

# FLORIDA LEAGUE OF CITIES, INC.

ADMINISTRATORS OF THE FLORIDA MUNICIPAL INSURANCE TRUST

PRESENTS THE



## EXCAVATIONS AND TRENCHING COURSE

WEDNESDAY, APRIL 13, 2011

1:00 P.M. TO 5:00 P.M.

**REGISTER TODAY!**

THIS COURSE WILL BE HELD AT THE OFFICES OF THE:

**FLORIDA LEAGUE OF CITIES, INC.**  
**125 EAST COLONIAL DRIVE ☐ ORLANDO, FL 32801**

### COURSE OBJECTIVE:

⇒ EXCAVATION AND TRENCHING ARE AMONG THE MOST HAZARDOUS CONSTRUCTION OPERATIONS. THIS COURSE TEACHES PARTICIPANTS THE HAZARDS, REGULATORY REQUIREMENTS AND SAFE WORK PRACTICES OF WORKING IN EXCAVATIONS.

### TOPICS COVERED INCLUDE:

- Hazard Recognition
- Competent Person
- Soil Mechanics
- Test Equipment
- Shielding, Shoring and Sloping
- Site Inspection
- Safe Work Practices
- Underground Utility Lines
- Water Accumulation
- Hazardous Atmospheres
- Means of Access/ Egress
- Emergency Rescue
- Evacuation Plans
- Equipment Flood Control
- Emergency Procedures
- Check-in Check-out Procedures

### **To REGISTER, CONTACT:**

ANITA WICK, FLORIDA LEAGUE OF CITIES, 125 EAST COLONIAL DRIVE, ORLANDO, FL 32801

E-MAIL: [AWICK@FLCITIES.COM](mailto:AWICK@FLCITIES.COM) OR TOLL-FREE PHONE: 1-800-445-6248, EXTENSION 1734

**FMIT MEMBER: \$10.00 PER PERSON**

**FMASH MEMBER: \$20.00 PER PERSON**

**ALL OTHERS: \$70.00 PER PERSON**

PLEASE MAKE CHECKS PAYABLE TO: FLORIDA LEAGUE OF CITIES, INC.— CREDIT CARD PAYMENT INFO ATTACHED

### COURSE INSTRUCTOR:

TREVOR RESCHNY, CSP, MS, MBA  
SAFETY LINKS, INC., P. O. BOX 933  
GOTHA, FL 34734





# REGISTRATION AND PAYMENT INFORMATION

**PLEASE COMPLETE AND FORWARD WITH CHECK OR CREDIT CARD PAYMENT TO:**

**FLORIDA LEAGUE OF CITIES, INC., c/o ANITA WICK, ADMINISTRATIVE ASSISTANT, P.O. BOX 538135, ORLANDO, FL 32853-8135, EMAIL: [AWick@FLCITIES.COM](mailto:AWick@FLCITIES.COM), FAX: 407-425-9378**

NAME OF PUBLIC ENTITY			
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON			
EMAIL ADDRESS OF CONTACT PERSON			
PHONE			
<b>EXCAVATIONS AND TRENCHING COURSE</b> <b>WEDNESDAY, APRIL 13, 2011 FROM 1:00 P.M. TO 5:00 P.M.—125 E. COLONIAL DR., ORL, FL 32801</b>			
PLEASE LIST NAME(S) OF PERSON(S) ATTENDING			
<b>PLEASE COMPLETE THE FOLLOWING, IF PAYING BY CREDIT CARD:</b>  AMOUNT TO BE CHARGED TO CREDIT CARD: \$ _____			

**CREDIT CARD PAYMENTS:**    CIRCLE ONE:        **VISA**                      **MASTERCARD**

**CREDIT CARD NUMBER:** \_\_\_\_\_        **EXPIRATION DATE:** \_\_\_\_\_

**FOUR DIGIT SECURITY CODE** (LISTED ON BACK OF CARD) \_\_\_\_\_

**NAME AS IT APPEARS ON THE CREDIT CARD:** \_\_\_\_\_

**COMPLETE BILLING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CARDHOLDER SIGNATURE:** \_\_\_\_\_

NOTE: THE CHARGE ON YOUR CREDIT CARD STATEMENT WILL READ: FLORIDA LEAGUE OF CITIES

THIS FORM, IS INTENDED FOR WORK PREPARATION PURPOSES ONLY. NO LEGAL DEFINITE PROMISE. IF YOU ARE PROVIDING US WITH YOUR E-MAIL ADDRESS: UNDER FLORIDA LAW, E-MAIL ADDRESSES ARE PUBLIC RECORDS. IF YOU DO NOT WANT YOUR E-MAIL ADDRESS RELEASED IN RESPONSE TO A PUBLIC-RECORDS REQUEST, DO NOT SEND ELECTRONIC MAIL TO THIS ENTITY. INSTEAD, CONTACT US BY PHONE OR IN WRITING. ANY FORM OF REPRODUCTION, DISSEMINATION, COPYING, DISCLOSURE, MODIFICATION, DISTRIBUTION AND/OR PUBLICATION OF THIS FORM IS STRICTLY PROHIBITED.