



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: Arc Flash Safety (NFPA 70E)

Presenter: Brian Warren Title: Regulatory Specialist

Employer: City of Pendleton Address: 1501 SE Byers Ave.

City: Pendleton State: OR Zip: 97801 Phone: 541-966-0249

Summary of Lesson content: With new regulations coming down from OSHA and the NFPA, all workers that could be exposed to an arc flash are required NPA 70E training. This includes Water Treatment and Wastewater Treatment operat

This class will provide workers the skills and knowledge needed to work safely and protect themselves from an arc flash.

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 20 years experience as a safety officer in the public & private sectors.; BCSP STS certification; OSHA 30 certification.

Education (High School, Upgrades, Colleges and Degrees): Tri-County Reg. H.S. (Franklin, MA)

Troy University (Troy, AL)

Professional Registration/Certification: Paramedic for over 15 years; Safety Officer in public & private sectors; BCSP STS (Safety Trained Supervisor) certification; OSHA-Arc Flash (NFPA 70E) Trainer certification

Related papers/instruction you have presented:

Title: Lockout-Tagout Date: 4/8/2024 Event: Eastern Oregon Operators Conference

Title: Personal Protective Equipment Date: 9/17/2024 Event: EOR-Fall Training

Professional Organizations/Activities: American Society of Safety Professionals Date: Current Member

Board of Certified Safety Professionals Date: Current Member

Course sponsor: City of Pendleton

Signature of Instructor: [Signature] Date: 9/25/2024

DO NOT WRITE BELOW THIS LINE

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

Return Completed Form To: **OESAC CEU COMMITTEE**
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