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| *Submit completed forms to:* |

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| **1.** **Trainer Name** | **2.** **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 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[ ]  30-Hour Construction  | [ ]  10-Hour General Industry [ ]  30-Hour General Industry |
| **10. Course Duration** |
| Course 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, 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.*

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| **12. Student Name** | **13. Date Training Complete** | **14. Number of attempts to pass Final Test** | **15. Final Test Score Percentage** | **16. Time Spent Online** |
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| **17. Topic Outline Construction** |
| **CONSTRUCTION** |
| **10-Hour Topics** | **30-Hour Topics** |
| **\***Indicate the amount of time spent on each topic in the class. | **\***Indicate the amount of time spent on each topic in the class. |
| **Required** | **Required** |
| **Hours\*** |  | **Hours\*** |  |
| **\_\_\_\_\_\_** | Introduction to OSHA | **\_\_\_\_\_\_** | 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: | **\_\_\_\_\_\_** | 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 |  **\_\_\_\_\_\_** Falls |
|  **\_\_\_\_\_\_** Electrocution |  **\_\_\_\_\_\_** Electrocution |
|  **\_\_\_\_\_\_** Struck By |  **\_\_\_\_\_\_** Struck By |
|  **\_\_\_\_\_\_** Caught-in or Between |  **\_\_\_\_\_\_** Caught-in or Between |
| **\_\_\_\_\_\_** | Personal Protective and Lifesaving Equipment  | **\_\_\_\_\_\_** | Personal Protective and Lifesaving Equipment |
| **\_\_\_\_\_\_** | Health Hazards in Construction | **\_\_\_\_\_\_** | Health Hazards in Construction |
| **Elective** | **\_\_\_\_\_\_** | Managing Safety and Health |
| **\_\_\_\_\_\_** | Total hours on elective topics | **\_\_\_\_\_\_** | Stairways and Ladders |
| **Optional** | **Elective** |
| **\_\_\_\_\_\_** | Total hours on optional topics | **\_\_\_\_\_\_** | Total hours on elective topics |
| **\_\_\_\_\_\_** | **TOTAL HOURS** | **Optional** |
| **\_\_\_\_\_\_** | Total hours on optional topics |
| \_\_\_\_\_\_ | **TOTAL HOURS** |
| **18. Topic Outline General Industry** |
| **GENERAL INDUSTRY** |
| **10-Hour Topics** | **30-Hour Topics** |
| **\***Indicate the amount of time spent on each topic in the class. | **\***Indicate the amount of time spent on each topic in the class. |
| **Required** | **Required** |
| **Hours\*** |  | **Hours\*** |  |
| **\_\_\_\_\_\_** | Introduction to OSHA | **\_\_\_\_\_\_** | Introduction to OSHA |
| **\_\_\_\_\_\_** | Walking and Working Surfaces | **\_\_\_\_\_\_** | Walking and Working Surfaces |
| **\_\_\_\_\_\_** | Electrical | **\_\_\_\_\_\_** | Electrical |
| **\_\_\_\_\_\_** | Personal Protective Equipment | **\_\_\_\_\_\_** | Personal Protective Equipment |
| **\_\_\_\_\_\_** | Hazard Communication | **\_\_\_\_\_\_** | Hazard Communication |
| **\_\_\_\_\_\_** | Exit Routes, Emergency Action Plans, Fire Preventative Plans, and Fire Protection | **\_\_\_\_\_\_** | Exit Routes, Emergency Action Plans, Fire Preventative Plans, and Fire Protection |
| **Elective** | **\_\_\_\_\_\_** | Materials Handling |
| **\_\_\_\_\_\_** | Total hours on elective topics | **\_\_\_\_\_\_** | Managing Safety and Health |
| **Optional** | **Elective** |
| **\_\_\_\_\_\_** | Total hours on optional topics | **\_\_\_\_\_\_** | Total hours on elective topics |
| **\_\_\_\_\_\_** | **TOTAL HOURS** | **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 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 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-hour topic 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 the students spent on elective topics, the overall amount of time the 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-hour topic 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 the students spent on elective topics, the overall amount of time the students spent on optional topics, and the combined total amount of time the students spent on program topics.