REQUEST FOR EMPLOYEE SAFETY TRAINING

Production Name:		**To Be Completed By:**	***Supervisor***
To Be Sent To:	***Production Safety Representative***	**To Be Stored By:**	***Production Office Coordinator***
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 **

A. ***Aerial Lift Safety***	**G.** ***Lifting Practices***
B. ***Bloodborne Pathogens***	**H.** ***LockoutlTagout***
C. ***Confined Space Entry***	**I.** ***Powder-Actuated Tools***
D. ***Fall Protection***	**J.** ***Respiratory Protection***
E. ***Forklift Safety***	**K.** ***Trenching & Shoring***
F. ***Hazard Communication***	

NAME	JOB DESCRIPTION	TO BE TRAINED FOR
e.g. John Smith	*e.g. Electrician*	*e.g. A, C & H*