



# OUTREACH TRAINING PROGRAM REPORT

## *Instructions for Outreach Trainer*

The Outreach Training Program is the Occupational Safety and Health Administration's (OSHA) voluntary orientation training program aimed at workers. It provides workers with information about OSHA and provides an overview of job hazards. Trainers authorized through the OSHA Outreach Training Program must conduct Outreach training classes in accordance with the current Outreach Training Program Guidelines issued by the Directorate of Training and Education (DTE). The Outreach Training Program Guidelines can be found online at the OSHA.gov website under Training, OSHA Outreach Training Program.

**Mouse-over fields for further instructions.**

**Fields outlined in red are required.**

**Item 1 Trainer Name**

List your full name. When completing student course completion cards, print or type your name on each card to ensure it is legible.

**Item 2 ID No.**

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 your first class, or if you have updated your trainer status, include a copy of your trainer card.

**Item 3 Recent Trainer Course**

Indicate the most recent applicable course number you have completed.

**Item 4 Expiration Date**

Enter your trainer expiration date as listed on the bottom right of your Authorized Outreach Trainer Card.

**Item 5 Authorizing Training Organization**

List the name of the OSHA Training Institute (OTI) Education Center responsible for your last trainer or update course, or indicate if your training was completed at the OSHA Training Institute.

**Item 6 Trainer Address**

Provide an address where to send the cards. The address you provide should ensure that the cards are sent directly to you. If you have an ID number and there are no address changes, you are not required to fill in this section.

**Item 7 Course Conducted**

Place an "x" in the appropriate box. A separate report must be completed for each course completed.

**Item 8 Course Information (check all that apply)**

Place an "x" next to all the information that applies to the majority of this course.

**Item 9 No. of Students**

Indicate the number of students who completed the course. Note: If you held a class that contained more or less students than allowed by OSHA policy, include a copy of the prior approval received from your authorizing training organization.

**Item 10 Training Site Address**

Provide the address, city, state, and country where the course was conducted.

**Item 11 Type of Training Site**

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 Course Duration**

Enter the start date, end date, start time, and end time of the course.

**Item 13 Sponsoring Organization**

Place an "x" in the box to indicate the sponsor of the training, if applicable. If you had a sponsor, but that type of organization is not a choice, check "Other" and specify the type of sponsoring group or organization.

**Item 14 Statement of Certification**

The authorized trainer must sign the statement of certification to verify that the class was conducted in accordance with OSHA's guidelines and attest to the accuracy of the documentation submitted.

**Item 15 Topic Outline**

Check all and list range of scores recorded in the respiratory protection performance test.

**Item 16 Student Names**

List the first and last name of each student who completed the entire course. Ensure the names are legible. Your course records must include sign-in sheets for each day and a copy of each completed card.

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**Privacy Act Statement and Paperwork Reduction 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 to determine whether the trainer is authorized and whether the training was properly completed. Completion of this form is not mandatory, however, this information is required to obtain is 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. 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 Guidelines. Send comments regarding the burden estimate or any other aspect of this collection of information, including 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. Note: Please do not return the completed OSHA Form 4-50.1 to this address.

## Documents and Criteria Required for OSHA Outreach Training Class Files

This form provides a general checklist for instructors to help insure that the required documents and criteria for each OSHA Outreach training class are included in each class file.

Source: [OSHA Outreach Training Program Requirements - Revised February 2013](#)

[https://www.osha.gov/dte/outreach/program\\_requirements.pdf](https://www.osha.gov/dte/outreach/program_requirements.pdf)

- ✓ A checkmark indicates that the document or criteria is included within the class file.

INSTRUCTOR \_\_\_\_\_

CLASS DATE \_\_\_\_\_

### CLASS DOCUMENTS AND CRITERIA REQUIRED

#### 1 - Sign-in Sheets

- Typed/printed list of students' names
- Student contact information and addresses
- One sign-in sheet for every day of class
- Signed each day by the students themselves (no initials)

[Page 9 - O. Class Records. 1. Student Sign-In Sheets](#)

#### 2 - Detailed Topic Outline

- Topics taught
- Instructor's name(s)
- Start/end dates each day
- Breaks

[Page 9 - O. Class Records. 3. Topic Outline](#)

#### 3 - OSHA Outreach Training Program Report

- Outreach Training Program Report - printed from portal

[Page 9 - O. Class Records. 4. Class Documentation](#)

#### 4 - Copy of OSHA Course Completion Cards

- Number of each card
- Student's name and card expiration date

[Page 9 - O. Class Records. 5. Student Course Completion Card Numbers](#)

#### 5 - Guest Trainer Information (if applicable)

- Name
- Credentials/Training Certificates
- Topic(s) taught

[Page 9 - O. Class Records. 6. Guest Trainers](#)



## OUTREACH TRAINING PROGRAM REPORT DISASTER SITE WORKER

Read instructions before completing this form.

Submit completed forms to:

IUOE NTF National HAZMAT Program  
1293 Airport Road  
Beaver, WV 25813

FAX: 304.253.1384  
Email: hazmat@iuoehazmat.org

<b>1. Trainer Name and Local Union</b>	<b>2. ID No.</b>	<b>3. Recent Trainer Course</b>	<b>4. Expiration Date</b>
<b>5. Authorizing Training Organization</b>			
<b>6. Trainer Address</b> <input type="checkbox"/> Check if this is a new address			
Company _____			
Address _____			
City _____ State _____ ZIP _____			
Phone No. _____		Email _____	
<b>7. Course Conducted</b>	<b>8. Course Information (check all that apply)</b>		<b>9. No. of Students</b>
_____	<input type="checkbox"/> Spanish <input type="checkbox"/> Language other than English or Spanish (specify): _____ <input type="checkbox"/> Youth (age 18 or less) <input type="checkbox"/> OSHA Alliance or Partnership (specify): _____		_____
<b>10. Training Site Address</b>			
Street address _____		City _____	State _____ Country _____
<b>11. Type of Training Site</b>			
<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): _____			
<b>12. Course Duration</b>			
Start Date _____	End Date _____	Start Time _____	End Time _____
<b>13. Sponsoring Organization</b>			
<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 certify that I have conducted this outreach training class in accordance with the OSHA Outreach Training Program Guidelines. I have maintained the training records as required by these guidelines and I will provide these records to the OSHA Directorate of Training and Education (or their 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, 29 U.S.C. 666(g), 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.

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## OUTREACH TRAINING PROGRAM REPORT DISASTER SITE WORKER

### 15. Topic Outline

- I certify that I taught all the required topics and met the Lesson Objectives of the Disaster Site Worker Course #7600.
- I certify that I conducted the training for a minimum of 15 hours.
- I certify that I have maintained supporting documentation on the respirator performance checklists and scores.

The range of scores that I recorded for the Operations Performance Score in the respiratory protection performance test:

From \_\_\_\_\_ To \_\_\_\_\_

Trainer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 16. Student Names

Note: ensure that names are legible

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____
11.	_____
12.	_____
13.	_____
14.	_____
15.	_____
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18.	_____
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22.	_____
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29.	_____
30.	_____
31.	_____
32.	_____
33.	_____
34.	_____
35.	_____
36.	_____
37.	_____
38.	_____
39.	_____
40.	_____

Class ID

Funding

Grant Class Code

DMS