**Subcontractor Safety Training Requirements**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company Designated Safety Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number for Company Designated Safety Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**These tasks need documented training. Do you have this? YES NO NA NEED IT**

Hilti or other powder actuated guns-Card in their pocket for that model ---- ---- ---- ----

Lock Out Tag Out ---- ---- ---- ----

Electrical Safety/Arc Flash-every 3 years ---- ---- ---- ----

Fall Protection ---- ---- ---- ----

Ladder Safety ---- ---- ---- ----

Forklift-every 3 years ---- ---- ---- ----

Aerial Lift ---- ---- ---- ----

Confined Space ---- ---- ---- ----

Qualified Rigger/signal person ---- ---- ---- ----

Crane Operator ---- ---- ---- ----

CPR (Required if performing energized work or LOTO)-every 2 years ---- ---- ---- ----

Respirator usage- Health Questionnaire and Fit Test ---- ---- ---- ----

Flagger -Vehicle ---- ---- ---- ----

Scaffold Competent person (for erecting) ---- ---- ---- ----

Proof of training would be a sign in sheet with the date and trainer or a certificate showing the same information. If not involved in the task, the training is not required.

If you need training, a great resource is:

Exceed Safety

Tim Neubauer

919-650-9172

tim@exceedsafetyllc.com

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Signature Date