

SITE SAFETY TRAINING (SST) REQUEST FORM

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

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

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