



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: FALL PROTECTION-SAFETY WORKING AT HEIGHTS

Presenter: BRIAN WARREN Title: REGULATORY SPECIALIST

Employer: CITY OF PENDLETON Address: 1501 SE BYERS AVE.

City: PENDLETON State: OR Zip: 97801 Phone: 541-966-0202

Summary of Lesson content: To provide workers the skills and knowledge needed to work safely at heights and to comply with OSHA requirements of fall protection. This course covers OSHA Standard 29 CFR 1910 Subpart D & 29 CFR 1926

Subpart M.

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: Over 25 years of experience as a safety officer in the public and private sectors; A certified Safety Trained Supervisor through the Board of Certified Safety Professionals.

Education (High School, Upgrades, Colleges and Degrees): Tri-County High School (Franklin, MA)
Troy University (Troy, AL)

Professional Registration/Certification: Safety Trained Supervisor (BCSP); AWWA member (Pacific NW Sector);
Blue Mountain Safety Conference Committee member

Related papers/instruction you have presented:

Title: Ladder Safety Date: 4/9/2024 Event: Eastern Oregon Operators Conference

Title: Aerial Lift Competent Person Date: 6/27/2024 Event: Wildhorse Casino safety training

Professional Organizations/Activities:
World Safety Organization Date: 2019-Present

Board of Certified Safety Professionals Date: 2024-Present

Course sponsor: City of Pendleton

Signature of Instructor: [Signature] Date: 9/4/2024

DO NOT WRITE BELOW THIS LINE

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

Return Completed Form To: OESAC CEU COMMITTEE
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