

Class will begin at Noon on the first day of the course!

February 3-7, 2020
Chesapeake Region Safety Council 2555 Lord Baltimore, Dr., Suites N-R Baltimore, MD 21244

April 20-24, 2020
Montgomery College, 51 Mannakee St., Rockville, MD 20850

May 11-15, 2020
Courtyard Marriott - Two 15th Street, Ocean City, MD 21842

June 1-5, 2020
Roanoke Higher Education Center - 108 N. Jefferson Street Roanoke, VA 24016



(SMT) is designed to assist safety and health professionals who are responsible for managing employees and/or projects in safety and health efforts. SMT is part of the curriculum toward achieving the Advanced Safety Certificate.

Learning Objectives

Upon completing this course, participants will be able to:

- Create a safety and health management plan for their company or facility
- Use problem solving and decision making to help resolve their organization's safety and health issues
- Assess organizational practice and environmental conditions
- Develop a budget for their safety and health efforts

Fee: \$1295 for Members \$1650 for Non-Members
 2.6 CEU's - 2.6 COC's

The Advanced Safety Certificate

(ASC) is the National Safety Council's program for the development of safety professionals. Those who earn it can be justifiably proud of their accomplishments. It places them a cut above others in the field and tells their top management that they are better able to develop and implement an effective safety and health program. The ASC targets skills that increase compliance with regulatory standards, improve productivity and enhance employee participation in the safety and health process. Those who earn the ASC are better able to provide other employees with training needed to make a safety and health program work, and fulfill their responsibilities as part of management.



Registration Form- Please FILL OUT the Course Info Below:

Class Name: Safety Management Techniques Class Date: (month/day/yr) ____/____/____ Location: (city, state) _____, _____

Student Name(s): _____

Company: _____ Email: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Fax #: _____

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(____ / ____)

Indicate Payment Method: (please check) **Are you a CRSC/NSC Member? Yes _____ or No _____ if Yes provide member # _____**

Check Enclosed _____ Please Invoice _____ Visa _____ Mastercard _____ American Express _____ Discover _____

Card # _____ CID # _____ Exp. Date: _____ Name on Card: _____

You can mail this form to:

Chesapeake Region Safety Council - 2555 Lord Baltimore Drive, Suites N-R, Baltimore, MD 21244
Call to register: 800-875-4770 **Fax:** 410-281-1350 **Register online** at www.chesapeakesc.org
Make checks payable to: Chesapeake Region Safety Council