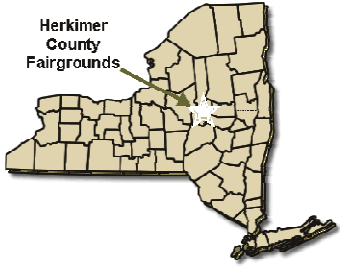


# 4th Annual Equipment Exposition



**Herkimer County Fairgrounds**  
**September 15, 2011**  
133 Cemetery Street – Frankfort, NY 13340

7:00 – 8:00 am

**Registration and Breakfast**  
Exhibits and Demonstration area open

8:30 – 9:30 am

**SESSION #1 SETTING UP A TRAFFIC WORKZONE**

Presented by: Terry Yates, Capital Safety Services  
NYS DOT regulations for setting up and taking down short term and long term work zones, including sign placement, flaggers responsibility, competent person requirements and statistics on work zone injuries, fatalities and crashes.

9:30 am

**OPERATOR CHALLENGES**

**Backhoe Rodeo                      Leak Repair                      Meter Madness**

11:30 am

**DINOSAUR BBQ LUNCH**

12:30 – 1:30 pm

**SESSION #2 WORKING IN A TRAFFIC WORKZONE**

Presented by: Terry Yates, Capital Safety Services  
how to protect workers as well as the public within and around the work zone. Included will be discussion on barrier requirements, hard hat and reflective garment requirements and other hazards within the zone, including working on and around heavy equipment and other machinery.

1:30 – 2:30 pm

**Operator Challenge Finals**

2:30 – 3:30 pm

**SESSION #3 CONFINED SPACE AWARENESS**

Presented by: Terry Yates, Capital Safety Services  
OSHA regulation regarding Confined Space. Included will be discussion on the standard as well as identifying a confined space, permit requirements and the competent person requirement.

3:30 pm

**Presentation of Awards and Drawing**

4:00 pm

**Close of Expo**

**One hour DOH/DEC credit is available for each session, as well as, DOH (water only) credit for participation in events.**

**LIVE DEMONSTRATIONS THROUGHOUT THE EXPO!!!**

Please detach and return to: NYRWA – PO Box 487 – Claverack, NY 12513 (518) 828-3155, fax (518) 828-0582, or you may register online at [www.nyruralwater.org](http://www.nyruralwater.org)

All information below must be completed, using one registration form per attendee!

**EXPO REGISTRATION FEE \$35.00 per person (\$45.00 for walk-ins)**

**NOTE: Cancellations must be requested prior to September 9<sup>th</sup> to receive a refund.**

**Personal Information:**

NAME: \_\_\_\_\_ SYSTEM: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

DOH Cert # \_\_\_\_\_ DEC # \_\_\_\_\_ County: \_\_\_\_\_

**Billing Information:**                      Same As Above \_\_\_\_\_

System/Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

