Salem, OR 97304-0640      Fax 503-947-7019</p>

**COSHA Tax ID Number: 93-1234637**

**Questions?** Call the Conference Section at 503-947-7411 or 888-292-5247 (toll-free), option 1

**For Pre-registration, return by September 9, 2024.**

After this date, a confirmation letter cannot be guaranteed.  
Some sessions may close; call for session availability, 503-947-7411.

**Charge my:**  MasterCard  VISA  American Express  Discover

**Name on card (print):** \_\_\_\_\_

**Email to send receipt (print):** \_\_\_\_\_

**Billing address:** \_\_\_\_\_ **Billing ZIP Code:** \_\_\_\_\_

**Exp. date:** \_\_\_\_\_ **Security code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Office use only	
Date Rec.	_____
Amt. Rec.	_____
Check #	_____
PO #	_____
Last 4	_____

{ 3 digits on back of MasterCard or VISA  
4 digits on front of American Express

(Continued on other side)

Credit Card #:

For your protection, your credit card number will be shredded after processing.

Registrant's name: \_\_\_\_\_

Attendee profile (check one)  Employee  Management  Owner  Consultant  Other/not listed: \_\_\_\_\_

Are you a safety committee member?  Yes  No

Please indicate the number of employees at your worksite:  20 employees or fewer  21 to 50 employees  51 or more employees

Indicate which industry you represent: (check one)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Agriculture               | <input type="checkbox"/> Food Processing/Manufacturing    | <input type="checkbox"/> Mining                  | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Brewery/Distillery/Winery | <input type="checkbox"/> Forest Activities/Logging        | <input type="checkbox"/> Oil/Gas                 | <input type="checkbox"/> Utilities                     |
| <input type="checkbox"/> Cannabis                  | <input type="checkbox"/> Government/Public Administration | <input type="checkbox"/> Personal Services       | <input type="checkbox"/> Waste Collection and Disposal |
| <input type="checkbox"/> Construction              | <input type="checkbox"/> Health Care                      | <input type="checkbox"/> Product Manufacturing   | <input type="checkbox"/> Warehousing                   |
| <input type="checkbox"/> Education                 | <input type="checkbox"/> Lodging Services                 | <input type="checkbox"/> Retail/Wholesale Sales  | <input type="checkbox"/> Wood Product Manufacturing    |
| <input type="checkbox"/> Fire/Emergency Services   | <input type="checkbox"/> Restaurant/Food Services         | <input type="checkbox"/> Other/not listed: _____ |  |

## Part 2 - Choose only one first and one second choice for each time period.

For each time period, circle the ① next to the session you would most like to attend. Also circle the ② next to the session that is your second choice for that time period.

Example: 

①	2	Example class A
1	②	Example class B
1	2	Example class C

## Special accommodations:

Check if you require special services. Provide a written description of your needs.

## Monday, September 16

### 9:30-11 a.m. SESSION 1

- 1 2 Safer Trucking: Essential Resources and Tools for Drivers
- 1 2 I'm on the Safety Committee, Now What?
- 1 2 Preferred Worker Program/ Employer-at-Injury Program - Not Too Good To Be True
- 1 2 Acute and Chronic Stress: Strategies for Successful Navigation
- 1 2 Chemical Safety - You Have a Chemical, Now What?
- 1 2 The Oregon Fire Service Health and Safety Collaborative: A Program to Support Your Fire Department (repeat on Tuesday at 1 p.m.)

### 11 a.m.-1:15 p.m.

- Yes, I will attend Lunch, Opening, and Keynote: Hang Up and Drive (12:15-1:15 p.m.)

### 1:45-3 p.m. SESSION 2

- 1 2 NFPA 70E - Difference in Electrical Safety
- 1 2 Hazard Identification
- 1 2 Bloodborne Pathogens
- 1 2 How To Build a Forklift Training Program
- 1 2 Professionalism and Cellphone Etiquette in the Workplace: Be Your Best for Success
- 1 2 Lessons From the Fire Department: Peer Support Team Development, Successes, and Stumbles

### 3:30-5 p.m. SESSION 3

- 1 2 Protection From Heat Illness and Protection From Wildfire Smoke: The Oregon OSHA Rules
- 1 2 Accident Investigation Utilizing System Analysis
- 1 2 Fentanyl: Understanding the Basics and Protecting Workers
- 1 2 Energy Control Procedures - the Backbone of a Lockout/Tagout Program
- 1 2 A Strong Safety Culture: Elements, Teamwork, Communication, Generational Differences

## Tuesday, September 17

### 7:30-8:30 a.m.

- Yes, I will attend the Breakfast and Visit Exhibits

### 8:30-10 a.m. SESSION 4

- 1 2 Oregon Community Right To Know and Protection Act
- 1 2 Safety Committee: Time to Level Up!
- 1 2 Nutrition and Wellness in the Workplace
- 1 2 Ergonomic Risk Assessment Methods: How Do We Know How Bad It Is and What to Do First?
- 1 2 Intentional Safety Leadership: Moving From Minimum Compliance to Safety Excellence
- 1 2 Fire Fighter NFPA 1582 Physicals

### 10:45 a.m.-noon SESSION 5

- 1 2 Mapping Your Road to Success
- 1 2 The Job Hazard Analysis (JHA)

- 1 2 Question, Persuade, Refer (QPR)
- 1 2 Building, Implementing, and Maintaining Your Organization's Accident Prevention Program
- 1 2 Oregon OSHA Recordkeeping and Reporting
- 1 2 Hierarchy of Contamination Controls in the Fire Service

### 1-2:30 p.m. SESSION 6

- 1 2 De-escalating Situations in the Workplace and Beyond (1-4:15 p.m.)
- 1 2 Defensible Space Best Practices
- 1 2 Power of Questions (1-4:15 p.m.)
- 1 2 Preventing Serious Injuries and Fatalities in the Workplace
- 1 2 Safety Behind the Wheel: How To Avoid Distraction, Fatigue, and Other Hazards of the Roadways
- 1 2 The Oregon Fire Service Health and Safety Collaborative: A Program to Support Your Fire Department (repeat from Monday at 9:30 a.m.)

### 3-4:15 p.m. SESSION 7

- De-escalating Situations in the Workplace and Beyond (continued)
- Power of Questions (continued)
- 1 2 Total Worker Health® Awareness for Safety Committees
- 1 2 Workers' Compensation: Claims 101
- 1 2 Influence in Action
- 1 2 Confessions of an Oregon OSHA Consultant - Commonly (and Not-So-Commonly) Found Items in the Fire Service