

ENVIRONMENTAL HEALTH & SAFETY - 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:

Other _____

CFR Reference Number: _____

Maximum Course Size: _____ Total Course Hours: _____

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

Category:

Course Type:

Course Style:

Written Exam: _____ 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****