

## Safety Course Information

For In-Person Safety Training Courses, Please Contact:

**Touchback Safety – (780) 455-5573 OR ACTI – (587) 340-3849**

### Local 488 Member Information:

- Members must provide their UA number to receive the special member discount when booking with Touchback Safety or ACTI
- Members are required to pay the full cost of each safety training course upfront.

For information on the Safety Course Benefit available to Local 488 members, please refer to Page 2.

### Work Ready Work Force (WRWF) Required Certificates for Dispatch:

**Please note:** Most job sites only accept safety training certificates that are certified by Energy Safety Canada.

Each safety certificate must be valid for a minimum of **60 days prior to dispatch**.

If a certificate expires **after 60 or more days on the job**, the contractor is responsible for the **renewal cost**.

- **Construction Safety Training System (CSTS 2020)**

*FREE Online Course delivered through ACSA Website*

- **Confined Space Entry Monitor**

*Online Course delivered through Energy Safety Canada*

- **Common Safety Orientation (CSO)**

*Online Course delivered through Energy Safety Canada*

- **Fall Protection**

*In-Person Course*

- **Mobile Elevated Work Platform**

*In-Person Course*

- **3M 6000 Half Mask Fit Test & North 7700 Half Mask Fit Test**

*In-Person Mask Fit Testing*

1st and 2nd Year Apprentices may be required by their employer to complete **Firewatch/Spark Watch** training.

Employers may also request additional safety courses depending on job site requirements.

## Safety Course Benefit Information For Members of Local 488

Once members have successfully completed their safety training and received their certificates, they may apply for the Safety Course Benefit through EPT (Education Department of Local 488).

### Safety Courses Eligible for Coverage:

- **Confined Space Entry Monitor**

*Member Benefit Coverage: \$130.00*

- **Common Safety Orientation (CSO)**

*Member Benefit Coverage: \$90.00*

- **Fall Protection**

*Member Benefit Coverage: \$130.00*

- **Mobile Elevated Work Platform**

*Member Benefit Coverage: \$140.00*

- **3M 6000 Half Mask Fit Test & North 7700 Half Mask Fit Test**

*Member Benefit Coverage: \$30.00 for one half mask fit test, \$60.00 for two half mask fit tests*

- **First Aid**

*Member Benefit Coverage: Total course cost (excluding GST)*

- **Fire Watch (APPRENTICES ONLY)**

*Member Benefit Coverage: \$180.00)*

### Documents Required to Complete Your Application:

Please ensure all documents are submitted together to avoid delays in processing.

1. Completed Application Forms
2. Void Cheque or Direct Deposit Information Form (from your online banking)
3. Official Invoice for Each Safety Training Course Completed
4. Copy of Each Safety Training Certificate

### Safety Course Benefit Eligibility Requirements:

To qualify for the Safety Course Benefit, applicants must meet **all** of the following criteria:

- Member of Local 488 in good standing
- Out of work (or working less than 60 days with a contractor at the time of completing the safety course)
- Current safety training certificates must be expiring within 6 months
- Have made contributions to the EPT Educational Fund in the last 2 years

# Safety Course Benefit Application

Full name:	_____	UA #:	_____
	<i>Last First</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City Prov. Postal Code</i>		

Please select the safety courses you are submitting:

- ☐ Confined Space
- ☐ Mobile Elevated Work Platform
- ☐ Fall Protection
- ☐ Respirator Half Mask Fit Test (Qty: \_\_\_\_\_)
- ☐ Common Safety Orientation
- ☐ Other (please specify) \_\_\_\_\_

Please select your preferred method of payment:

To make receiving your payments faster and more convenient, we strongly recommend setting up EFT (direct deposit). This method ensures that your funds are deposited directly into your bank account, reducing the risk of delays and eliminating the possibility of cheques getting lost in the mail.

- ☐ EFT (Direct Deposit) ☐ CHEQUE

\*EFT - MUST SIGN AUTHORIZATION FORM (PAGE 2) AND ENCLOSE VOID CHEQUE OR DIRECT DEPOSIT FORM FROM BANK\*

## OFFICE USE ONLY

Date Reviewed: _____	<input type="checkbox"/> CSE: _____ \$ _____
Dues in Good Standing? Yes or No	<input type="checkbox"/> MEP: _____ \$ _____
Approved? Yes or No	<input type="checkbox"/> FP: _____ \$ _____
If declined, what is the reason?	<input type="checkbox"/> FT: _____ \$ _____
_____	<input type="checkbox"/> CSO: _____ \$ _____
_____	<input type="checkbox"/> Other _____: _____ \$ _____
Reviewed by: _____	TOTAL AMOUNT: \$ _____

## EDMONTON PIPE TRADES EDUCATIONAL TRUST FUND

16120-118 Avenue, Edmonton, Alberta T5V 1C6

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT TRANSFER

☐

INITIAL REQUEST

☐

CHANGE REQUEST

#### MEMBER PERSONAL INFORMATION

NAME:

UNION  
CARD  
NUMBER:

EMAIL  
ADDRESS:

#### REQUEST FOR DIRECT DEPOSIT OF BENEFITS

To request direct deposit or to modify your banking information, **PLEASE ENCLOSE A VOID CHEQUE** with this request AND complete the information below.

In both cases, please sign the authorization.

DEPOSIT TO (NAME OF BANK OR FINANCIAL INSTITUTION)

ADDRESS OF BRANCH

Branch Number

Institution Number

Account Number

#### **AUTHORIZATION:**

I authorize the Edmonton Pipe Trades Trust Fund and ATB to use the services of any member or affiliate of the Canadian Payments Association (CPA) in carrying out this authorization. I agree to be bound by the standards, rules, and practices of CPA as they may exist from time to time. I agree to give written notice of cancellation of this authorization to Edmonton Pipe Trades Educational Trust Fund and be bound by this authorization until the Edmonton Pipe Trades Educational Trust Fund has had reasonable time to act on the notice. Edmonton Pipe Trades Educational Trust Fund and/or ATB may terminate this authorization by providing me with ten (10) days' notice. I undertake to inform Edmonton Pipe Trades Educational Trust Fund within five (5) days of any changes to branch, account, and institution number while this authorization is in effect.

SIGNATURE

Date: (MM/DD/YYYY) \_\_\_\_\_

REQUEST TO SUBSCRIBE TO E-NOTIFICATION RECEIVED FOR DIRECT DEPOSIT