



OUTREACH TRAINING PROGRAM REPORT

General Industry

Submit completed forms to:

Great Lakes OSHA Education Center: email to oshaed@uc.edu

**ATTENTION: MUST SAVE FILLED FORM
BEFORE EMAILING, OR FORM WILL BE BLANK.**

1. Trainer Name		2. Trainer ID Number		3. Most Recent Trainer Course		4. Expiration Date	
5. Authorizing Training Organization Great Lakes OSHA Education Center							
6. Trainer Address							
Company _____							
Address _____							
City _____		State _____		ZIP _____			
Phone No. () _____		Email _____					
7. Course Conducted		8. Course Emphasis (check all that apply)					9. Number of Students
<input type="checkbox"/> 10-Hour		<input type="checkbox"/> Spanish		<input type="checkbox"/> Language other than English or Spanish (specify):			
<input type="checkbox"/> 30-Hour		<input type="checkbox"/> Youth (age 18 or less)		<input type="checkbox"/> OSHA Alliance or Partnership (specify):			
		<input type="checkbox"/> Other (specify):					
10. Training Site Address							
Street Address _____				City _____		State _____	Country _____
11. Type of Training Site							
<input type="checkbox"/> Workplace <input type="checkbox"/> School <input type="checkbox"/> Office <input type="checkbox"/> Hotel <input type="checkbox"/> Union <input type="checkbox"/> Employer Association <input type="checkbox"/> Other (specify): _____							
12. Course Duration							
Start Time:		End Time:		Start Time:		End Time:	
_____		_____		_____		_____	
Course Date:		Course Date:		Course Date:		Course Date:	
_____		_____		_____		_____	
13. Sponsoring Organization							
<input type="checkbox"/> Safety & Health		<input type="checkbox"/> Employer		<input type="checkbox"/> Labor/Union		<input type="checkbox"/> Employer Association	
<input type="checkbox"/> Education		<input type="checkbox"/> Community		<input type="checkbox"/> N/A		<input type="checkbox"/> Other (specify): _____	

14. Statement of Certification

I attest that I have conducted this Outreach Training Program class in accordance with the OSHA Outreach Training Program Requirements and Procedures. I have maintained the training records as stated in the Requirements and I will provide these records to the OSHA Office of Training and Education (OTE) (or its designee) upon request. I understand that I will be subject to immediate dismissal from the OSHA Outreach Training Program if information provided herein is not true and correct. I further understand that providing false information herein may subject me to civil and criminal penalties under Federal law, including 18 U.S.C. 1001 and section 17(g) of the Occupational Safety and Health Act, which provides criminal penalties for making false statements or representations in any document filed pursuant to that Act. I hereby attest that all provided is true and correct.

Trainer Signature: _____ **Date:** _____

If submitting this form by electronic means, by checking the box to the left or affixing signature, I attest that all information provided in this submission is true and accurate.

Privacy Act Statement: The Privacy Act of 1974 as amended (5 U.S.C. 552a), section 901 of Title 30 to the US Code and 20 CFR 725.504 - 513 authorize collection of this information. The purpose of this information is to determine whether the trainer is authorized and whether the training was properly completed. Completion of the information on the form is required to obtain the OSHA student course completion cards. Additional disclosures of this information are not required. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.

Paperwork Reduction Act Statement: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain OSHA student course completion cards as stated in OSHA's Outreach Training Program Requirements and Industry-Specific Procedures. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Occupational Safety and Health Administration, Directorate of Standards and Guidance, 200 Constitution Avenue, NW, Room N3718, Washington, DC 20210 and reference the OMB Control Number 1218-0262. Note: Please do not return the completed OSHA Form 4-50.1 to this address.



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Read the instructions before completing this form.

15. Topic Outline

10-Hour Topics	
*Indicate the amount of time spent on each topic in the class.	
<u>REQUIRED</u>	
Hours *	
_____	Introduction to OSHA
_____	Walking and Working Surfaces
_____	Exit Routes, Emergency Action Plans, Fire Prevention Plans, and Fire Protection
_____	Electrical
_____	Personal Protective Equipment
_____	Hazard Communication
<u>ELECTIVE</u>	
Hours *	
_____	Hazardous Materials
_____	Permit-Required Confined Spaces
_____	Lockout/Tagout
_____	Machine Guarding
_____	Welding, Cutting, and Brazing
_____	Introduction to Industrial Hygiene
_____	Bloodborne Pathogens
_____	Ergonomics
_____	Fall Protection
_____	Safety and Health Programs
_____	Powered Industrial Vehicles
_____	Materials Handling
<u>OPTIONAL</u>	
Hours *	
_____	_____
_____	_____
_____	_____
	TOTAL HOURS

30-Hour Topics	
*Indicate the amount of time spent on each topic in the class.	
<u>REQUIRED</u>	
Hours *	
_____	Introduction to OSHA
_____	Managing Safety and Health
_____	Walking and Working Surfaces, including Fall Protection
_____	Exit Routes, Emergency Action Plans, Fire Prevention Plans, and Fire Protection
_____	Personal Protective Equipment
_____	Electrical
_____	Hazard Communication
_____	Materials Handling
<u>ELECTIVE</u>	
Hours *	
_____	Hazardous Materials
_____	Permit-Required Confined Spaces
_____	Lockout/Tagout
_____	Machine Guarding
_____	Welding, Cutting, and Brazing
_____	Introduction to Industrial Hygiene
_____	Bloodborne Pathogens
_____	Ergonomics
_____	Fall Protection
_____	Safety and Health Programs
_____	Powered Industrial Vehicles
<u>OPTIONAL</u>	
Hours *	
_____	_____
_____	_____
_____	_____
	TOTAL HOURS



U.S. DEPARTMENT OF LABOR
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

FORM NO. 4-50.2
OMB NO. 1218-0262
Expiration: 5/31/2027

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Read the instructions before completing this form.

Please enter student names as they will appear on their Student Completion Card.

Enter only one name per line, maximum of 40 students.



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Instructions for Outreach Training Program Trainer

The Occupational Safety and Health Administration (OSHA) Outreach Training Program is a voluntary orientation training program aimed at workers. It provides workers with information about OSHA and an overview of job hazards. Trainers authorized through the OSHA Outreach Training Program must conduct Outreach Training Program classes in accordance with the current *Outreach Training Program Requirements* and *Industry-Specific Procedures* issued by the Office of Training and Education (OTE). The *Outreach Training Program Requirements* and *Industry-Specific Procedures* can be found online at the OSHA.gov website under Training, OSHA Outreach Training Program.

Item 1	<u>Trainer Name</u>
	List the trainer's full name. When completing student course completion cards, print or type the trainer's name on each card. Names must be legible.
Item 2	<u>ID Number</u>
	This applies only to trainers who have already received student cards. New trainers do not have an ID number. ID numbers are issued to trainers after their initial course is documented. If this is the trainers first class, or if the trainer has an updated trainer status, include a cop of the trainer card.
Item 3	<u>Most Recent Trainer Course</u>
	Indicate the most recent applicable course number you have completed.
Item 4	<u>Expiration Date</u>
	Enter the trainer authorization expiration date listed on the bottom right OSHA-authorized trainer card.
Item 5	<u>Authorizing Training Organization (ATO)</u>
	The trainer's ATO is the OTI Education Center that conducted the trainer's most recent trainer or update course.
Item 6	<u>Trainer Address</u>
	Provide an address of where to send the student cards. The cards must be sent directly to the trainer.
Item 7	<u>Course Conducted</u>
	Place an "x" in the appropriate box. A separate report must be completed for each course completed.
Item 8	<u>Course Emphasis (check all that apply)</u>
	Place an "x" next to all the information that applies to the majority of this course. If the course included special-emphasis such as (CalOSHA, ET&D, etc) place an "x" next to Other and denote the specific type on the line below.
Item 9	<u>Number of Students</u>
	Indicate the number of students who completed the course.
Item 10	<u>Training Site Address</u>
	Provide the address, city, state, and country where the course was conducted.
Item 11	<u>Type of Training Site</u>
	Place an "x" next to the type of site where the training was held. If none of the choices apply, specify the type of training site.
Item 12	<u>Course Duration</u>
	Enter the date, start time, and end time of each day the course was held. Trainers
Item 13	<u>Sponsoring Organization</u>
	Place an "x" in the box to indicate the sponsor of the training. If the category is not listed check other and specify.
Item 14	<u>Statement of Certification</u>
	The trainer must sign the Statement of Certification to attest to the accuracy of the document and that the class was conducted in accordance with OSHA <i>Outreach Training Program Requirements</i> and <i>Procedures</i> . If requesting cards electronically, the trainer must place an "x" in the box or affix a signature.
Item 15	<u>Topic Outline</u>
	Complete the applicable 10- or 30-hour topic outline. The trainer must complete this part of the form.
Item 16	<u>Student Names</u>
	List the first and last name of each student that completed the entire course. Ensure the names are legible and spelled correctly.