**Training Roster**

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| **EPA Organization:** |  |
| **Training Program Name:** | [ ]  Injury, Illness, and Exposure Reporting Training[ ]  Incident Investigation[ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Program Location:** |  |
| **Name of Instructor:** |  |
| **Training topics included (check all that are applicable):** |
| [ ]  OSHA recordkeeping regulation (affected employees, work-relatedness, recording criteria, etc.) [ ]  Reporting procedure for injuries, illnesses, and significant exposures[ ]  *OSHA & EPA 301 Injury, Illness and Near Miss Report* and other OSHA records[ ]  Employee rights and involvement[ ]  Employee privacy[ ]  Catastrophic incidents (fatality, multiple hospitalizations)[ ]  OWCP reporting procedures and forms for injuries and illnesses[ ]  Obtaining medical treatment (procedures and forms)[ ]  Filing a claim for workers’ compensation[ ]  *Exposure, Injury, and Dosimetry Tracking Form*[ ]  Motor vehicle accident reporting (procedures and forms)[ ]  Near misses (procedure, form, anonymous reporting)[ ]  Reporting hazardous working conditions and follow-up procedures[ ]  Conducting and documenting an incident investigation[ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employee Name****(print)** | **Signature** | **Location** | **Telephone/E-mail** |
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| **Signature of Instructor:** | **Date:** |