

2-DAY HANDS-ON TRAINING REGISTER TODAY AND STAY OSHA COMPLIANT! NFPA 70E® ELECTRICAL SAFETY TRAINING



Learn to identify the hazards of an electrical job, assess what can be done to eliminate hazards, understand methods of mitigating hazards, how to use best industry practices to comply with OSHA and NFPA 70E® requirements, and achieve a safe-and-practical approach to performing electrical work.

29 CFR 1910.333(a) states that employers must employ safety-related work practices to prevent electrical shock or other injuries resulting from either direct or indirect electrical contact. NFPA 70E is the tool employers use to meet this OSHA requirement. NFPA 70E®, Standard for Electrical Safety in the Workplace, provides the prescriptive methods for OSHA compliance for safe electrical work.

Originally developed at OSHA's request, NFPA 70E helps companies and employees avoid workplace injuries and fatalities due to shock, electrocution, arc flash, arc blast, and assists in complying with OSHA (29 Code of Federal Regulations (CFR)) 1910 Subpart S and 29 CFR 1926 Subpart K.

This 2-day, hands-on course takes Electrical Safety Training from a lecture-based format to a hands-on and scenario based approach of "learn by doing."



As you work through the hands-on labs you'll learn the practical aspects changed in this new edition like:

- Risk assessment procedure; the hierarchy of risk controls and human errors
- Establishing an electrically-safe work condition that includes Lockout/Tag out principles and procedures
- Estimate of the likelihood of occurrence of an arc flash incident for AC and DC systems
- Selection of arc-rated clothing and other personal protective equipment (PPE) using the incident energy analysis method

At the end of this seminar, students will be able to:

- Understand the new Risk Assessment approach to Electrical Safety
- Apply OSHA CFR 1910.331-335 and CFR 1926 Subpart K training requirements with NFPA 70E® standards
- Understand arc flash and arch blast hazards and boundaries
- Appropriately calculate and comprehend the Incident Energy Analysis Method
- Understand the importance of an electrically safe work environment and how it reduces injury
- Use of test instruments in compliance with NFPA 70E

Who Should Take This Seminar?

- Electricians (All Specialties)
- Maintenance Electricians
- Lineman & Utility Workers
- Owners and Managers
- Warehouse Employees
- Temporary Workers
- Safety Directors
- Electrician Contractors
- *Operators, Supervisors, and non-qualified workers and those who work on and around equipment will benefit from this course!*

COURSE SCHEDULE

Thursday, March 28, 2019
& Friday, March 29, 2019

8:00AM - 5:00PM

COURSE LOCATION

CITC Bellevue
1930 116th Avenue NE
Bellevue, WA 98004

COURSE TUITION

Tuition for this course is \$750.

*Tuition includes text
and supplies.*

**CITC Training Partners may
receive a discount on tuition.
See Enrollment Agreement for
additional information.**



CITC ENROLLMENT AGREEMENT

Construction Industry Training Council of Washington 1930 116th Ave. NE, Bellevue, WA 98004
Phone: (425) 454-2482 Fax: (425) 462-7391

SECTION 1: NEW AND RETURNING STUDENTS			
<input type="checkbox"/> New Student (<i>New students must provide a valid Social Security Number</i>) <input type="checkbox"/> Returning Student	Social Security Number (<i>New Students Only</i>) - -		
SECTION 2: STUDENT INFORMATION			
STUDENT NAME		DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS	PHONE	OK TO RECEIVE NOTIFICATIONS VIA TEXT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
GENDER (<i>check one</i>) <input type="checkbox"/> Female <input type="checkbox"/> Male	ARE YOU A MILITARY VETERAN? (<i>check one</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	I WAS REFERRED BY <input type="checkbox"/> Employer <input type="checkbox"/> Other Student <input type="checkbox"/> Mailing <input type="checkbox"/> Other (specify):	
ETHNIC BACKGROUND - Your response will not affect admission to CITC, this information is used for statistical purposes only (<i>check all that apply</i>)			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> Other (Not Elsewhere Classified)
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	
SECTION 3: EMPLOYER INFORMATION			
EMPLOYER (<i>Company Name</i>)		EMPLOYER PHONE	
EMPLOYER ADDRESS	CITY	STATE	ZIP
SECTION 4: EMERGENCY CONTACT			
IN CASE OF EMERGENCY, CONTACT:		RELATIONSHIP	PHONE
SECTION 5: PROGRAM INFORMATION			
<input type="checkbox"/> NFPA 70E 2-DAY ELECTRICAL SAFETY TRAINING (BELLEVUE) THURSDAY, MARCH 28 & FRIDAY, MARCH 29, 2019 8:00AM - 5:00PM BELLEVUE \$750 \$ _____			
CITC Training Partner Discount: Employee's of CITC's Training Partners are eligible for a discount on these courses. To receive discount, simply check the box next to your employer's affiliation:			
<input type="checkbox"/> ABC <input type="checkbox"/> AGC <input type="checkbox"/> BIAW <input type="checkbox"/> PDCA <input type="checkbox"/> PHCC <input type="checkbox"/> NUCA <input type="checkbox"/> WSECA			-\$75 \$ _____ Total Due \$ _____
SECTION 6: PAYMENT INFORMATION			
Payment Type <input type="checkbox"/> Check/Money Order - Make check/money orders payable to CITC <input type="checkbox"/> Credit Card - Complete credit card info to the right <input type="checkbox"/> Training Vouchers - Originals must be attached to Enrollment Agreement <input type="checkbox"/> Other _____		Credit Card Information Name on Card _____ Credit Card # _____ Exp Date _____ 3-Digit Security Code _____ Billing Address _____	

Agreement is Binding: This agreement will be binding only when it has been fully completed, signed and dated by the student and an authorized representative of the school prior to the time instruction begins.

Changes in the Agreement: Any changes in this agreement shall not be binding on either the student or the school unless such changes have been approved in writing by the chief administrator or an authorized representative of the school and by the student.

Effective Date of Acceptance: I certify that I have read and understand the cancellation and refund policy and complaint procedure as listed on page 26 of Course Catalog; I have received a copy of the school catalog or brochure; and I am entitled to an exact copy of this Enrollment Agreement, school catalog, and any other papers I sign.

DEBT ACKNOWLEDGEMENT NOTICE: Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of the contract are binding. You are entitled to an exact copy of the agreement, school catalog and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

If you have not started training, you may cancel this contract by submitting written notice of cancellation to the school at its address shown on the contract no later than midnight of the fifth day (excluding Sundays and holidays) following your signing this contract, or the written notice may be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the sender.

It is unfair business practice for the school to sell, discount or otherwise transfer this contract or promissory note without the signed written consent of the student or student's parent or guardian if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

Student Signature _____
Print Name _____

As the authorized representative of the school, I hereby agree to the conditions set forth herein:

Authorized School Representative _____ **Date** _____
Title _____

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this or any other private vocational school may be made to: Washington Workforce Training & Education Coordinating Board, 128 10th Ave SW, PO Box 43105, Olympia, WA 98504-3104, Web: wtbc.wa.gov, Phone: (360) 753-5662, Email: wtceb@wtbc.wa.gov

OFFICE USE ONLY	
Quarter _____	Start Date _____
Location _____	Room _____
Instructor _____	
<input type="checkbox"/> Registered	<input type="checkbox"/> Invoiced
<input type="checkbox"/> Confirm to Student	<input type="checkbox"/> Credit
<input type="checkbox"/> Personal Paid	<input type="checkbox"/> Company Paid
App Date/Auth _____	
PMT Date/Auth _____	
Application Received - Date Stamp	