



# OSHA OUTREACH TRAINING PROGRAM REPORT

Pacific Northwest OSHA Education Center, 4225 Roosevelt Way NE #100, Seattle, WA 98105, fax (206) 685-3872

Course Conducted (Document each class with a separate report):

10-Hour General Industry

30-Hour General Industry

End Date of Course: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Requests cannot be older than 6 months)

**Course Information (check all that apply)**

Spanish

Language other than Spanish or English

OSHA Alliance or Partnership related (specify): \_\_\_\_\_

Youth (age 18 or less)

Training conducted outside the US

Number of Students: \_\_\_\_\_ (List students' names separately; more than 50 requires prior permission)

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 & time spent on each topic

**New requirements as of February 2009:**

- \* Trainers must keep course records for five years
- \* Trainers course records must include sign-in sheets for each day of class, student addresses, and a copy of this outreach report
- \* Trainers must maintain records which indicate card # dispensed to each student (can be done by photocopying printed cards before issuing them to students)
- \* Print or type trainer's name on card to ensure legibility

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

<u>10-hr General Industry</u>	<u>30-hr General Industry</u>
<p><b>HOURS</b></p> <p>_____ <b>1 hr required</b> Introduction to OSHA</p> <p>_____ <b>1 hr required</b> Walking and Working Surfaces (D) – including Fall Protection</p> <p>_____ <b>1 hr required</b> Exit Routes, Emergency Action Plans, Fire Prevention Plans and Fire Protection (E &amp; L)</p> <p>_____ <b>1 hr required</b> Electrical (S)</p> <p>_____ <b>1 hr required</b> Personal Protective Equipment (I)</p> <p>_____ <b>1 hr required</b> Hazard Communication (Z)</p> <p><b>Required - Choose two or more: (minimum of 2 hours)</b></p> <p>_____ Hazardous Materials (Flammable &amp; Combustible Liquids, Compressed Gases, Dipping &amp; Coating) (H)</p> <p>_____ Materials Handling (N)</p> <p>_____ Machine Guarding (O)</p> <p>_____ Introduction to Industrial Hygiene (Z)</p> <p>_____ Bloodborne Pathogens (Z)</p> <p>_____ Ergonomics</p> <p>_____ Safety and Health Programs</p> <p>_____ Fall Protection</p> <p><b>Electives:</b> Any OSHA General Industry standard or policy</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>HOURS</b></p> <p>_____ <b>2 hrs required</b> Introduction to OSHA</p> <p>_____ <b>1 hr required</b> Walking and Working Surfaces (D)</p> <p>_____ <b>2 hrs required</b> Exit Routes, Emergency Action Plans, Fire Prevention Plans and Fire Protection (E &amp; L)</p> <p>_____ <b>2 hrs required</b> Electrical (S)</p> <p>_____ <b>1 hr required</b> Personal Protective Equipment (I)</p> <p>_____ <b>2 hrs required</b> Materials Handling (N)</p> <p>_____ <b>1 hr required</b> Hazard Communication (Z)</p> <p><b>Required - Choose six or more: (minimum of 10 hrs of training)</b></p> <p>_____ Hazardous Materials (H)</p> <p>_____ Permit-Required Confined Spaces (J)</p> <p>_____ Lockout / Tagout (J)</p> <p>_____ Machine Guarding (O)</p> <p>_____ Welding, Cutting, and Brazing (Q)</p> <p>_____ Intro. to Industrial Hygiene / Bloodborne Pathogens (Z)</p> <p>_____ Ergonomics</p> <p>_____ Fall Protection</p> <p>_____ Safety and Health Programs</p> <p>_____ Powered Industrial Vehicles</p> <p><b>Electives:</b> Any OSHA General Industry standard or policy</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

*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 18 U.S.C. 1001 and 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:** \_\_\_\_\_