

# Builders Exchange, Inc. and CORE Safety LLC

present

## Crane Rigging & Signal Training

Subpart CC-Cranes and Derricks in Construction 29 CFT 1926.1401, 1926.1404,  
1926.1425 and 1926.1419-1422, 1926.1430-1431 and 1926.1441

Classes held at :  
Builders Exchange, Inc.  
9555 Rockside Rd., Cleveland, OH 44125

Training includes:

Power Point Presentations

Oral Presentations

Explanation of the OSHA Standard and Requirements

Examination of Actual Rigging Components

Rigging Inspection Procedures and the Role of a Competent Person

Worker and Pedestrian Control of Work Zone(s) and Other Affected Area(s)

Potential for Structural Failures

Escape Routes from Work Area and Emergency Procedures

Explanation of Signal/Communication Modes (Visual/Radio)

Barricades and Warning Signs

Student Role-Playing Workshop

Hands-on Applications

Written Testing

**Dates:** (all classes are 8:30 am—3:30 pm)

1: January 19, 2012

2: March 8, 2012

**Cost:**

BX Members: \$125.00 pp

Non-Members: \$175.00 pp

Lunch & Refreshments Included

Sponsored by BX BENEFITS—Administrators of the Group Health Insurance Program



Builders Exchange, Inc.

INVITES YOU TO ATTEND

**CRANE RIGGING AND SIGNAL TRAINING**

Presented by

CORE SAFETY, LLC

REGISTRATION FORM

Please send payment along with registration form to Builders Exchange, Inc., 9555 Rockside Rd., Suite 300, Cleveland, OH 44125, Attn: Laurel Screenshot or fax to 216-393-6304. Make check payable to Builders Exchange, Inc. Visa, MC & AmEx accepted as well. **No refunds given if you do not attend class and do not cancel 4 business days prior to class - NO EXCEPTIONS. NO ONE WILL BE INVOICED.**

Cost:	Builder Exchange Members	\$125.00 per student
	Non-Members	\$175.00 per student

Price includes lunch and refreshments.

Class Dates: 1. January 19, 2012 from 8:30 am - 3:30 pm  
2. March 8, 2012 from 8:30 am - 3:30 pm

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Company Phone Number \_\_\_\_\_

Attendee: \_\_\_\_\_ Email: \_\_\_\_\_ Class: \_\_\_\_\_

Attendee: \_\_\_\_\_ Email: \_\_\_\_\_ Class: \_\_\_\_\_

Attendee: \_\_\_\_\_ Email: \_\_\_\_\_ Class: \_\_\_\_\_

**SPONSORED BY BX BENEFITS  
ADMINISTRATORS OF THE GROUP HEALTH INSURANCE PROGRAM**

