



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: Confined Space Entrant, Attendant, Entry Supervisor

Presenter: Greg McDonald Title: Training & Consulting Manager

Employer: Ritz Safety LLC Address: 29113 SW Kinsman Rd

City: Wilsonville State: OR Zip: 97070 Phone: 503-678-2981

Summary of Lesson content: This course will cover: The Oregon Confined Space Rule OAR 437-002-0146, Characteristics of Confined Spaces, Hazards and Managing of Hazards, Duties and Responsibilities of Entrants, Attendants and Entry

Supervisors, Use of Equipment, Care and Maintenance Requirements, and Rescue

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: 38yrs in Safety Industry, Past Owner of Public Works Supply a full line safety company

Education (High School, Upgrades, Colleges and Degrees): McNary HS Class 1981, College of USAF, Chemeketa CC

Professional Registration/Certification: Competent Person Safety-At-Heights Fall Protection, Instructor: Confined Space,

Related papers/instruction you have presented:

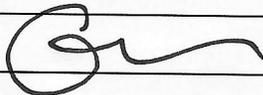
Title: Confined Space Entrant, Attendant, E Date: 9-18-2025 Event: Class

Title: Confined Space Entrant, Attendant, E Date: 9-24-2025 Event: Class

Professional Organizations/Activities: ASSP, NWUCA, CSS, APWA, AWWA Date: Current

Date: _____

Course sponsor: Ritz Safety LLC

Signature of Instructor:  Date: 10-7-2025

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 Phone: 503-698-6486
Canby, OR 97013-0577