



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: Working in Extreme Weather Safely & Wildfire Smoke Exposure/OR-OSHA Required Classes

Presenter: Brian Warren Title: Regulatory Specialist

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

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

Summary of Lesson content: Covering how to work safely in extreme temperatures (heat & cold), the different injuries that can happen in each type of extreme temperature, how to recognize and treat the injuries, and how to acclimate into each extreme temperatures. OR-OSHA approved Wildfire Smoke Exposure class is added to cover employees and employers.

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. Paramedic for over 15 years.

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; American Heart Association certified to teach First-Aid, CPR, AED & Basic Life Support providers.

Related papers/instruction you have presented:

Title: PPE Date: April 10th, 2024 Event: Eastern Oregon Operators Conference

Title: Wildfire Smoke Exposure Plan-CPR Date: June 12th, 2024 Event: Summer Employee Orientation; Pendleton, OR

Professional Organizations/Activities:
World Safety Organization

Date: 2019-Present

Local Emergency Planning Committee

Date: 2023-Present

Course sponsor: City of Pendleton (OESAC ID#: 543)

Signature of Instructor: [Signature] Date: 7-11-2024

DO NOT WRITE BELOW THIS LINE

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

Return Completed Form To: OESAC CEU COMMITTEE
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