

Instructor Background And Information Form

Thank you for filling out this form.			
Presentation Title: Confined Space - Entre	ant & Attenda	ant - Initial Training	
	Title: Regulatory Specialist		
Employer: City of Pendleton	Address:1501 SE Byers Ave		
City: Pendleton	State: OR	Zip: 97801	Phone: 541-969-3174
Summary of Lesson content: This clas tra	ins workers t	o safely 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 co	nfined space	ls.	7
Use the reverse side of this form if more	equested info room is need	rmation. Qualification ed to fully answer the	ns should be related to your presentation.)
		, Troy University	(Troy. AL)
Education (High School, Upgrades, Colle University of Washington; Pacific Northwo	ges and Deg	rees):	
Professional Registration/Certification: OSHA 510, OSHA 500, BCSP-STS Certification			
Related papers/instruction you have pres	ented:		
Title: Confined Space Review	Date: 3/20	24 Event:	OESAC Training for PW employees
Title Fall Protection			OESAC Training for PW employees
Professional Organizations/Activities: World Safety Organization	**************************************		Date: 2019-Present
BCSP			Date: 2024-Present
Course sponsor: City of Pendleton (Oesac	c ID#: 543)	_=	
Signature of Instructor:	5 2		Date: 1/9/2024
DO NOT WRITE BELOW THIS LINE			
Date Evaluated:By:			Approved: Yes No
Return Completed Form To: OESAC CEU COMMITTEE Email: info@oesac.org			

P.O. Box 577

Canby, OR 97013-0577

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