|  |
| --- |
| *Submit completed forms to:* |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** **Trainer Name** | | | **2.** **Trainer ID Number** | | | | | | | | | **3.** **Most Recent Trainer Course** | | | | | **4.** **Expiration Date** | |
|  | | |  | | | | | | | | |  | | | | | /    / | |
| **5.** **Authorizing Training Organization** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **6. Online Training Provider Address** | | | | | | | | | | | | | | | | | | |
| Company |  | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | City |  | | | | | | | | State | | |  | ZIP | |  | | |
| Phone Number | (     ) | | | | | | | Email | | |  | | | | | | | |
| **7. Course Emphasis (check all that apply)** | | | | | | | | | | | | | | | | | | **8. Number of Students** |
| Spanish | | | | Language other than English or Spanish (specify): | | | | | | | | | | | | | |  |
| Youth (age 18 or less) | | | |  | | |  | | | | | | | | | | |  |
| Other (specify): | | | | | OSHA Alliance or Partnership (specify): | | | | | | | | | | | | |  |
|  | | | | |  |  | | | | | | | | | | | |  |
| **9.** **Course Conducted**  10-Hour Construction  10-Hour General Industry  30-Hour Construction  30-Hour General Industry | | | | | | | | | | | | | | | | | | |
| **10. Course Duration** | | | | | | | | | | | | | | | | | | |
| Course Start Reporting Date | | | | | | | | | Course End Reporting Date | | | | | |  | | | |

**11. Statement of Certification**

*I certify that I have conducted this Outreach Training Program class in accordance with the OSHA Outreach Training Program Requirements and Procedures. I have maintained the training records as stated in the Requirements and I will provide these records to the OSHA Directorate of Training and Education (or its 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.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **12.** | **Student Name** | **13.** | **Date Training Completed** | **14.** | **Number of Attempts to Pass Final Test** | **15.** | **Final Test Score Percentage** | **16.** | **Time Spent Online** |
| 1. | |  | |  | |  | |  | |
| 2. | |  | |  | |  | |  | |
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| 37. | |  | |  | |  | |  | |
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| 39. | |  | |  | |  | |  | |
| 40. | |  | |  | |  | |  | |

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| **17.** | | **Topic Outline Construction** | | |
| **10-Hour Topics**  \*Indicate the amount of time spent on each topic in the class. | | | | |
| **Required** | | | | |
| Hours \* | | | |  |
|  |  | |  | Introduction to OSHA |
|  |  | |  | OSHA Focus Four Hazards—note the total time spent on the line to the left, and indicate the time breakdown on each line below: |
|  |  | |  |  |
|  |  | |  | Falls |
|  |  | |  | Electrocution |
|  |  | |  | Struck By |
|  |  | |  | Caught-In or Between |
|  |  | |  | Personal Protective and Lifesaving Equipment |
|  |  | |  | Health Hazards in Construction |
|  |  | |  |  |
| **Elective** | | | | |
|  |  | |  | Total hours on elective topics |
|  |  | |  |  |
| **Optional** | | | | |
|  |  | |  | Total hours on optional topics |
|  |  | |  |  |
|  |  | |  | **TOTAL HOURS** |
| . | | | | |
| **30-Hour Topics**  \*Indicate the amount of time spent on each topic in the class. | | | | |
| **Required** | | | | |
| Hours \* | | | |  |
|  |  | |  | Introduction to OSHA |
|  |  | |  | Managing Safety and Health |
|  |  | |  | OSHA Focus Four Hazards— note the total time spent on the line to the left, and indicate the time breakdown on each line below: |
|  |  | |  |  |
|  |  | |  | Falls |
|  |  | |  | Electrocution |
|  |  | |  | Struck By |
|  |  | |  | Caught-In or Between |
|  |  | |  | Personal Protective and Lifesaving Equipment |
|  |  | |  | Health Hazards in Construction |
|  |  | |  | Stairways and Ladders |
|  |  | |  |  |
| **Elective** | | | | |
|  |  | |  | Total hours on elective topics |
|  |  | |  |  |
| **Optional** | | | | |
|  |  | |  | Total hours on optional topics |
|  |  | |  |  |
|  |  | |  | **TOTAL HOURS** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **18.** | | **Topic Outline General Industry** | | | |
| **10-Hour Topics**  \*Indicate the amount of time spent on each topic in the class. | | | | | |
| **Required** | | | | | |
| Hours \* | | | |  | |
|  |  | |  | Introduction to OSHA | |
|  |  | |  | Walking and Working Surfaces | |
|  |  | |  | Exit Routes, Emergency Action Plans, Fire Prevention Plans, and Fire Protection | |
|  |  | |  | Electrical | |
|  |  | |  | Personal Protective Equipment | |
|  |  | |  | Hazard Communication | |
|  |  | |  |  | |
| **Elective** | | | | | |
|  |  | | |  | Total hours on elective topics |
|  |  | | |  |  |
| **Optional** | | | | | |
|  |  | | |  | Total hours on optional topics |
|  |  | | |  |  |
|  |  | | |  | **TOTAL HOURS** |
|  | | | | | |
| **30-Hour Topics**  \*Indicate the amount of time spent on each topic in the class. | | | | | |
| **Required** | | | | | |
| Hours \* | | | | |  |
|  |  | | |  | Introduction to OSHA |
|  |  | | |  | Managing Safety and Health |
|  |  | | |  | Walking and Working Surfaces |
|  |  | | |  | Exit Routes, Emergency Action Plans, Fire Prevention Plans, and Fire Protection |
|  |  | | |  |  |
|  |  | | |  | Electrical |
|  |  | | |  | Personal Protective Equipment |
|  |  | | |  | Materials Handling |
|  |  | | |  | Hazard Communication |
|  |  | | |  |  |
| **Elective** | | | | | |
|  |  | | |  | Total hours on elective topics |
|  |  | | |  |  |
| **Optional** | | | | | |
|  |  | | |  | Total hours on optional topics |
|  |  | | |  |  |
|  |  | | |  | **TOTAL HOURS** |

**Instructions for Outreach Training Program Trainer**

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

**Item 1 Trainer Name**

List your full name. When completing student course completion cards, print or type the trainer’s name on each card. Names must be legible.

**Item 2 Trainer ID Number**

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.

**Item 3 Most Recent Trainer Course**

Indicate the most recent applicable course number the trainer has completed.

**Item 4 Expiration Date**

Enter the trainer authorization expiration date as listed on the bottom right of the Authorized Outreach Training Program Trainer card.

**Item 5 Authorizing Training Organization**

The trainer’s Authorizing Training Organization is the OSHA Training Institute (OTI) Education Center that conducted the trainer’s most recent trainer or update course. List the name of the Authorizing Training Organization.

**Item 6 Online Training Provider Address**

Provide a mailing address to send the course completion cards. The cards must be sent directly to the trainer.

**Item 7 Course Emphasis (check all that apply)**

Place an “x” next to all the information that applies to the majority of this course. If the course included a special emphasis such as Cal/OSHA, Road, etc., place an “x” next to “Other” and denote the specific area of emphasis on the line below “Other.”

**Item 8 Number of Students**

Indicate the number of students who completed the course.

**Item 9 Course Conducted**

Place an “x” in the appropriate box. A separate report must be completed for each course completed.

**Item 10 Course Duration**

Enter the reporting period start date and end date for the course.

**Item 11 Statement of Certification**

The authorized trainer must sign the statement of certification to verify that the class was conducted in accordance with the OSHA Outreach Training Program Requirements and Procedures 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.

**Item 12 Student Names**

List the first and last name of each student who completed the entire course. Ensure the names are legible.

**Item 13 Date Training Completed**

List the date the student completed the course.

**Item 14 Number of Attempts to Pass Final Test**

Indicate the number of attempts the student required to pass the final test for the course.

**Item 15 Final Test Score Percentage**

Indicate the student’s final test score percentage.

**Item 16 Time Spent Online**

Indicate the total time the student spent online to complete the course.

**Item 17 Topic Outline, Construction**

Complete the applicable 10- or 30-hourtopic outline. The trainer must complete this part of the form. Indicate the specific amount of time, in hours, the students spent on each of the required topics, the overall amount of time students spent on elective topics, the overall amount of time students spent on optional topics, and the combined total amount of time the students spent on program topics.

**Item 18 Topic Outline, General Industry**

Complete the applicable 10- or 30-hourtopic outline. The trainer must complete this part of the form. Indicate the specific amount of time, in hours, the students spent on each of the required topics, the overall amount of time students spent on elective topics, the overall amount of time students spent on optional topics, and the combined total amount of time the students spent on program topics.