



## Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: Initial 8-Hour HAZWOPER Refresher Training

Presenter: David Kahn, CIH Title: EHS Trainer

Employer: PBS Engineering and Environmental Inc. Address: 4412 S Corbett Avenue

City: Portland State: OR Zip: 97239 Phone: 503.248.1939

Summary of Lesson content: 8-hr training required to maintain certification. In addition to core topics recommended by OSHA, lessons also included chlorine safety, hypo and caustic leak flow, chemical hazard labeling, gas detector equipment review, PPE/respiratory protection, and safety procedures specific to the City of Portland.

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: David is an experienced HAZWOPER instructor. He has 12 years of experience as a trainer and consultant. See attached resume for more information.

Education (High School, Upgrades, Colleges and Degrees): David holds a BS in Environmental Science and Ecology from Sierra Nevada Collge

Professional Registration/Certification: American Board of Industrial Hygiene #11833, American Council for Accredited Certification, CIEC #1611020. See attached resume for more information.

Related papers/instruction you have presented:

Title: Legionella Regulations in New York Date: 2019 Event: The Synergist, Volume 30, Number 6

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Event: \_\_\_\_\_

Professional Organizations/Activities:

See Resume for list Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Course sponsor: City of Portland

Signature of Instructor: *David Kahn* Date: 11/3/2023

**DO NOT WRITE BELOW THIS LINE**

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Date Evaluated: \_\_\_\_\_ By: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Return Completed Form To: OESAC CEU COMMITTEE  
P.O. Box 577  
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