



METH RESPONDERS 8 HOUR RECERT

Provided by:

Training Edge, LLC

Date/Location:

May 21, 2012 0900 – 1700 at Walla Walla Police Department

Course Overview:

This one day annual refresher course is for those individuals that have already completed a clandestine laboratory officer safety training course and have been certified by their employer to investigate and process clandestine labs.

Cost:

\$100 per student

Course Objectives:

- Clandestine Production Trend Update
- Clandestine Production Methods Review
- Chemical Hazards
- Chemical Toxicology
- Personal Clothing and Respiratory Protective Equipment
- Air Monitoring Equipment
- Physical Hazards
- Regulatory Implications
- Respirator Fit Testing

Equipment Required

If the student will be fit tested, the student must bring their own or agency provided Air Purifying Respirator (APR) and/or Self Contained Breathing Apparatus (SCBA) including APR cartridges and SCBA fit test adapter.

FOR MORE INFORMATION:

www.training-edge.us

OR

JPORTER@TRAINING-EDGE.US



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 Comstock Park, MI 49321
 PHONE: (616) 633-6520
 FAX: (866) 536-4134

APPLICANT INFORMATION			Box 1
Applicant's Name: (Last) (First) (Middle)		Title/Rank:	
Applicant E-Mail Address:			<input type="checkbox"/> Male <input type="checkbox"/> Female
Agency:	Agency Phone:	Agency Fax:	
Applicant Mailing Address: (Street or PO Box) (City) (State) (Zip)			

COURSE INFORMATION		Box 2
Course Title: Clandestine Laboratory Officer Recertification	Course Dates: May 21, 2012	
Location of Course: Walla Walla, WA Police Department	Course Times: 9:00am – 5:00pm	
Tuition: \$100.00 per student		

SPECIAL REQUIREMENTS	Box 3
Due to OSHA mandates, <u>students must be clean-shaven in order to be fit tested. Students who need to be fit tested need to bring their APR with cartridge.</u>	

AUTHORIZATION			Box 4
By the signature below:			
<ul style="list-style-type: none"> I verify that the student listed above is authorized to attend the indicated training and has met or will have met all Special Requirements for this course by the start date. All applicants for this course must supply proof of medical clearance by the first day of class. Failure to do so will require that the applicant be dismissed from the training program and the agency will be billed for attendance. I authorize Training Edge, LLC to invoice the agency listed for the tuition as well as lodging and/or meals if selected. 			
Agency Head (or Designee): (Last) (First) (Middle)		Title/Rank:	
Agency:	Agency Phone:	Agency Fax:	
Agency Billing Address: (Street or PO Box) (City) (State) (Zip)			