

2026 - OSHA 10/30

Instructor: Tom Gauthier

Dates:

- **Class # 1- Feb. 10, 11, 12 (OSHA 10)**
- **Class # 2- Apr. 28, 29, 30 (OSHA 10)**
- **Class # 3- June 16, 17, 18 (OSHA 10/30)**
 June 22, 23, 24
 June 29, 30 & July 1
- **Class # 4- Sept 1, 2, 3 (OSHA 10)**
- **Class # 5- Nov 3, 4, 5 (OSHA 10/30)**
 Nov 10, 11, 12
 Nov 16, 17, 18

OSHA 10/30 Hour Refresher:

Note: For Journey workers who carry a P1 or P2 plumbing license and have completed their last required CEU, the first night of OSHA 10 qualifies as a 4-Hour Refresher. You will receive a separate "OSHA UPGRADE" card at the end of the class. This card must be kept with your current OSHA card. This will upgrade your current OSHA 10 or 30 for another 5 years **for jobs within the State of CT.**

Time: All Classes are 5:00 PM to 9:00 PM

Location: Plumber & Pipefitters Local 777 - 450 Murdock Ave. Meriden, CT 06450

Requirements: Complete and sign attached class application and return to Local 777 JATC. Minimum of 10 people, any questions please call (203) 686-0700 ext. 102.

UA Local 777 JATC

OSHA Outreach Student Documentation Form

This form shall be collected from OSHA 10/30 Hour Construction Outreach Students and will be kept in files with class documentation.

OUTREACH DOCUMENTATION FORM

This form to be completed by the trainee. Please print legibly, in ink and include all information.

STUDENT NAME: _____

Outreach Trainer: Thomas Gauthier

Course Dates:

Start Date: (mm/dd/yyyy) _____

End Date: (mm/dd/yyyy) _____

OSHA Course Title (Check Only One Selection)

_____ 10 Hour Construction (Must Attend All 3 nights)

_____ 30 Hour Construction (Must Attend All 9 nights)

_____ OSHA UPGRADE (P1/P2 Licenses Holders Only - Only Held the 1st Night of OSHA 10 Course)

Class Location:

450 Murdock Avenue - Meriden, CT 06450

EMPLOYER/Co. Name: UA Local 777 JATC

SUPERVISOR CONTACT NAME: Vinnie Valente

WORK TELEPHONE: (203) 686-0700 x101

FAX # (203) 686-0711 vvalente@local777.org

E-mail completed forms to: ebarkasy@local777.org

STUDENT HOME ADDRESS

Street _____

City _____ State _____

Zip _____ Cell # _____

Email Address: _____

Outreach Student

Signature: _____

Date: (mm/dd/yyyy) _____