

HEALTH & SAFETY PROFESSIONALS INC.



536B Fourth Line E.,
Sault Ste. Marie,
Ontario P6A 6J8
Canada

P: 705-254-3752
F: 705-254-7365
info@hspinc.ca
www.hspinc.ca

WHMIS 2015 REGISTRATION

- Purpose** To ensure worker protection, employers must educate and train workers about **WHMIS 2015** as new labels and SDSs appear in their workplaces.
- Format** Half-Day (4 hours) Interactive Classroom Delivery.
- Content** Topics include WHMIS 1988, WHMIS 2015, GHS; WHMIS and the Law; Basics of Occupational Health; Seven Important Components of WHMIS 2015; Labelling; Safety Data Sheets; Exemptions; and Application of WHMIS on Construction Projects
- Evaluation** The evaluation process includes worksheets, classroom questions and answers, small group work, and an employer compliance checklist.
- Feedback** We welcome participant feedback at any time. Please speak with the facilitator during breaks, or send an email to info@hspinc.ca, or call 705-254-3752.
- Cost** \$149^{+HST} per person or \$129^{+HST} per person (group rate for 4 or more)
- Facility** Our training facility is located at 536 Fourth Line East, Sault Ste. Marie, Ontario (Kresin Engineering Building).
- Cancellation Policy** Substitutions (in writing) are welcome anytime, but please notify us as soon as possible. *Early Cancellations* (more than five days prior to the course date): Refund of the registration fee paid, less a \$50 processing charge. *Late Cancellations* (less than five days prior to the course date): Refunds cannot be issued for late cancellations. *Course Cancelled*: If, for any reason, HSPI cancels a course, your entire registration fee will be refunded.
- Your Needs** If you have language, literacy, or accommodation needs, please list them below, or call the office at 705-254-3752.

Please bring one or two of your own SDSs so you can apply your knowledge to your workplace.

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PLEASE PRINT AND COMPLETE ALL AREAS

EMPLOYER INFORMATION

Company Name _____

Company Address _____ (postal code) _____

Phone _____ Fax _____ Email _____

Company Contact Name/Title _____

COURSE INFORMATION

Date of Course _____

Time of Course: 8 a.m. to noon

PARTICIPANT(s) *PLEASE PRINT NAMES*

Name(s) _____

Payment Option: Visa MasterCard Call 705-945-0117 to provide card details.

Cheque Invoice Purchase Order No. _____

Our company is HST Exempt. Our exemption number is _____

I would like the invoice (confirming registration) emailed faxed

Please email the completed Registration Form to ubboss@shaw.ca or fax it to 705-253-9905.

Payment must be received before the course starts. Please make cheque payable to Health & Safety Professionals Inc.

How did you hear about our courses?

Referral Training Schedule Fax Newsletter Mail-Out

Website Email from HSPI Other