



OUTREACH TRAINING PROGRAM REPORT

DISASTER SITE WORKER

Read instructions before completing this form.

Submit completed forms to:

1. Trainer Name		2. ID No.	3. Recent Trainer Course	4. Expiration Date / /
5. Authorizing Training Organization				
6. Trainer Address <input type="checkbox"/> Check if this is a new address				
Company _____				
Address _____				

City		State	ZIP	
Phone No. ()		Email		
7. Course Conducted <input type="checkbox"/> 16-hour	8. Course Information (check all that apply) <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): _____			9. No. of Students
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 Date	End Date	Start Time	End Time	
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 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.

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 guidelines. 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. Training Certifications and Information
<input type="checkbox"/> <i>I certify that I taught all the required topics and met the Lesson Objectives of the Disaster Site Worker Course #7600.</i>
<input type="checkbox"/> <i>I certify that I conducted the training for a minimum of 16 hours.</i>
<input type="checkbox"/> <i>I certify that I have maintained supporting documentation on the respirator performance checklists and scores.</i>
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 (ensure that names are legible)
1. _____
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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.

- 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. If requesting cards electronically, the trainer must place an "x" in the box or affix a signature.
- Item 15** **Training Certifications and Information**
Check each of the three boxes certifying that you have accomplished each of these tasks. Also, include the range of Operations Performance Scores that you recorded for your students on the respiratory protection performance test. Sign to attest to the accuracy and truthfulness of this information.
- 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.