OUTREACH TRAINING PROGRAM REPORT DISASTER SITE WORKER

FORM No. 4-50.4 OMB No. 1218-0262 Expiration: 12/31/2020

Read instructions before completing this form.

Sul	bmit completed forms	Pacific 4225 Ro Email:	Northwest OSHA posevelt Way NE, ce@uw.edu, Fax: (ashington.edu	Suite 100, Seattle	e, WA 98		nington			
1.	Trainer Name			2. ID Numbe	Number 3. Most Recent Trainer C			Course 4. Expiration Date		
5.	Authorizing Train	ing Organiz	ation				I		1 1	
6.	Trainer Address									
	Company									
	Address									
		City			State	Z	IP			
	Phone No.	(1	Ema	il					
7.	Course Conducted 7.5 hour 15-hour	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				ify):	9. Number of Students			
10.	Training Site Address	ress		City		State	Count	ry		
11.	Type of Training S ☐ Workplace ☐		Office Hotel [Union En	nployer A	ssociation	ecify):			
12. Sta	Course Duration	d	Start	End	Start	End	Start		End	
Tin		-	Time:	Time:	Time:	Time:	Time:		Time:	
	arse Date: Sponsoring Organ	i-ation	Course Date:		Course l	Date:	Course	Date:		
13.	Safety & Health Education	n 🔲 Em	ployer mmunity	☐ Labor/Union☐ N/A	ı [Employer Association Other (specify):				
14.	Statement of Cert	ification								
Reqi OSF from false Occi	uirements and Proce HA Directorate of Tr the OSHA Outread information herein	edures. I hav raining and I ch Training I may subject I Health Act,	e maintained the t Education (or its d Program if inform me to civil and cri which provides cr	raining records a esignee) upon red ation provided he minal penalties t riminal penalties	s stated in Juest. I u Prein is no Inder Fed for makin	ce with the OSHA Outr of the Requirements and onderstand that I will be t true and correct. I fur eral law, including 18 U g false statements or rep	I will pro subject to ther unde I.S.C. 100	vide the immed erstand 01 and s	ese records to the liate dismissal that providing section 17(g) of the	
Trainer Signature:				Date:						
□ I	f submitting this for uis submission is tru	m by electronice and accura	nic means, by chec tte.	king the box to t	he left or i	iffixing signature, I atte	st that all	l inform	ation provided in	

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 is 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 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 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. Note: Please do not return the completed OSHA Form 4-50.4 to this address.



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15.	. Topic Outline								
15-Hour Topics									
	*Indicate the amount of time spent on each topic in the class.								
	<u>Required</u>								
	Hours *								
		Introduction/Overview							
	Incident Command System/Unified Command System								
ļ.	Safety Hazards								
ļ.	Health Hazards								
	CBRNE Agents								
	Traumatic Incident Stress Awareness								
	Respiratory Protection								
	Other Personal Protective Equipment								
	Decontamination								
		Final Exercise							
	_								
		TOTAL HOURS							
		7.5-Hour Topics							
	*Inc	dicate the amount of time spent on each topic in the class.							
		REQUIRED							
	Hours *								
Į.		Introduction							
		Safety Hazards and CBRNE Agents							
		Health Hazards and Traumatic Incident Stress Awareness							
		Personal Protective Equipment and Respirator Activity							
		Decontamination							
		Incident Command System							
		Final Exercise							
		TOTAL WOUNG							
		TOTAL HOURS							

16.	Student Names
	(Names must be legible)
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OUTREACH TRAINING PROGRAM REPORT

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 Directorate of Training and Education (DTE). The *Outreach Training Program Requirements* and Industry-Specific *Procedures* can be found online at the OSHA.gov Web site under Training, OSHA Outreach Training Program.

Item 1 Trainer Name

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 ID Number

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 trainer's first class, or if the trainer has an updated trainer status, include a copy of the trainer card.

Item 3 Most Recent Trainer Course

Indicate the most recent applicable course number you have completed.

Item 4 Expiration Date

Enter the trainer authorization expiration date as listed on the bottom right of the Authorized Outreach Training Program Trainer card.

Item 5 <u>Authorizing Training Organization</u>

The trainer's Authorizing Training Organization (ATO) is the OSHA Training Institute (OTI) or the OTI Education Center that conducted the trainer's most recent trainer or update course. List the name of the Authorizing Training Organization.

Item 6 Trainer Address

Provide an address where to send the cards. The cards must be sent directly to the trainer.

Item 7 Course Conducted

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

Item 8 Course Emphasis (check all that apply)

Place an "x" next to all the information that applies to the majority of this course. If the course included a special emphasis such as Cal/OSHA, ET&D, etc., place an "x" next to "Other" and denote the specific area of emphasis on the line below "Other."

Item 9 Number of Students

Indicate the number of students who completed the course. Note: If the trainer held a class that contained more or fewer students than allowed by OSHA policy, include a copy of the prior approval received from the trainer's ATO.

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 <u>Course Duration</u>

Enter the date, start time, and end time of each day the course was conducted. Trainers must attach supplemental sheets with the additional course dates, start times, and end times if further space is needed.

Item 13 Sponsoring Organization

Place an "x" in the box to indicate the sponsor of the training, if applicable. If the trainer had a sponsoring organization, but that category is not listed, check "Other" and specify the type of sponsoring 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 the OSHA *Outreach Training Program Requirements* and *Procedures* and attest to the accuracy of the documentation submitted. If requesting cards electronically, the trainer must place an "x" in the box or affix a signature.

Item 15 Topic Outline

Complete the topic outline. The trainer must complete this part of the form.

Item 16 Student Names

List the first and last name of each student who completed the entire course. Ensure the names are legible. The course records must include sign-in sheets for each day, student contact information, topic outline, a copy of the distributed student course completion cards, and a list of guest trainers if applicable.