

# 16<sup>th</sup> Annual OES Workshop February 6 & 7, 2019

Kalahari Resort, Wisconsin Dells

## Wednesday February 6<sup>th</sup>

- 9:00 am **Welcome-** Justin Kratochvil, Ozinga Ready Mix & Adam Tegelman, MCC
- 9:15 am **OSHA 2018 Regulatory Framework-** U.S. Department of Labor/OSHA
- 9:45 am **OSHA Silica & Sampling Results-** George Gruetzmacher, WISCON
- 10:45 am **Break**
- 11:00 am **Environmental Update & EPA WOTUS Replacement Rule-** Adam Tegelman, MCC
- 11:30 am **How Important Is Safety?-** Justin Kratochvil, Ozinga Ready Mix
- 12:00 pm **Lunch**
- 12:45 pm **DOT Update-** Chad Kaster, Acuity Insurance & Mark Magsum, Remedy Now Consulting, LLC
- 1:15 pm **Insurance Claims-** Courtney Daane, Acuity Claims Adjustor
- 2:15 pm **OSHA's New Fall Protection Standard-** George Gruetzmacher, WISCON
- 3:15 pm **Break**
- 3:30 pm **Panel Discussion: Injury and Crash Prevention Relating to Current and Future Worker Demographics**  
George Gruetzmacher, WISCON Industrial Hygienist / Engineer  
Chad Kaster, Acuity Insurance  
Aaron Kraai, Doctors of Physical Therapy  
Mark Magsum, Remedy Now Consulting, LLC
- 4:30 pm **Question & Answer**
- 4:45 pm **Driver Safety Awards**
- 5:00 pm **Happy Hour Reception**

## Thursday, February 7<sup>th</sup>

- 7:45 am **Breakfast**
- 8:30 am **Incident Analysis & Best Practices-** Mary Kay Depperman, Hays of Wisconsin
- 10:00 am **Break**
- 10:15 am **Crucial Conversation**
- 11:00 am **Lunch**

**WRMCA OES Workshop**  
**February 6 & 7, 2019**  
**Kalahari Resort • Wisconsin Dells, WI**

**2019 Registration Fee**

**\*\*Deadline for Registration to the Workshop is February 1, 2019**

- \$150 Member Full Registration  
\*register 2 people and the 3rd & 4th at \$100
- \$100 3rd & 4th Attendee
- \$100 One Day
- \$50 Thursday Lunch

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attendee: \_\_\_\_\_

Attendee: \_\_\_\_\_

Attendee: \_\_\_\_\_

Attendee: \_\_\_\_\_

Attendee: \_\_\_\_\_

**Total # of Registrations:** \_\_\_\_\_

**Method of Payment: \* A 5% processing fee will be applied to all credit card transactions.**

- Visa     Mastercard     Check

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Credit Card Address:** \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_

**TOTAL PAID:** \_\_\_\_\_

Please email [knovak@wrmca.com](mailto:knovak@wrmca.com),  
fax (608) 250-6306, or mail your registration  
form including payment to:

**WRMCA**  
**44 E Mifflin St., Ste. 305**  
**Madison, WI 53703**



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