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**