



SITE SAFETY TRAINING (SS) REQUEST FORM

Today's Date							
First Name			Check Box	Date Completed	Equivalent course	Issuing School	
M.I.		WORKERS SST CARD (40 HOURS) OPTION A: OSHA 10-Hour Class with 30-Hours of Additional Training					
Last Name		OSHA 10-Hour Class					
Contact Number		8-Hour Fall Prevention					
Email		8-Hour Chapter 33 (Site Safety Mgr Refresher)					
Street Address		4-Hour Supported Scaffold User					
Apt.		4-Hour General Electives					
City		4-Hour Specialized Electives					
State		2-Hour Drug and Alcohol Awareness					
Zip Code		WORKERS SST CARD (40 HOURS) OPTION B: OSHA 30-Hour Class With 10-Hours of Additional Training					
Company Name		OSHA 30-Hour Class					
Occupation		8-Hour Fall Prevention					
Company contact person		2-Hour Drug and Alcohol Awareness					
APPLYING FOR: Please circle one		SUPERVISORS - SUPERVISOR SST CARD (62 HOURS)					
Supervisor Card Worker Card		OSHA 30-Hour Class					
PLEASE ENCLOSE COPIES OF ALL TRAINING COMPLETED FOR VERIFICATION		8-Hour Fall Prevention					
<i>APPLICANT SIGNATURE</i>		8-Hour Chapter 33 (Site Safety Mgr Refresher)					
Office Use Only		4-Hour Supported Scaffold User					
		2-Hour Site Safety Plan					
		2-Hour Tool Box Talks					
		2-Hour Pre-Task Safety Meetings					
Office Use Only		2-Hour General Electives					
Office Use Only		2-Hour Specialized Electives					
		2-Hour Drug and Alcohol Awareness					

PLEASE ENCLOSE COPIES OF ALL TRAINING CARDS AND CERTIFATES CHECKED FOR VERIFICATION

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