

Instructor Background And Information Form

Thank you for filling out this form.			
Presentation Title: Confined Space - Entra	nt & Attendant - Ir	nitial Training	
Presenter: Brian Warren	Title: Regulatory Specialist		
City of Pendleton Address: 1501 SE Byers Ave. ty: Pendleton State: OR Zip: 97801 Phone: 541-969-3174			
City: Pendleton	State: OR Z	97801	Phone: 541-969-3174
Summary of Lesson content: This clas train	ns workers to safe	ely work within	and around permit required confined spaces
to meet OSHA regulations 29 CFR1910.146 (Permit-required confined spaces). Students who take this class need the			
inital training for entry and attending a con	fined space.		Y
Professional Background: (Note a brief - 2 Please be sure the resume includes all red Use the reverse side of this form if more round Primary Knowledge/Skills/Abilities related Osha 30 certified.	quested information oom is needed to f	on. Qualification fully answer the	ns should be related to your presentation.)
Education (High School, Upgrades, College	es and Degrees):	Troy University	(Troy, AL)
Education (High School, Upgrades, Colleges and Degrees): Troy University (Troy, AL) University of Washington; Pacific Northwest OSHA Education Center			
Professional Registration/Certification: OS	HA 510, OSHA 50	00, BCSP-STS	Certification
Related papers/instruction you have prese	nted:		
Title: Confined Space Review	Date: 3/2024	Event:	OESAC Training for PW employees
Title Fall Protection	Date: 2/2024	Event:	OESAC Training for PW employees
Professional Organizations/Activities: World Safety Organization			Date:
BCSP			Date: 2024-Present
Course sponsor: City of Pendleton (Oesac	ID#: 543)		
Signature of Instructor:	\leq		Date:
DO NOT WRITE BELOW THIS LINE			
Date Evaluated:By:			Approved: Yes No
Return Completed Form To: OESAC CEU COMMITTEE Email: info@oesac.org			

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