

REQUEST FOR EMPLOYEE SAFETY TRAINING

Production Name:		To Be Completed By:	<i>Supervisor</i>
To Be Sent To:	<i>Production Safety Representative</i>	To Be Stored By:	<i>Production Office Coordinator</i>
Production Location:		Today's Date:	
Special Instructions:	When: Whenever training is required. Frequency: 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 & 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 & H</i>