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| --- |
| *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** | |
|  | 10-Hour Shipyards | | | | | | Spanish | | | | | | Language other than English or Spanish (specify): | | | | | | | | | | | | | | | | | | | **of Students** | |
|  | 10-Hour Marine Terminals | | | | | | Youth (age 18 or less) | | | | | |  | |  | | | | | | | | | | | | | | | | |  | |
|  | 10-Hour Longshoring | | | | | | Other (specify): | | | | | | OSHA Alliance or Partnership (specify): | | | | | | | | | | | | | | | | | | |  | |
|  | 30-Hour Shipyards | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
|  | 30-Hour Marine Terminals | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
|  | 30-Hour Longshoring | | | | | |  | | | | | |  | |  | | | | | | | | | | | | | | | | |  | |
| **10.** **Training Site Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | |  | | | | | | | | | City | | | |  | | | | | | | State |  | | | Country | | | | |  | |
| **11.** **Type of Training Site** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Workplace  School  Office  Hotel  Union  Employer Association  Other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **12. Course Duration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Start**  **Time:** | | **End**  **Time:** | | | | | | **Start**  **Time:** | | | **End**  **Time:** | | | | | | | **Start**  **Time:** | | | | **End**  **Time:** | | | | | | **Start**  **Time:** | | | | | **End**  **Time:** |
| **Course Date:** | | | | | | | | **Course Date:** | | | | | | | | | | **Course Date:** | | | | | | | | | | **Course Date:** | | | | | |
| **13. Sponsoring Organization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety & Health | | | | | Employer | | | | | Labor/Union | | | | | | | | | | Employer Association | | | | | | | | | | | | | |
| Education | | | | | Community | | | | | N/A | | | | | | | | | | Other (specify): | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**14. Statement of Certification**

*I attest 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 Office of Training and Education (OTE) (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, 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.*

|  |  |  |  |
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| **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.*

**15. Topic Outline**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | \*Indicate the amount of time spent on each topic in the class. | | |  | | **Required** | | |  | | Hours \* |  |  |  | | \_\_\_\_\_\_\_\_ | Introduction to OSHA | |  | | \_\_\_\_\_\_\_\_ | Walking & Working Surfaces | |  | | \_\_\_\_\_\_\_\_ | Personal Protective Equipment | |  | | \_\_\_\_\_\_\_\_ | Fall Protection/Scaffolding (Shipyard Employment) | |  | | \_\_\_\_\_\_\_\_ | Electrical (Shipyard Employment) | |  | | \_\_\_\_\_\_\_\_ | Confined and Enclosed Spaces (Shipyard Employment) | |  | | \_\_\_\_\_\_\_\_ | Fire Protection (Shipyard Employment) | |  | | \_\_\_\_\_\_\_\_ | Managing Safety and Health (30-hour) | |  | | **Elective** | | |  | | Hours \* |  |  |  | | \_\_\_\_\_\_\_\_ | Hazard Communications / Hazardous Materials | |  | | \_\_\_\_\_\_\_\_ | Lockout / Tagout | |  | | \_\_\_\_\_\_\_\_ | Respiratory Protection | |  | | \_\_\_\_\_\_\_\_ | Fall Protection (Marine Terminals and Longshoring) | |  | | \_\_\_\_\_\_\_\_ | Electrical (Marine Terminals and Longshoring) | |  | | \_\_\_\_\_\_\_\_ | Confined and Enclosed Spaces (Marine Terminals and Longshoring) | |  | | \_\_\_\_\_\_\_\_ | Fire Protection (Marine Terminals and Longshoring) | |  | |  | |  |  |  |  | | --- | --- | --- | --- | | **Optional** | | | | | Hours \* |  | | | | \_\_\_\_\_\_\_\_ | Hot Work | | | | \_\_\_\_\_\_\_\_ | Material Handling | | | | \_\_\_\_\_\_\_\_ | Bloodborne Pathogens | | | | \_\_\_\_\_\_\_\_ | Machine Guarding | | | | \_\_\_\_\_\_\_\_ | Ergonomics and Proper Lifting Techniques | | | | **Additional Coverage** | | | | | Hours \* | |  |  | | \_\_\_\_\_\_\_\_ | |  | | | \_\_\_\_\_\_\_\_ | |  | | | \_\_\_\_\_\_\_\_ | |  | | | \_\_\_\_\_\_\_\_ | |  | | | \_\_\_\_\_\_\_\_ | |  | | | \_\_\_\_\_\_\_\_ | |  | | | \_\_\_\_\_\_\_\_ | |  | | | \_\_\_\_\_\_\_\_ | |  | | | \_\_\_\_\_\_\_\_ | |  | | \_\_\_\_\_\_\_\_ | |  |  | |  | |  | | | \_\_\_\_\_\_\_\_ | | **TOTAL HOURS** | | |  |

|  |  |  |
| --- | --- | --- |
| **16. Student Names** | | |
| **(Names must be legible)** | | |
| 1. |  | 21. |
| 2. |  | 22. |
| 3. |  | 23. |
| 4. |  | 24. |
| 5. |  | 25. |
| 6. |  | 26. |
| 7. |  | 27. |
| 8. |  | 28. |
| 9. |  | 29. |
| 10. |  | 30. |
| 11. |  | 31. |
| 12. |  | 32. |
| 13. |  | 33. |
| 14. |  | 34. |
| 15. |  | 35. |
| 16. |  | 36. |
| 17. |  | 37. |
| 18. |  | 38. |
| 19. |  | 39. |
| 20. |  | 40. |

**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 Office of Training and Education (OTE). The *Outreach Training Program Requirements* and Industry-Specific *Procedures* can be found online at the OSHA.gov website 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 trainers first class, or if the trainer has an updated trainer status, include a cop 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 listed on the bottom right OSHA-authorized trainer card. |
| **Item 5** | **Authorizing Training Organization (ATO)** |
| The trainer’s ATO is the OTI Education Center that conducted the trainer’s most recent trainer or update course. |
| **Item 6** | **Trainer Address** |
| Provide an address of where to send the student 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” net to all the information that applies to the majority of this course. If the course included special-emphasis such as (CalOSHA, ET&D, etc) place an “x” next to Other and denote the specific type on the line below. |
| **Item 9** | **Number of Students** |
| Indicate the number of students who completed the course. |
| **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 held. Trainers |
| **Item 13** | **Sponsoring Organization** |
| Place an “x” in the box to indicate the sponsor of the training. If the category is not listed check other and specify. |
| **Item 14** | **Statement of Certification** |
| The trainer must sign the Statement of Certification to attest to the accuracy of the document and that the class was conducted in accordance with OSHA *Outreach Training Program Requirements* and *Procedures*. 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 that completed the entire course. Ensure the names are legible and spelled correctly. |