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

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

I certify that I have maintained supporting documentation on the respirator performance checklists and scores. I certify that I have conducted this outreach training in accordance with the OSHA Training Program guidelines. I have maintianed 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 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 OSH 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.

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. _____

Trainer Signature _____ DATE _____