

# REQUEST FOR EMPLOYEE SAFETY TRAINING

|                              |  |                            |                                      |
|------------------------------|--|----------------------------|--------------------------------------|
| <b>Production Name:</b>      |  | <b>To Be Completed By:</b> | <i>Supervisor</i>                    |
| <b>To Be Sent To:</b>        | <i>Production Safety Representative</i>  | <b>To Be Stored By:</b>    | <i>Production Office Coordinator</i> |
| <b>Production Location:</b>  |  | <b>Today's Date:</b>       |                                      |
| <b>Special Instructions:</b> | <b>When:</b> Whenever training is required. <b>Frequency:</b> For any job for which employee has not been trained. |                            |                                      |

## *Training Selections \**

|                                |                                   |
|--------------------------------|-----------------------------------|
| <i>A. Aerial Lift Safety</i>   | <i>G. Lifting Practices</i>       |
| <i>B. Bloodborne Pathogens</i> | <i>H. Lockout Tagout</i>          |
| <i>C. Confined Space Entry</i> | <i>I. Powder-Actuated Tools</i>   |
| <i>D. Fall Protection</i>      | <i>J. Respiratory Protection</i>  |
| <i>E. Forklift Safety</i>      | <i>K. Trenching &amp; Shoring</i> |
| <i>F. Hazard Communication</i> | <i>L. Other</i>                   |

| NAME                   | JOB DESCRIPTION         | TO BE TRAINED FOR        |
|------------------------|-------------------------|--------------------------|
| <i>e.g. John Smith</i> | <i>e.g. Electrician</i> | <i>e.g. A, C &amp; H</i> |
|                        |                         |                          |
|                        |                         |                          |
|                        |                         |                          |
|                        |                         |                          |
|                        |                         |                          |
|                        |                         |                          |
|                        |                         |                          |
|                        |                         |                          |
|                        |                         |                          |
|                        |                         |                          |
|                        |                         |                          |