**Training Roster**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| **Signature of Instructor:** | | | | **Date:** |