

2019

OSHA

Refresher Training

ofdaonline.org



Presented by...

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President, Safety & Environmental
Solutions, LLC.

Three hours continuing education
(you will receive the two hours needed to
complete the mandatory topic laws/rules)

All funeral homes should send at least
one representative to attend the annual
OSHA training seminar, as required to
satisfy the OSHA AND Workers'
Compensation Group Rating Program
regulations.

Formaldehyde Hazard Standards

Bloodborne Pathogen Standards

**Other Recognized Hazards
in Funeral Homes**

**OSHA Laws Pertaining
to Funeral Homes**

OCTOBER 2

Presidential Banquet Center
4578 Presidential Way
Kettering, OH
Evening Session
4:00 - 5:00 PM OSHA
5:00 - 5:30 PM Dinner
5:30 - 7:30 PM OSHA

OCTOBER 8

Sheraton Suites
1989 Front St.
Cuyahoga Falls, OH
Morning Session
8:00 - 11:00 AM
Afternoon Session
2:00 - 5:00 PM
(two sessions – attend only one)

OCTOBER 17

OFDA Office
2501 North Star Road
Columbus, OH
Morning Session
8:00 - 11:00 AM
Afternoon Session
2:00 - 5:00 PM
(two sessions – attend only one)

OSHA Refresher Training Registration

Funeral Home Name

Address

City, State, Zip

Phone

Funeral Home E-mail address

All information, including individual e-mail address for each registrant is required to register

OFDA Member \$70/Non member \$140 for Kettering and Cuyahoga Falls locations

OFDA member \$50/Non member \$100 for Columbus location

Registrant Name	Individual E-mail	FD/Emb License #	Fee Amount
1.			
Select location and session: <input type="checkbox"/> Kettering Evening Cuyahoga Falls: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon Columbus: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon			
2.			
Select location and session: <input type="checkbox"/> Kettering Evening Cuyahoga Falls: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon Columbus: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon			
3.			
Select location and session: <input type="checkbox"/> Kettering Evening Cuyahoga Falls: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon Columbus: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon			

Total Due

Name on Credit Card

Billing Address



Card #

Exp. Date

Security Code

Signature

Send this completed form (if paying by check, make payable to OFDA) to OFDA, P. O. Box 21760, Columbus, OH 43221, or fax to 614-486-5358
Registration also available at ofdaonline.org