



**ATP 191 Safety and Health Authorized Trainer Prerequisites**

- Participants must have at least three (3) years of safety and health work experience in any industry.
- Attendance is not permitted without the submission and verification of this completed form and all necessary documentation.
- Current OSHA Outreach trainers may skip items #9-#38 if they submit a copy of their current Outreach trainer authorization card if received from somewhere other than the University of Texas at Arlington.
- Applicants are not required to have completed any designation prerequisites (item #8) prior to attending the ATP 191 *Safety and Health Authorized Trainer* course.

**Applicant Information**

|                         |                    |                  |      |
|-------------------------|--------------------|------------------|------|
| <b>1. Trainer Name:</b> | <b>2. Company:</b> | <b>3. Title:</b> |      |
| <b>4.</b> Address:      | City:              | State:           | Zip: |
| Email:                  |                    | Phone:           |      |

**Class Information**

|                              |                            |                            |
|------------------------------|----------------------------|----------------------------|
| <b>5. Course Begin Date:</b> | <b>6. Course End Date:</b> | <b>7. Course Location:</b> |
|------------------------------|----------------------------|----------------------------|

**Designation(s)**

Prerequisite requirements are located on page three (3). Proof of completion is required for training not taken through UTA. Training must have been taken within the past seven (7) years.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Bloodborne Pathogens   | <input type="checkbox"/> Hazard Communication/GHS | <input type="checkbox"/> Office Safety & Health        |
| <input type="checkbox"/> Confined Space         | <input type="checkbox"/> Healthcare               | <input type="checkbox"/> Personal Protective Equipment |
| <input type="checkbox"/> Cranes/Rigging         | <input type="checkbox"/> Hot Work                 | <input type="checkbox"/> Respiratory Protection        |
| <input type="checkbox"/> Electrical             | <input type="checkbox"/> Hydrogen Sulfide         | <input type="checkbox"/> Risk Management               |
| <input type="checkbox"/> Ergonomics             | <input type="checkbox"/> Job Hazard Analysis      | <input type="checkbox"/> Scaffolding                   |
| <input type="checkbox"/> Excavation & Trenching | <input type="checkbox"/> Lockout/Tagout           | <input type="checkbox"/> Silica                        |
| <input type="checkbox"/> Fall Protection        | <input type="checkbox"/> Machine Guarding         |  |
| <input type="checkbox"/> Fire Safety            | <input type="checkbox"/> Material Handling        |  |

**8. Statement of Certification**

*I attest that the information included herein and submitted to the University of Texas at Arlington is true and accurate.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form Submittal**

**Submit completed forms to:** **Mail:** The University of Texas at Arlington  
Division for Enterprise Development  
Authorized Safety and Health Trainer Program  
140 W. Mitchell, Arlington, TX 76019

**Email:** [cedregistration@uta.edu](mailto:cedregistration@uta.edu)  
**Fax:** (817) 272-2556

**Employer Information**

|  |  |  |  |
|--|--|--|--|
| <b>9. Employer's Name:</b>   |  | <b>10. Contact Person:</b>                 |  |
| <b>11. Contact Person's Phone Number:</b> (    )                                       |  | <b>12. Contact Person's Email Address:</b> |  |
| <b>13. Employer's Address</b><br>Address: _____<br>City: _____ State: _____ Zip: _____ |  |  |  |
| <b>14. Start Date:</b>   | <b>15. End Date:</b>                     | <b>16. Job Title:</b>                      |  |
| <b>17. Job Duties in this Position:</b>  |  |  |  |
| <b>18. What Percentage of this Position is Safety-Related?</b>                         |  |  |  |
| <b>Office Use Only</b>   | <b>Length of Experience in this Job:</b> |  |  |

**Employer Information**

|  |  |  |  |
|--|--|--|--|
| <b>19. Employer's Name:</b>  |  | <b>20. Contact Person:</b>                 |  |
| <b>21. Contact Person's Phone Number:</b> (    )                                       |  | <b>22. Contact Person's Email Address:</b> |  |
| <b>23. Employer's Address</b><br>Address: _____<br>City: _____ State: _____ Zip: _____ |  |  |  |
| <b>24. Start Date:</b>   | <b>25. End Date:</b>                     | <b>26. Job Title:</b>                      |  |
| <b>27. Job Duties in this Position:</b>  |  |  |  |
| <b>28. What Percentage of this Position is Safety-Related?</b>                         |  |  |  |
| <b>Office Use Only</b>   | <b>Length of Experience in this Job:</b> |  |  |

**Employer Information**

|  |  |  |  |
|--|--|--|--|
| <b>29. Employer's Name:</b>  |  | <b>30. Contact Person:</b>                 |  |
| <b>31. Contact Person's Phone Number:</b> (    )                                       |  | <b>32. Contact Person's Email Address:</b> |  |
| <b>33. Employer's Address</b><br>Address: _____<br>City: _____ State: _____ Zip: _____ |  |  |  |
| <b>34. Start Date:</b>   | <b>35. End Date:</b>                     | <b>36. Job Title:</b>                      |  |
| <b>37. Job Duties in this Position:</b>  |  |  |  |
| <b>38. What Percentage of this Position is Safety-Related?</b>                         |  |  |  |
| <b>Office Use Only</b>   | <b>Length of Experience in this Job:</b> |  |  |

| Authorized Trainer Program Designations |   |
|---|---|
| Designation                             | Designation Prerequisite  |
| Bloodborne Pathogens                    | <input type="checkbox"/> <a href="#">OSHA #7200 Bloodborne Pathogen Exposure Control for Healthcare Facilities</a> <b>or</b><br><input type="checkbox"/> <a href="#">SH 7201 Bloodborne Pathogen Trainer Course</a>   |
| Confined Space                          | <input type="checkbox"/> <a href="#">OSHA #2264 Permit-Required Confined Space Entry</a> <b>or</b><br><input type="checkbox"/> <a href="#">CPT 104 Confined Space Entry for the Competent Person</a>  |
| Cranes/Rigging                          | <input type="checkbox"/> <a href="#">OSHA #2055 Cranes in Construction</a> <b>or</b><br><input type="checkbox"/> <a href="#">CPT 105 Qualified Rigger and Signalperson</a>  |
| Electrical                              | <input type="checkbox"/> <a href="#">OSHA #3095 Electrical Standards</a>  |
| Ergonomics                              | <input type="checkbox"/> <a href="#">OSHA #2255 Principles of Ergonomics</a>  |
| Excavation & Trenching                  | <input type="checkbox"/> <a href="#">OSHA #3015 Excavation, Trenching, and Soil Mechanics</a> <b>or</b><br><input type="checkbox"/> <a href="#">CPT 102 Excavation and Trenching Safety for the Competent Person</a>  |
| Fall Protection                         | <input type="checkbox"/> <a href="#">OSHA #3115 Fall Protection</a> <b>or</b><br><input type="checkbox"/> <a href="#">CTP 101 Fall Protection for the Competent Person</a>  |
| Fire Safety                             | <input type="checkbox"/> <a href="#">FS 201 Applied Fire Safety, Protection, and Analysis (Online)</a> <b>or</b><br><input type="checkbox"/> <a href="#">FS 202 Applied Fire Safety, Protection, and Analysis</a> <b>or</b><br><input type="checkbox"/> <a href="#">FS 1500 Fire Safety and Health Management</a>   |
| Hazard Communication/GHS                | <input type="checkbox"/> <a href="#">SH 912 Hazard Communication GHS (Global Harmonization System)</a> <b>or</b><br><input type="checkbox"/> <a href="#">OSHA #510 OSHA Standards for Construction</a> <b>or</b><br><input type="checkbox"/> <a href="#">OSHA #511 OSHA Standards for General Industry</a> <b>or</b><br><input type="checkbox"/> <a href="#">OSHA #2015 Hazardous Materials</a> |
| Healthcare                              | <input type="checkbox"/> <a href="#">SH 201 Trainer Course for Healthcare Employee Safety and Health</a>  |
| Hot Work                                | <input type="checkbox"/> <a href="#">SH 350 Hot Work (Online)</a> <b>or</b><br><input type="checkbox"/> <a href="#">SH 920 Process Safety Management (PSM)</a>  |
| Hydrogen Sulfide                        | <input type="checkbox"/> <a href="#">OG 202 Hydrogen Sulfide (H<sub>2</sub>S)</a>   |
| Job Hazard Analysis                     | <input type="checkbox"/> <a href="#">SH 105 Job Hazard Analysis/Job Safety Analysis</a>   |
| Lockout/Tagout                          | <input type="checkbox"/> <a href="#">OSHA #2045 Machinery and Machine Guarding Standards</a> <b>or</b><br><input type="checkbox"/> <a href="#">OSHA #3095 Electrical Standards</a> <b>or</b><br><input type="checkbox"/> <a href="#">OSHA #7115 Lockout/Tagout</a>  |
| Machine Guarding                        | <input type="checkbox"/> <a href="#">OSHA #2045 Machinery and Machine Guarding Standards</a>  |
| Material Handling                       | <input type="checkbox"/> <a href="#">OSHA #511 OSHA Standards for General Industry</a> <b>or</b><br><input type="checkbox"/> <a href="#">OSHA #7005 Public Warehousing and Storage</a>  |
| Office Safety & Health                  | <input type="checkbox"/> <a href="#">SH 110 Office Safety &amp; Health (Online)</a>   |
| Personal Protective Equipment           | <input type="checkbox"/> <a href="#">OSHA #510 OSHA Standards for Construction</a> <b>or</b><br><input type="checkbox"/> <a href="#">OSHA #511 OSHA Standards for General Industry</a>  |
| Respiratory Protection                  | <input type="checkbox"/> <a href="#">OSHA #2225 Respiratory Protection</a>  |
| Risk Management                         | <input type="checkbox"/> <a href="#">RM 101 Safety, Health, and Environmental Risk Management (SHERM) Principles</a>  |
| Scaffolding                             | <input type="checkbox"/> <a href="#">OSHA #3085 Principles for Scaffolding</a> <b>or</b><br><input type="checkbox"/> <a href="#">CPT 103 Scaffolding Safety for the Competent Person</a>  |
| Silica                                  | <input type="checkbox"/> <a href="#">OSHA #7215 Silica in Construction, Maritime, and General Industries</a> <b>or</b><br><input type="checkbox"/> <a href="#">CPT 106 Silica for the Competent Person</a> <b>or</b><br><input type="checkbox"/> <a href="#">SH 210 OSHA's New Silica Standard</a>  |