



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

- Participants must have 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:			

**Authorized Trainer Program Designations**

<b>5. Course Begin Date:</b>	<b>6. Course End Date:</b>	<b>7. Course Location:</b>
8. Proof of completion is required for training not taken through UTA. Training must have been taken within the past seven (7) years.		

**Designation**

**Completed Designation Prerequisite**

<input type="checkbox"/> Bloodborne Pathogens	<input type="checkbox"/> <a href="#">OSHA #7200 Bloodborne Pathogen Exposure Control for Healthcare Facilities</a> or <input type="checkbox"/> <a href="#">SH 7201 Bloodborne Pathogen Trainer Course</a>
<input type="checkbox"/> Confined Space	<input type="checkbox"/> <a href="#">OSHA #2264 Permit-Required Confined Space Entry</a>
<input type="checkbox"/> Cranes/Rigging	<input type="checkbox"/> <a href="#">OSHA #2055 Cranes in Construction</a> or <input type="checkbox"/> SH 340 Cranes, Derricks, and Material Handling
<input type="checkbox"/> Electrical	<input type="checkbox"/> <a href="#">OSHA #3095 Electrical Standards</a>
<input type="checkbox"/> Excavation	<input type="checkbox"/> <a href="#">OSHA #3015 Excavation, Trenching, and Soil Mechanics</a>
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> <a href="#">OSHA #3115 Fall Protection</a>
<input type="checkbox"/> Hazard Communication/GHS	<input type="checkbox"/> <a href="#">SH 912 Hazard Communication GHS (Global Harmonization System)</a> or <input type="checkbox"/> <a href="#">OSHA #510 OSHA Standards for Construction</a> or <input type="checkbox"/> <a href="#">OSHA #511 OSHA Standards for General Industry</a> or <input type="checkbox"/> <a href="#">OSHA #2015 Hazardous Materials</a>
<input type="checkbox"/> Healthcare	<input type="checkbox"/> <a href="#">SH 201 Trainer Course for Healthcare Employee Safety and Health</a>
<input type="checkbox"/> Hydrogen Sulfide	<input type="checkbox"/> <a href="#">OG 202 Hydrogen Sulfide (H<sub>2</sub>S)</a>
<input type="checkbox"/> Material Handling	<input type="checkbox"/> <a href="#">OSHA #511 OSHA Standards for General Industry</a> or <input type="checkbox"/> <a href="#">OSHA #7005 Public Warehousing and Storage</a>
<input type="checkbox"/> Personal Protective Equipment	<input type="checkbox"/> <a href="#">OSHA #510 OSHA Standards for Construction</a> or <input type="checkbox"/> <a href="#">OSHA #511 OSHA Standards for General Industry</a>
<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> <a href="#">OSHA #2225 Respiratory Protection</a>
<input type="checkbox"/> Scaffolding	<input type="checkbox"/> <a href="#">OSHA #3085 Principles for Scaffolding</a> or <input type="checkbox"/> SH 300 Safety Standards for Scaffolding
<input type="checkbox"/> Silica	<input type="checkbox"/> <a href="#">CPT 106 Silica for the Competent Person</a> or <input type="checkbox"/> <a href="#">SH 210 OSHA's New Silica Standard</a>

**Employer Information**

<b>9. Employer's Name:</b>	<b>10. Contact Person:</b>
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<b>11. Contact Person's Phone Number: (     )</b>	<b>12. Contact Person's Email Address:</b>
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<b>13. Employer's Address</b>		
Address: _____		
City: _____	State: _____	Zip: _____

<b>14. Start Date:</b>	<b>15. End Date:</b>
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<b>16. Job Title:</b>
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<b>17. Job Duties in this Position:</b>

<b>18. What Percentage of this Position is Safety-Related?</b>
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<b>Office Use Only</b>	<b>Length of Experience in this Job:</b>
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**Employer Information**

<b>19. Employer's Name:</b>	<b>20. Contact Person:</b>
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<b>21. Contact Person's Phone Number: (     )</b>	<b>22. Contact Person's Email Address:</b>
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<b>23. Employer's Address</b>		
Address: _____		
City: _____	State: _____	Zip: _____

<b>24. Start Date:</b>	<b>25. End Date:</b>
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<b>26. Job Title:</b>
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<b>27. Job Duties in this Position:</b>

<b>28. What Percentage of this Position is Safety-Related?</b>
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<b>Office Use Only</b>	<b>Length of Experience in this Job:</b>
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