

**CONTINUING PROFESSIONAL COMPETENCY
ASSESSMENT FORM**

Title of Activity/Program: MDOT SHA: Safer Work Zones Save Lives - Respect the Risk

Date(s) Taken: February 2, 2023 PDH(s): 1
Category A X or Category B _____ (select one)

Provider: Maryland Quality Initiative (MdQI) Annual Conference

Location (City & State) Baltimore, Maryland

Presenter/Instructor(s) (if known) Bob Snyder, Cedric Ward, PE, PTOE, Chris Sertzer, Stephen Bucy
Professional Workshop or Technical Presentation

Format of Course (i.e. workshop, seminar, internet, etc.) _____
Self Directed _____ Yes X No _____

Start Date: February 2, 2023 Completion Date: February 2, 2023

Start Time: 10:30 AM Completion Time: 11:30 AM

Provide a general synopsis of what the course/activity covered/contained.

This session will have two presentations. The first presentation will provide a summary of the Work Zone Safety Summit held in October 2022 gathering 75 representatives from industry, state agencies, and law enforcement. The presentation will include engineering and operational topics, reduced exposure of workers, safety data, and standards updates. The presentation will emphasize ongoing and upcoming collaboration opportunities with agencies and industry partners to advance safer work zones for everyone. The second presentation will provide information regarding the behavioral changes and practices Allan Myers has been actively pursuing to influence change in how work performed inside of short term/soft barrier closures with the increasing risk of work zone intrusions and strikes on the rise. In addition, the presentation will cover approaches that Allan Myers are trying to improve work conditions and reduce/eliminate risks for the worker installing/maintaining/removing patterns as well as those responsible for work within the closure.

Attach any documentation of participation: i.e. Certificate of Attendance/Completion, transcripts, handouts, tests, programs, outline, reports and other demonstrative evidence of attendance.

Signature _____ License No.: _____ Date _____

Keep this form for your records.