PHYSICAL PLANT DEPARTMENT - TRAINING COURSE DESCRIPTION

Course Name: _____

Date of the Course: _____ **Start Time:** _____ **End Time:** _____

Course Description:

_____

_____

_____

_____

Instructor's Name: _____

Company Name: _____

Company Address: _____

Business Phone: _____ **Cell Phone:** _____

E-mail: _____

Class Location: _____

Required By: OSHA EPA DOT State Federal Company Department User

Other _____

CFR Reference Number: _____

Maximum Course Size: _____ **Total Course Hours:** _____

Course Length (days): _____ **Retraining Required (months):** _____

Category: ADM AUTO CARP EHS ELEC ELEV ENG GRO HVAC LSS PLU

Course Type: Compliance Computer & Technology Human Resources License & Certification Product/Equipment Professional Development Standard Operation Guidelines JHA

Course Style: Apprentice Classroom Conference E-Learning- Fac E-Learning-SP On-the-Job Self-Paced/Non-Electronic Webinar

Written Exam: Yes No **Continuing Education Units:** _____

Is there a Certification or License Associated with this Training? NO YES (If so, name)

_____

Course Prerequisites: _____

Additional Notes or Comments:

_____

_____

Form Completed By: _____

Phone: _____ **Date:** _____

Please attached the follow documents:

- **The original sign in sheet**
- **A copy of course materials**
- **A copy of any certificates received**
- **Evaluations**

****PLEASE return documents with this page to Training & Compliance Office****