



TRAINING OUTLINE

COURSE TITLE: _____ **DATE:** _____ **INSTRUCTOR:** _____

LOCATION: _____ **TIME:** _____ **COMPANY:** _____

Safety training was conducted on the above date by the instructor indicated. The following line items identify the topics covered during the training session.

SUMMARY OF TRAINING

- 1) Introduction
 - a) Standards
 - b) Why Training
- 2) Slips, Trips, & Falls
 - a) Outdoor Surfaces
 - b) Indoor Surfaces
 - c) Preventative Measures
 - d) General Knowledge
 - e) Fall Protection Categories
 - f) Max. Arresting Forces & Safety Factors
 - g) Equipment
 - h) Body Wear
 - i) Anchorages
 - j) Connective Devices
 - k) Fall Prevention Systems
 - l) Safe Operations
 - m) Familiarity With Equipment
 - n) Familiarity With Worksite
 - o) Free Fall
 - p) Other Considerations
 - q) Rescue Plan
- 3) Electrical
 - a) Sources of Electrocutation
 - b) Preventative Controls
 - c) Elimination
 - d) Substitution
 - e) Engineering Controls
 - f) Administrative Controls
 - g) Personal Protective Equipment



TRAINING OUTLINE

4) Struck By

- a) Safe Operations
- b) Hand & Power Tools
- c) Heavy Equipment
- d) Motorized Vehicles
- e) PPE

5) Caught-In

- a) Caught-In
- b) Caught-Between
- c) Safe Operations

6) Conclusion