

## 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 \**

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

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>