

# 17<sup>th</sup> Annual OES Workshop December 5 & 6, 2019

Kalahari Resort, Wisconsin Dells

## Thursday, December 5<sup>th</sup>

- 12:30 pm **Welcome-** Cassie Krause, Carew Concrete & Adam Tegelman, MCC
- 12:45 pm **Drug & Alcohol Clearinghouse, CAB Reports-** Chad Krueger, Central Analysis Bureau
- 1:30 pm **Occupational Noise and Hearing Conservation-**  
George Gruetzmacher- WISCON Industrial Hygienist/Engineer
- 2:00 pm **Break**
- 2:15 pm **MSHA & OSHA Pit Safety-** Chris Hensler, MSHA District Manager & Mary Bauer, Compliance Assistance Specialists OSHA
- 3:15 pm **Panel Discussion: Operational and Legal Challenges of Employee Injuries and Return to Work**  
Jean Darling, Advanced Physical Therapy & Sports Medicine  
Chad Kaster, Acuity Insurance  
Cassie Krause, Carew Concrete  
Daniel Pedriana, Lindner & Marsack Law Firm
- 4:15 pm **Question & Answer**
- 4:30 pm **Happy Hour Reception**

## Friday, December 6<sup>th</sup>

- 7:45 am **Breakfast**
- 8:30 am **Chemical Hazard Communication-** George Gruetzmacher- WISCON Industrial Hygienist/Engineer
- 9:00 am **Culture of Safety-** Paul Klein, M3 Insurance
- 9:45 am **Break**
- 10:00 am **Crucial Conversations-** Katie Bengsch, Wingra Redi Mix
- 10:30 am **Operational Safety-** Adam Tegelman, MCC, Inc.
- 11:00 am **The Most Dangerous Task-** Thomas Goeltz, CSP, Risk Management Services, Hays
- 11:30 pm **Workshop Concludes**

**WRMCA OES Workshop  
December 5 & 6, 2019  
Kalahari Resort • Wisconsin Dells, WI**

**2019 Registration Fee**

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

\$150 Member Full Registration

\$100 One Day

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)  
or mail your registration form including  
payment to:

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



**Wisconsin  
Ready Mixed  
Concrete  
Association**