

REQUEST FOR EMPLOYEE SAFETY TRAINING

Production Name:		To Be Completed By:	<i>Supervisor</i>
To Be Sent To:	<i>Production Safety Consultant</i>	To Be Stored By:	<i>Production Manager</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 **

A. Aerial Lift Safety	G. Lifting Practices
B. Bloodborne Pathogens	H. Lockout/Tagout
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
<i>e.g. John Smith</i>	<i>e.g. Electrician</i>	<i>e.g. A, C & H</i>