



OUTREACH TRAINING PROGRAM REPORT CONSTRUCTION

Read instructions before completing this form.

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. Trainer Address | | | | |
| Company _____ | | | | |
| Address _____ | | | | |
| City _____ | | State _____ | ZIP _____ | |
| Phone No. () _____ | | Email _____ | | |
| 7. Course Conducted | | 8. Course Emphasis (check all that apply) | | 9. Number of Students |
| <input type="checkbox"/> 10-Hour <input type="checkbox"/> 30-Hour | | <input type="checkbox"/> Spanish <input type="checkbox"/> Youth (age 18 or less) <input type="checkbox"/> Other (specify): _____ | | |
| | | <input type="checkbox"/> Language other than English or Spanish (specify): _____ <input type="checkbox"/> OSHA Alliance or Partnership (specify): _____ | | |
| 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 Time: | End Time: | Start Time: | End Time: | Start Time: |
| | | | | End Time: |
| Course Date: | | Course Date: | | Course Date: |
| | | | | |
| 13. Sponsoring Organization | | | | |
| <input type="checkbox"/> Safety & Health <input type="checkbox"/> Education | | <input type="checkbox"/> Employer <input type="checkbox"/> Community | | <input type="checkbox"/> Labor/Union <input type="checkbox"/> N/A <input type="checkbox"/> Employer Association <input type="checkbox"/> Other (specify): _____ |

14. 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.

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 Requirements and Industry-Specific Procedures. 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 4-50.1 to this address.



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1001 and section 17(g) of the Occupational Safety and Health Act, 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.

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15. Topic Outline

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
 _____ Electrocutation
 _____ Struck By
 _____ Caught-In or Between
 _____ Personal Protective Equipment
 _____ Health Hazards in Construction

ELECTIVE
 _____ Cranes, Derricks, Hoists, Elevators, and Conveyors
 _____ Excavations
 _____ Materials Handling, Storage, Use and Disposal
 _____ Scaffolds
 _____ Stairways and Ladders
 _____ Tools - Hand and Power

OPTIONAL

TOTAL HOURS

_____ Operations; Rollover Protective Structures and Overhead Protection; and Signs, Signals and Barricades Powered Industrial Vehicles
 _____ Safety and Health Programs
 _____ Scaffolds
 _____ Steel Erection
 _____ Tools - Hand and Power
 _____ Welding and Cutting
 _____ Foundations for Safety Leadership

OPTIONAL

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
 _____ Electrocutation
 _____ Struck By
 _____ Caught-In or Between
 _____ Personal Protective Equipment
 _____ Health Hazards in Construction
 _____ Stairways and Ladders

ELECTIVE
 _____ Concrete and Masonry Construction
 _____ Confined Space Entry
 _____ Cranes, Derricks, Hoists, Elevators, and Conveyors
 _____ Ergonomics
 _____ Excavations
 _____ Fire Protection and Prevention
 _____ Materials Handling, Storage, Use and Disposal
 _____ Motor Vehicles, Mechanized Equipment and Marine

16. Student Names
Names must be legible.

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OUTREACH TRAINING PROGRAM REPORT

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 *Industry-Specific Procedures* issued by the Directorate of Training and Education (DTE). The *Outreach Training Program Requirements* and *Industry-Specific Procedures* can be found online at the OSHA.gov Web site under Training, OSHA Outreach Training Program.

Item 1 Trainer Name

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

Item 2 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 the trainer's first class, or if the trainer has an updated trainer status, include a copy of the trainer card.

Item 3 Most Recent Trainer Course

Indicate the most recent applicable course number you have 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 (ATO) is the OSHA Training Institute (OTI) or the OTI Education Center that conducted the trainer's most recent trainer or update course. List the name of the Authorizing Training Organization.

Item 6 Trainer Address

Provide an address where to send the cards. The cards must be sent directly to the trainer.

Item 7 Course Conducted

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

Item 8 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, ET&D, etc., place an "x" next to "Other" and denote the specific area of emphasis on the line below "Other."

Item 9 Number of Students

Indicate the number of students who completed the course. Note: If the trainer held a class that contained more or fewer students than allowed by OSHA policy, include a copy of the prior approval received from the trainer's ATO.

Item 10 Training Site Address

Provide the address, city, state, and country where the course was conducted.

Item 11 Type of Training Site

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.

Item 12 Course Duration

Enter the date, start time, and end time of each day the course was conducted. Trainers must attach supplemental sheets with the additional course dates, start times, and end times if further space is needed.

Item 13 Sponsoring Organization

Place an "x" in the box to indicate the sponsor of the training, if applicable. If the trainer had a sponsoring organization, but that category is not listed, check "Other" and specify the type of sponsoring organization.

Item 14 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 15 Topic Outline

Complete the applicable 10- or 30-hour topic outline. The trainer must complete this part of the form.

Item 16 Student Names

List the first and last name of each student who completed the entire course. Ensure the names are legible. The course records must include sign-in sheets for each day, student contact information, topic outline,



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a copy of the distributed student course

completion cards, and a list of guest
trainers if applicable.