



OUTREACH TRAINING PROGRAM REPORT GENERAL INDUSTRY

Read instructions before completing this form.

Submit completed forms to:

1. Trainer Name		2. ID No.	3. Recent Trainer Course	4. Expiration Date / /
5. Authorizing Training Organization				
6. Trainer Address <input type="checkbox"/> Check if this is a new address				
Company _____				
Address _____				
City _____ State _____ ZIP _____				
Phone No. () Email _____				
7. Course Conducted <input type="checkbox"/> 10-hour <input type="checkbox"/> 30-hour		8. Course Information (check all that apply) <input type="checkbox"/> Spanish <input type="checkbox"/> Youth (age 18 or less) <input type="checkbox"/> Language other than English or Spanish (specify): _____ <input type="checkbox"/> OSHA Alliance or Partnership (specify): _____		9. No. of Students
10. Training Site Address Street address _____ City _____ State _____ Country _____				
11. Type of Training Site <input type="checkbox"/> Workplace <input type="checkbox"/> School <input type="checkbox"/> Office <input type="checkbox"/> Hotel <input type="checkbox"/> Union <input type="checkbox"/> Employer Association <input type="checkbox"/> Other (specify): _____				
12. Course Duration Start Date _____ End Date _____ Start Time _____ End Time _____				
13. Sponsoring Organization <input type="checkbox"/> Safety & Health <input type="checkbox"/> Employer <input type="checkbox"/> Labor/Union <input type="checkbox"/> Employer Association <input type="checkbox"/> Education <input type="checkbox"/> Community <input type="checkbox"/> N/A <input type="checkbox"/> Other (specify) _____				

14. 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 all provided is true and correct.

Trainer Signature: _____ Date: _____

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

Privacy Act Statement and Paperwork Reduction Act Statement

The Privacy Act of 1974 as amended (5 U.S.C. 552a), section 901 of Title 30 to the US Code and 20 CFR 725.504 - 513 authorize collection of this information. The purpose of this information is to determine whether the trainer is authorized and whether the training was properly completed. Completion of this form is not mandatory, however, this information is required to obtain OSHA student course completion cards. Additional disclosures of this information are not required.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain OSHA student course completion cards as stated in OSHA's Outreach Training Program guidelines. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Occupational Safety and Health Administration, Directorate of Standards and Guidance, 200 Constitution Avenue, NW, Room N3718, Washington, DC 20210 and reference the OMB Control Number. Note: Please do not return the completed OSHA Form XXXX to this address.



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15. Topic Outline	
10-Hour Topics	
*Indicate the amount of time spent on each of the topics in the class.	
REQUIRED	
Hours *	
_____	Introduction to OSHA
_____	Walking and Working Surfaces
_____	Electrical
_____	Hazard Communication
_____	Exit Routes, Emergency Action Plans, Fire Prevention Plans, and Fire Protection
_____	Personal Protective Equipment
ELECTIVE	
Hours *	
_____	Hazardous Materials (Flammable and Combustible Liquids)
_____	Materials Handling
_____	Machine Guarding
_____	Introduction to Industrial Hygiene
_____	Bloodborne Pathogens
_____	Ergonomics
_____	Safety and Health Programs
_____	Fall Protection
OPTIONAL	
Hours *	
_____	_____
_____	_____
_____	_____
TOTAL	
30-Hour Topics	
*Indicate the amount of time spent on each of the topics in the class.	
REQUIRED	
Hours *	
_____	Introduction to OSHA
_____	Walking and Working Surfaces
_____	Electrical
_____	Exit Routes, Emergency Action Plans, Fire Prevention Plans, and Fire Protection
_____	Personal Protective Equipment
_____	Materials Handling
_____	Hazard Communication
ELECTIVE	
Hours *	
_____	Hazardous Materials (Flammable and Combustible Liquids)
_____	Permit-Required Confined Spaces
_____	Lockout / Tagout
_____	Machine Guarding
_____	Welding, Cutting and Brazing
_____	Introduction to Industrial Hygiene
_____	Bloodborne Pathogens
_____	Ergonomics
_____	Fall Protection
_____	Safety and Health Programs
_____	Powered Industrial Vehicles
OPTIONAL	
Hours *	
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	

16. Student Names	
(ensure that names are legible)	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____
11.	_____
12.	_____
13.	_____
14.	_____
15.	_____
16.	_____
17.	_____
18.	_____
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37.	_____
38.	_____
39.	_____
40.	_____
41.	_____
42.	_____
43.	_____
44.	_____
45.	_____
46.	_____
47.	_____
48.	_____
49.	_____
50.	_____



OUTREACH TRAINING PROGRAM REPORT

Instructions for Outreach Trainer

The Outreach Training Program is the Occupational Safety and Health Administration's (OSHA) voluntary orientation training program aimed at workers. It provides workers with information about OSHA and provides an overview of job hazards. Trainers authorized through the OSHA Outreach Training Program must conduct outreach training classes in accordance with the current Outreach Training Program Guidelines issued by the Directorate of Training and Education (DTE). The Outreach Training Program Guidelines can be found online at the OSHA.gov website under Training, OSHA Outreach Training Program.

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| <p>Item 1 <u>Trainer Name</u>
List your full name. When completing student course completion cards, print or type your name on each card to ensure it is legible.</p> <p>Item 2 <u>ID No.</u>
This applies only to trainers who have already received student cards. New trainers do not have an ID number. ID numbers are issued to trainers after their initial course is documented. If this is your first class, or if you have updated your trainer status, include a copy of your trainer card.</p> <p>Item 3 <u>Recent Trainer Course</u>
Indicate the most recent applicable course number you have completed.</p> <p>Item 4 <u>Expiration Date</u>
Enter your trainer expiration date as listed on the bottom right of your Authorized Outreach Trainer card.</p> <p>Item 5 <u>Authorizing Training Organization</u>
List the name of the OSHA Training Institute (OTI) Education Center responsible for your last trainer or update course, or indicate if your training was completed at the OSHA Training Institute. See Attachment B of the Outreach Training Program guidelines for this information and options for where to send your card request.</p> <p>Item 6 <u>Trainer Address</u>
Provide an address where to send the cards. The address you provide should ensure that the cards are sent directly. If you have an ID number and there are no address changes, you are not required to fill in this section.</p> <p>Item 7 <u>Course Conducted</u>
Place an "x" in the appropriate box. A separate report must be completed for each course completed.</p> <p>Item 8 <u>Course Information (check all that apply)</u>
Place an "x" next to all the information that applies to the majority of this course.</p> | <p>Item 9 <u>No. of Students</u>
Indicate the number of students who completed the course. Note: If you held a class of more than 50 students, include a copy of the prior approval received from OSHA or the OTI Education Center.</p> <p>Item 10 <u>Training Site Address</u>
Provide the address, city, state, and country where the course was conducted.</p> <p>Item 11 <u>Type of Training Site</u>
Place an "x" next to the type of site where the training was held. If none of the choices apply, specify the type of training site.</p> <p>Item 12 <u>Course Duration</u>
Enter the start date, end date, start time, and end time of the course.</p> <p>Item 13 <u>Sponsoring Organization</u>
Place an "x" in the box to indicate the sponsor of the training, if applicable. If you had a sponsor, but that type of organization is not a choice, check "Other" and specify the type of sponsoring group or organization.</p> <p>Item 14 <u>Statement of Certification</u>
The authorized trainer must sign the statement of certification to verify that the class was conducted in accordance with OSHA's guidelines and attest to the accuracy of the documentation submitted. If requesting cards electronically, the trainer must place an "x" in the box or affix a signature.</p> <p>Item 15 <u>Topic Outline</u>
Complete the applicable 10- or 30-hour topic outline. You must complete this part of the form.</p> <p>Item 16 <u>Student Names</u>
List the first and last name of each student who completed the entire course. If mailing or faxing this form, ensure the names are legible. Your course records must include sign-in sheets for each day and indicate the card number dispensed to each student.</p> |
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