OSHA OUTREACH TRAINING PROGRAM REPORT

Pacific Northwest OSHA Education Center 4225 Roosevelt Way NE #100 Seattle, WA 98105

Course Conducted (*Document each class with a separate report*)**:**
16-Hr Disaster Site Worker Class

End Date of Course: _____ / _____ / _____

Number of Students: _____ (List students' names on back, or on a separate sheet)

Primary Trainer Course Information

_____	_____	_____	___ / ___ / ___
ID Number	Name	Course (5600)	Expiration Date

Address - cards will be sent here:

☐ *Check if this is a new address*

Company / Dept. _____

Address _____

City /State /Zip _____

Email _____

Phone No: (_____) - _____ - _____ ext. _____ Best time(s) to call:_____

Your documentation must include these items:
(1) OSHA Outreach Training Program Report
(2) Student names
(3) List of course topics & the time spent on each

Do not include these items with your documentation:
* Student evaluation forms
* Student sign-in sheets
* Long topic outline

optional use	**Topics and Students**

Disaster Site Worker

HOURS (***Indicate the amount of time spent on each of the topics)***

_____ **Required** Introduction Overview
_____ **Required** Incident Command System/Unified Command System
_____ **Required** Safety Hazards
_____ **Required** Health Hazards
_____ **Required** CBRNE Agents
_____ **Required** Traumatic Incident Stress Awareness
_____ **Required** Respiratory Protection
_____ **Required** Other PPE
_____ **Required** Decontamination
_____ **Required** Final Exercise

_____ ***(Initial)*** **I certify that I have maintained supporting documentation on the respirator performance checklists and scores**

The range of scores that I recorded for the Operations Performance Score in the respiratory protection performance test:

From _____ **to** _____

Student Names

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Trainer Signature _____