

Construction Hazard Awareness Certification (CHAC)

The purpose of Industrial Training International’s (ITI) Construction Hazard Awareness Certification (CHAC) is to provide the construction industry with a means of obtaining and verifying knowledge and experience of vital requirements related to identifying hazards in a construction environment.

Objective

The objective of the exam is to present the student with a simulated construction environment populated with work tasks and settings for identification of their hazard(s) if present. This exam will certify that the successful candidate has the essential knowledge and skills required to effectively identify hazards in a construction environment.

The exam is administered in a VR (virtual reality) headset. If the candidate requires an alternative testing method, please see page 2 “Physical Abilities.”

Scope Characterization

Successful candidates must be able to identify hazards, not remedy, or correct the hazards.

Payment of Exam Fee & Selection of Exam Date/Location

The current exam fee is \$59. You will be automatically notified to pay this fee and select the date, time and location of the exam when you have completed this application. There is not an application fee or an exam maintenance fee.

Who Can Apply

Candidates for the CHAC may include anyone who is going to be working on a construction site whether novice, journeyman, foreman, architect, electrician, etc.

Candidates who pursue the certification will be required to reliably identify hazards in each of the following ten content areas.

1. Hand Tools
2. Lifting and Rigging
3. Electrical and Lockout/Tagout (LOTO)
4. Environmental Hazards
5. Confined Space and Hot Work
6. Mobile Equipment and Personnel Interface (MEPI) and Excavations
7. Dropped Object Prevention/Protection
8. Fall Prevention/Protection
9. Scaffolding
10. Industrial Hygiene*

**This may include items such as silica dust and noise.*

Contact Information

Please complete the following contact information.

Applicant Name: _____

Applicant Address: _____

Email Address: _____

Phone Number: _____

Candidate Learner ID#:*

**To be filled in by ITI once application is received*

Please Note: You will need to bring a government issued photo identification with you to the exam.

Prerequisites & Training

There are no prerequisites for this exam. Training that includes a cross section of topics from OSHA 29 CFR 1926 can be taken by candidates prior to the exam. This training, though not required, is highly recommended.

Recertification

If you attain a CHAC, it will have an expiration date of 5 years. When it is time to renew your certification, you will need to pay the current exam fee, and select a date, time and location to take a new exam.

Physical Abilities

The wearing of contacts or eyeglasses is permitted during the exam. If a candidate is unable to take the exam with the Virtual Reality equipment due to a disability, please see the Special Testing Accommodations Request Form on page 6.

Current Certification

Indicate if you are currently certified by ITI or hold a different construction hazard awareness certification from another company by providing the requested information below. (If this does not apply, put N/A).

ITI Construction Hazard Awareness Certification

Certification Identification Number: _____

Other construction hazard awareness certification

Certification Title: _____

Date issued and date of expiration: _____

Issuing Agency: _____

Candidate Application Statement

All candidates must sign the following Candidate Application Statement and agree to all policies, procedures, and terms and conditions of certification in order to be eligible for the certification. The statement follows.

I hereby apply for the Construction Hazard Awareness Certification (CHAC). I understand that my certification depends on my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I understand that ITI may need to gather additional information to clarify or supplement this application and I agree to supply it. I further understand that if any information is later determined to be false, ITI reserves the right to revoke any certification that has been granted on the basis thereof.

Should I be awarded the Construction Hazard Awareness Certification credential, I agree to abide by the Code of Professional Conduct and to notify ITI if at any time I develop the incapacity to perform my professional responsibilities.

I will not make claims regarding certification in any other scope than the one that is listed on this application and on the ITI website. If I am granted the certification, I agree to never use it in such a manner as to bring ITI into disrepute, nor make any statement regarding the certification which ITI considers to be misleading or unauthorized, nor use the certification in a misleading way.

ITI reserves the right to withdraw or suspend my certification in the event of falsification of information on my application, evidence of cheating on the exam, or counterfeiting of certification documents. Evidence of cheating on the exam can include but is not limited to: a candidate providing another candidate with information regarding the exam, a candidate giving information to or receiving information from any person or source that concerns the exam or anything related to the testing process, any other fraudulent practices that ITI determines has given the illusion of, or in reality has provided an unfair advantage to a candidate during the exam.

I hereby release, discharge, and exonerate ITI, its directors, officers, members, examiners, representatives, and agents, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with, any aspect of the application process including results or any other decision that may result in a decision to not issue me a certificate.

Signature: _____ Date: _____

Code of Professional Conduct

A Construction Worker's Responsibility to Report and/or Mitigate Hazards

By signing below I agree to the following statement:

At any time on a construction site, I will report onsite hazard(s) immediately, or at the next available safe opportunity. If it is within my scope of responsibility, I will mitigate the hazard(s). Whether or not I mitigate the hazard(s), I will report the hazard(s) to my immediate supervisor, or if that person is not available, to the site supervisor.

Signature: _____ Date: _____

Candidate Confidentiality Agreement

To ensure the integrity of the Construction Hazard Awareness Certification (CHAC) examinations, all candidates must sign the Candidate Confidentiality Agreement that follows:

I understand, acknowledge, and agree:

That the questions and answers of the exam are the exclusive and confidential property of ITI and are protected by ITI's intellectual property rights.

That I will not disclose the exam questions or answers or discuss any of the content of the exam materials with any person, without prior written approval of ITI.

That I will not remove from the examination room any exam materials of any kind provided or any other material related to the exam, including, without limitation, any notes or calculations.

That I will not copy or attempt to make copies (written, photocopied, or otherwise) of any exam material, including, without limitation, any exam questions or answers.

That I will not sell, license, distribute, give away, or obtain from any other source other than ITI the exam materials, questions or answers.

That I will not create or contribute to certification efforts competitive with the CHAC's scheme for a period of three years from taking the examination.

I agree that my obligations under this Agreement shall continue in effect after the examination and, if applicable, after termination of my certification, regardless of the reason or reasons for termination, and whether such termination is voluntary or involuntary.

Signature: _____ Date: _____

Statement to the Public

Impartiality & Conflict of Interest

An ITI employee will not participate in any activity, either as volunteer or for pay, in which there may be a conflict of interest with activities related to the ITI certification programs. ITI staff will bring potential conflicts of interest to the attention of a supervisor for interpretation and guidance. All applications are processed by ITI staff in an objective and impartial manner.

Privacy & Security of Individual Information

ITI shall safeguard the privacy of individuals, where applicable, and shall hold in confidence and in a secure manner the information obtained in the course of certification program activities at all levels of the organization, including the activities of all personnel (paid, subcontracted or volunteer) acting on its behalf. Except as required in the Policies and Procedures Manual, information about a particular individual is considered confidential information and shall not be disclosed to a third party by ITI personnel (paid, volunteer or subcontractor) without prior written consent of the individual. Where the law requires information to be disclosed to a third party, the individual shall be notified beforehand of the information provided.

Appeals & Complaints Policy

To view both policies and forms for submission, please visit www.iti.com/construction-hazard-awareness-certification-policies

Change of Address Notification

If your address changes during the course of your application, or during the course of your certification should you be awarded one, please submit a change of address notification as soon as possible to ensure our database is accurate and you receive important communications about your application, examination, and/or certification renewal. Written notifications may be mailed to:

Change of Address
Registrar
Industrial Training International
9428 Old Pacific Highway
Woodland, WA 98674

The following information must be provided when submitting a change of address:

- Name of Applicant
- Telephone number
- New address
- Effective Date
- Email address
- Signature

Change of address notification may also be submitted via email to: ken@iti.com with the words: **Change of Address** in the subject line and the information above in the email.

Special Testing Accommodation Request Form

Candidates with disabilities covered by the Americans with Disabilities Act (or Canadian/Australian equivalent) must complete this form and have an appropriate licensed professional complete the Documentation of Disability-Related Needs Form in order for their accommodations request to be processed.

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Special Testing Accommodations:

I would like to request the following testing accommodation(s):

Desktop computer test administration

Special seating, please describe

Extended testing time (time and a half)*

Separate testing area

Wheelchair accessible testing site

Other special accommodations (please specify):

*Current exam time limit is 23 minutes.

Applicant Signature: _____

Documentation of Disability-Related Needs By Qualified Provider

This form must be completed by a licensed health care provider or an educational / testing professional. The nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability, and the specific testing accommodations requested must be included.

Professional Documentation:

I have known _____ since _____ in my capacity as a(n)
(Name of Applicant) (Date)

(Professional Title) (Board Certification)

The applicant discussed with me the nature of the test being administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the Special Testing Accommodation Request Form.

Comments on Disability:

Signature: _____

Title: _____

Organization: _____

License # (if applicable): _____

Phone Number: _____ Date: _____

Candidate Instructions:

Return this form with a copy of the **Special Testing Accommodation Request Form** to:

Registrar
Industrial Training International
9428 Old Pacific Highway
Woodland, WA 98674

Written accommodation requests may also be scanned and submitted **via email to:**
ken@iti.com with the words: **Accommodation Request** in the subject line of the email.