



Registered Training Organisation: 2543



Confined Space **Refresher Training Course**
Title: Enter and Work in Confined Spaces
(National Code RIIOHS202A) Duration: 1/2 Day

Maintain Currency – Evidence of previous training is required (e.g. certificate or ticket) when attending this course.

Course Content

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| <ul style="list-style-type: none"> ◆ Introduction and Course Overview ◆ Confined Space Definition and Examples ◆ Confined Space Safety ◆ Established Healthy and Safe <ul style="list-style-type: none"> - Work Practices - Confined Space Entry Permits - Hot Work Permits ◆ Emergency Procedures <ul style="list-style-type: none"> - Rescue Drills - Use of Safety Equipment - First Aid ◆ Workplace Practice and Assessment | <ul style="list-style-type: none"> ◆ Workplace Health and Safety Act 1995 <ul style="list-style-type: none"> - Regulations - Australian Standard 2865 ◆ Hazardous Operations <ul style="list-style-type: none"> - Physical, Chemical and Biological Hazards - Risk Identification and Assessment ◆ Atmospheres and Testing ◆ Personal Protective Equipment <ul style="list-style-type: none"> - Air Purifying Respirators - Supplying Respirable Air - Retrieval Equipment |
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When and Where

Ulverstone Course Location

Camp Clayton
 41 Clayton Road, Ulverstone
 9:00am – 1:00pm

Launceston Course Location

Olde Tudor Motor Inn
 Westbury Road, Prospect
 9:00am – 1:00pm

Hobart Course Location

Tasmanian Technopark
 Innovation Drive, Glenorchy
 9:00am - 1:00pm

\$100.00 per participant (GST does not apply to nationally recognised training)

Register by completing the registration form and returning by fax to A.E.S. on 62720004 or for further information please phone the office on 62335566.

There is a \$50.00 cancellation fee if A.E.S. is not notified 24 hours prior to the course commencing alternatively the participant may be replaced by a substitute. Please note A.E.S. does not send out confirmation of registration. You will only hear from A.E.S. if the course is full or has been cancelled.

| Registration Form | Participant Names |
|--------------------------|--------------------------|
| Contact Name: _____ | _____ |
| Company Name: _____ | _____ |
| Address: _____ | _____ |
| Phone: _____ Fax: _____ | _____ |
| Email: _____ | _____ |
| Course Date: _____ | Course Location: _____ |