

OSHA OUTREACH TRAINING PROGRAM REPORT

Statement of Certification. I certify that I have conducted this outreach training class in accordance with the OSHA Outreach Training Program guidelines. I have maintained the training records as required by these guidelines and I will provide these records to the OSHA Directorate of Training and Education (or their designee) upon request. I understand that I will be subject to immediate dismissal from the OSHA Outreach Training Program if information provided herein is not true and correct. I further understand that providing false information herein may subject me to civil and criminal penalties under Federal law, including section 17(g) of the Occupational Safety and Health Act, 29 U.S.C.666(g), which provides criminal penalties for making false statements or representations in any document filed pursuant to that Act. I hereby attest that the information on this form is true and correct.

Trainer Signature _____

Date _____

If submitting this application by electronic means, by checking the box to the left or affixing a signature, I attest that all information provided in this submission is true and accurate.

Course Conducted:

- 10-hour Construction
- 10-hour General Industry
- 30-hour Construction
- 30-hour General Industry

Course Information (check all that apply):

- Spanish Youth (age 18 or less) Training conducted outside US
- Language other than English or Spanish _____
- OSHA Alliance or Partnership related (specify below) _____

State in which training was held (or country if outside of US): _____

Course End Date: ____ / ____ / ____ (Requests cannot be older than 6 months)

Number of Students: ____ (Enter names on back or on separate sheet. More than 50 requires prior approval)

Primary Trainer Course Information

Your Responsible Training Organization (which OTI Education Center, or OSHA) _____

ID Number* _____

Name _____

Course (#500/#501/#502/#503) _____

Expiration Date ____ / ____ / ____

* **ID number** – only applies to trainers who have received student cards

Address (Use an address that will come directly to you; if you have an ID and your address is unchanged, don't complete this)

Check if this is a new address

Company / Dept. _____

Address _____

City /State /Zip _____

Phone Number (____) - ____ - ____ ext. ____ E-mail: _____

Documentation must include:

- (1) Outreach Training Program Report
- (2) Copy of trainer card if this is your first class or you updated your trainer status
- (3) Student names
- (4) Topic list and the time spent on each

Important notes:

- * See Attachment B for where to send card request
- * Trainers' course records must include sign-in sheets collected for each day
- * Maintain records which indicate the card number dispensed to each student
- * Print or type trainer's name on card to ensure legible
- * Send separate documentation for each class

10-Hour Topics (30-hour class, see back, or include a separate topic list)

* Indicate the amount of time spent on each of the topics in the class

Hours*

Construction

- ____ **Required** Introduction to OSHA
- ____ **Required** OSHA Focus Four Hazards – including:
Fall Protection, Electrical, Struck By, Caught in/between
- ____ **Required** Personal Protective and Lifesaving Equipment
- ____ **Required** Health Hazards in Construction – including:
Hazard Communication and Silica

Elective Topics:

- ____ Materials Handling, Storage, Use and Disposal
- ____ Tools - Hand and Power
- ____ Scaffolds
- ____ Cranes, Derricks, Hoists, Elevators, and Conveyors
- ____ Excavations
- ____ Stairways and Ladders

Optional: Other OSHA Construction hazards or policies

Hours*

General Industry

- ____ **Required** Introduction to OSHA
- ____ **Required** Walking and Working Surfaces
- ____ **Required** Exit Routes, Emergency Action Plans, Fire Prevention Plans and Fire Protection
- ____ **Required** Electrical
- ____ **Required** Personal Protective Equipment
- ____ **Required** Hazard Communication

Elective Topics:

- ____ Hazardous Materials (Flammable and Combustible Liquids)
- ____ Materials Handling
- ____ Machine Guarding
- ____ Introduction to Industrial Hygiene
- ____ Bloodborne Pathogens
- ____ Ergonomics
- ____ Safety and Health Programs
- ____ Fall Protection

Optional: Other OSHA General Industry hazards or policies

30-Hour Topics

* Indicate the amount of time spent on each of the topics in the class

<u>Hours*</u> Construction	<u>Hours*</u> General Industry
<p>_____ Required Introduction to OSHA</p> <p>_____ Required OSHA Focus Four Hazards – including: Fall Protection, Electrical, Struck By, Caught in/between</p> <p>_____ Required Personal Protective and Lifesaving Equipment</p> <p>_____ Required Health Hazards in Construction – including: Hazard Communication and Silica</p> <p>_____ Required Stairways and Ladders</p> <p>Elective Topics:</p> <p>_____ Fire Protection and Prevention</p> <p>_____ Materials Handling, Storage, Use and Disposal</p> <p>_____ Tools - Hand and Power</p> <p>_____ Welding and Cutting</p> <p>_____ Scaffolds</p> <p>_____ Cranes, Derricks, Hoists, Elevators, and Conveyors</p> <p>_____ Motor Vehicles, Mechanized Equipment and Marine Operations; Rollover Protective Structures and Overhead Protection; and Signs, Signals and Barricades</p> <p>_____ Excavations</p> <p>_____ Concrete and Masonry Construction</p> <p>_____ Steel Erection</p> <p>_____ Safety and Health Program</p> <p>_____ Confined Space Entry</p> <p>_____ Powered Industrial Vehicles</p> <p>_____ Ergonomics</p> <p>Optional: Other OSHA Construction hazards or policies</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____ Required Introduction to OSHA</p> <p>_____ Required Walking and Working Surfaces</p> <p>_____ Required Exit Routes, Emergency Action Plans, Fire Prevention Plans and Fire Protection</p> <p>_____ Required Electrical</p> <p>_____ Required Personal Protective Equipment</p> <p>_____ Required Materials Handling</p> <p>_____ Required Hazard Communication</p> <p>Elective Topics:</p> <p>_____ Hazardous Materials (Flammable and Combustible Liquids)</p> <p>_____ Permit-Required Confined Spaces</p> <p>_____ Lockout / Tagout</p> <p>_____ Machine Guarding</p> <p>_____ Welding, Cutting, and Brazing</p> <p>_____ Introduction to Industrial Hygiene</p> <p>_____ Bloodborne Pathogens</p> <p>_____ Ergonomics</p> <p>_____ Fall Protection</p> <p>_____ Safety and Health Programs</p> <p>_____ Powered Industrial Vehicles</p> <p>Optional: Other OSHA General Industry hazards or policies</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Student Names

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.
21.	22.
23.	24.
25.	26.
27.	28.
29.	30.
31.	32.
33.	34.