

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 18 U.S.C. 1001 and 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, affix 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 Office (which OSHA 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	HOURS*	General Industry
_____	Required Introduction to OSHA	_____	Required Introduction to OSHA
_____	Required OSHA Focus Four Hazards – including: Fall Protection, Electrical, Struck By, Caught in/between	_____	Required Walking and Working Surfaces
_____	Required Personal Protective and Lifesaving Equipment	_____	Required Exit Routes, Emergency Action Plans, Fire Prevention Plans and Fire Protection
_____	Required Health Hazards in Construction – including: Hazard Communication and Silica	_____	Required Electrical
_____	Elective Topics:	_____	Required Personal Protective Equipment
_____	Materials Handling, Storage, Use and Disposal	_____	Required Hazard Communication
_____	Tools - Hand and Power	_____	Elective Topics:
_____	Scaffolds	_____	Hazardous Materials (Flammable and Combustible Liquids)
_____	Cranes, Derricks, Hoists, Elevators, and Conveyors	_____	Materials Handling
_____	Excavations	_____	Machine Guarding
_____	Stairways and Ladders	_____	Introduction to Industrial Hygiene
_____	Optional: Other OSHA Construction hazards or policies	_____	Bloodborne Pathogens
_____	_____	_____	Ergonomics
_____	_____	_____	Safety and Health Programs
_____	_____	_____	Fall Protection
_____	_____	_____	Optional: Other OSHA General Industry hazards or policies
_____	_____	_____	_____
_____	_____	_____	_____

