



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: What to Expect from an OR-OSHA inspection

Presenter: Larry Fipps Title: Consultation Manager

Employer: OR-OSHA Address: 1500 Valley River Drive #150

City: Eugene State: OR Zip: 97401 Phone: 541-687-7369

Length of Lesson: 1 Lesson applies to: Water Wastewater Both Online Option:

Summary of Lesson content: This class is about what happens when OR-OSHA comes to your workplace and what they look for.

Professional Background: (Note a brief - 2 page maximum - resume may be submitted in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.) Use the reverse side of this form if more room is needed to fully answer the following questions.

Primary Knowledge/Skills/Abilities related to presentation: OR-OSHA Trainer and safety consultant currently Field Consultation Manager for Eugene and Medford

Education (High School, Upgrades, Colleges and Degrees): Business Major

Professional Registration/Certification: _____

Related papers/instruction you have presented:

Title: _____ Date: _____ Event: _____

Title: _____ Date: _____ Event: _____

Professional Organizations/Activities: _____ Date: _____

_____ Date: _____

Course sponsor: _____

Signature of Instructor: Larry Fipps Date: 09-22-22

DO NOT WRITE BELOW THIS LINE

Date Evaluated: _____ By: _____ Approved: Yes _____ No _____



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: Confined Space Entry

Presenter: Larry Fipps Title: Consultation Field Manager

Employer: OR-OSHA Address: 1500 Valley River Drive #150

City: Eugene State: OR Zip: 97401 Phone: 541-687-7369

Length of Lesson: 1 Lesson applies to: [] Water [] Wastewater [] Both [] Online Option:

Summary of Lesson content: The basics of permit required entry and how alternative entry works.

Professional Background: (Note a brief - 2 page maximum - resume may be submitted in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.) Use the reverse side of this form if more room is needed to fully answer the following questions.

Primary Knowledge/Skills/Abilities related to presentation: OR-OSHA Trainer and safety consultant

Education (High School, Upgrades, Colleges and Degrees): Business Major

Professional Registration/Certification:

Related papers/instruction you have presented:

Title: Date: Event:

Title Date: Event:

Professional Organizations/Activities: Date:

Date:

Course sponsor:

Signature of Instructor: Larry Fipps Date: 9-22-22

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Date Evaluated: By: Approved: Yes No