



ATP 191 Safety and Health Authorized Trainer Prerequisites

- Participants must have at least three (3) years of safety and health work experience in any industry.
- Attendance is not permitted without the submission and verification of this completed form and all necessary documentation.
- Current OSHA Outreach trainers may skip items #9-#38 if they submit a copy of their current Outreach trainer authorization card if received from somewhere other than the University of Texas at Arlington.
- Applicants are not required to have completed any designation prerequisites (item #8) prior to attending the ATP 191 Safety and Health Authorized Trainer course.

Applicant Information

| | | | |
|-------------------------|--------------------|------------------|------|
| 1. Trainer Name: | 2. Company: | 3. Title: | |
| 4. Address: | City: | State: | Zip: |
| Email: | Phone: | | |

Class Information

| | | |
|------------------------------|----------------------------|----------------------------|
| 5. Course Begin Date: | 6. Course End Date: | 7. Course Location: |
|------------------------------|----------------------------|----------------------------|

Designation(s)

Prerequisite requirements are located on page three (3). Proof of completion is required for training not taken through UTA. Training must have been taken within the past seven (7) years.

- | | | |
|--|---|--|
| <input type="checkbox"/> 8-hour Construction Industry | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Office Safety & Health |
| <input type="checkbox"/> 24-hour Construction Industry | <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Oil & Gas |
| <input type="checkbox"/> 8-hour General Industry | <input type="checkbox"/> Hazard Communication/GHS | <input type="checkbox"/> Pandemic Microbial Infection |
| <input type="checkbox"/> 24-hour General Industry | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Personal Protective Equipment |
| <input type="checkbox"/> Accident/Incident Investigation | <input type="checkbox"/> Hot Work | <input type="checkbox"/> Recordkeeping |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Hydrogen Sulfide | <input type="checkbox"/> Respiratory Protection |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Job Hazard Analysis | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Cranes/Rigging | <input type="checkbox"/> Ladders | <input type="checkbox"/> Safety Metrics |
| <input type="checkbox"/> Disaster Response | <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Scaffolding |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Machine Guarding | <input type="checkbox"/> Silica |
| <input type="checkbox"/> EM 385-1-1 | <input type="checkbox"/> Material Handling | <input type="checkbox"/> Tool Safety |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Noise | |
| <input type="checkbox"/> Excavation & Trenching | <input type="checkbox"/> Occupational Health | |

8. Statement of Certification

I attest that the information included herein and submitted to the University of Texas at Arlington is true and accurate.

Applicant Signature: _____ **Date:** _____

Form Submittal

Submit completed forms to: **Mail:** The University of Texas at Arlington
Division for Enterprise Development
Authorized Safety and Health Trainer Program
140 W. Mitchell, Arlington, TX 76019

Email: cedregistration@uta.edu
Fax: (817) 272-2556

Employer Information

| | | | |
|--|--|--|--|
| 9. Employer's Name: | | 10. Contact Person: | |
| 11. Contact Person's Phone Number: () | | 12. Contact Person's Email Address: | |
| 13. Employer's Address Address: _____ City: _____ State: _____ Zip: _____ | | | |
| 14. Start Date: | 15. End Date: | 16. Job Title: | |
| 17. Job Duties in this Position: | | | |
| 18. What Percentage of this Position is Safety-Related? | | | |
| Office Use Only | Length of Experience in this Job: | | |

Employer Information

| | | | |
|--|--|--|--|
| 19. Employer's Name: | | 20. Contact Person: | |
| 21. Contact Person's Phone Number: () | | 22. Contact Person's Email Address: | |
| 23. Employer's Address Address: _____ City: _____ State: _____ Zip: _____ | | | |
| 24. Start Date: | 25. End Date: | 26. Job Title: | |
| 27. Job Duties in this Position: | | | |
| 28. What Percentage of this Position is Safety-Related? | | | |
| Office Use Only | Length of Experience in this Job: | | |

Employer Information

| | | | |
|--|--|--|--|
| 29. Employer's Name: | | 30. Contact Person: | |
| 31. Contact Person's Phone Number: () | | 32. Contact Person's Email Address: | |
| 33. Employer's Address Address: _____ City: _____ State: _____ Zip: _____ | | | |
| 34. Start Date: | 35. End Date: | 36. Job Title: | |
| 37. Job Duties in this Position: | | | |
| 38. What Percentage of this Position is Safety-Related? | | | |
| Office Use Only | Length of Experience in this Job: | | |

| Authorized Trainer Program Designations | |
|---|--|
| Designation | Designation Prerequisite |
| 8-hour Construction Industry | <input type="checkbox"/> OSHA #510 OSHA Standards for Construction |
| 24-hour Construction Industry | <input type="checkbox"/> OSHA #510 OSHA Standards for Construction |
| 8-hour General Industry | <input type="checkbox"/> OSHA #511 OSHA Standards for General Industry |
| 24-hour General Industry | <input type="checkbox"/> OSHA #511 OSHA Standards for General Industry |
| Accident/Incident Investigation | <input type="checkbox"/> OSHA #7505 Introduction to (Incident) Accident Investigation or <input type="checkbox"/> SH 601 Intermediate Accident Investigation and Photography or <input type="checkbox"/> SH 701 Advanced Accident Investigation or <input type="checkbox"/> SH 702 Accident Investigation Certificate Program or <input type="checkbox"/> SH 780 Accident Reporting, Investigation, and Analysis |
| Bloodborne Pathogens | <input type="checkbox"/> OSHA #7200 Bloodborne Pathogen Exposure Control for Healthcare Facilities or <input type="checkbox"/> SH 7201 Bloodborne Pathogen Trainer Course |
| Confined Space | <input type="checkbox"/> OSHA #2264 Permit-Required Confined Space Entry or <input type="checkbox"/> CPT 104 Confined Space Entry for the Competent Person |
| Cranes/Rigging | <input type="checkbox"/> OSHA #2055 Cranes in Construction or <input type="checkbox"/> CPT 105 Qualified Rigger and Signalperson |
| Electrical | <input type="checkbox"/> OSHA #3095 Electrical Standards |
| EM 385-1-1 | <input type="checkbox"/> SH 385 EM 385-1-1 Construction Safety Standards |
| Ergonomics | <input type="checkbox"/> OSHA #2255 Principles of Ergonomics |
| Excavation & Trenching | <input type="checkbox"/> OSHA #3015 Excavation, Trenching, and Soil Mechanics or <input type="checkbox"/> CPT 102 Excavation and Trenching Safety for the Competent Person |
| Fall Protection | <input type="checkbox"/> OSHA #3115 Fall Protection or <input type="checkbox"/> CTP 101 Fall Protection for the Competent Person |
| Fire Safety | <input type="checkbox"/> FS 201 Applied Fire Safety, Protection, and Analysis (Online) or <input type="checkbox"/> FS 202 Applied Fire Safety, Protection, and Analysis or <input type="checkbox"/> FS 1500 Fire Safety and Health Management |
| Hazard Communication/GHS | <input type="checkbox"/> SH 912 Hazard Communication GHS (Global Harmonization System) or <input type="checkbox"/> OSHA #510 OSHA Standards for Construction or <input type="checkbox"/> OSHA #511 OSHA Standards for General Industry or <input type="checkbox"/> OSHA #2015 Hazardous Materials |
| Healthcare | <input type="checkbox"/> SH 201 Trainer Course for Healthcare Employee Safety and Health |
| Hot Work | <input type="checkbox"/> SH 350 Hot Work (Online) or <input type="checkbox"/> SH 920 Process Safety Management (PSM) |
| Hydrogen Sulfide | <input type="checkbox"/> OG 202 Hydrogen Sulfide (H₂S) |
| Job Hazard Analysis | <input type="checkbox"/> SH 105 Job Hazard Analysis/Job Safety Analysis |
| Ladders | <input type="checkbox"/> OSHA #510 Occupational Safety and Health Standards for the Construction Industry or <input type="checkbox"/> OSHA #511 Occupational Safety and Health Standards for General Industry or <input type="checkbox"/> OSHA #3115 Fall Protection or <input type="checkbox"/> OSHA #7405 Fall Hazard Awareness for the Construction Industry |
| Lockout/Tagout | <input type="checkbox"/> OSHA #2045 Machinery and Machine Guarding Standards or <input type="checkbox"/> OSHA #3095 Electrical Standards or <input type="checkbox"/> OSHA #7115 Lockout/Tagout |
| Machine Guarding | <input type="checkbox"/> OSHA #2045 Machinery and Machine Guarding Standards |

Authorized Trainer Program Designations Cont.

| Designation | Designation Prerequisite |
|--------------------------------------|--|
| Material Handling | <input type="checkbox"/> OSHA #511 OSHA Standards for General Industry or <input type="checkbox"/> OSHA #7005 Public Warehousing and Storage |
| Noise | <input type="checkbox"/> OSHA #7400 Noise Hazards in the Construction Industry |
| Occupational Health | <input type="checkbox"/> OSHA #521 OSHA Guide to Industrial Hygiene or <input type="checkbox"/> OSHA #7205 Health Hazard Awareness |
| Office Safety & Health | <input type="checkbox"/> SH 110 <i>Office Safety & Health (Online)</i> |
| Oil & Gas | <input type="checkbox"/> OSHA #5810 Hazard Recognition and Standards for On-Shore Oil and Gas Exploration and Production |
| Pandemic Microbial Infection | <input type="checkbox"/> OSHA #7210 Pandemic Influenza Preparedness |
| Personal Protective Equipment | <input type="checkbox"/> OSHA #510 OSHA Standards for Construction or <input type="checkbox"/> OSHA #511 OSHA Standards for General Industry |
| Recordkeeping | <input type="checkbox"/> OSHA #510 Occupational Safety and Health Standards for the Construction Industry or <input type="checkbox"/> OSHA #511 Occupational Safety and Health Standards for General Industry or <input type="checkbox"/> OSHA #7845 Recordkeeping Rule Seminar or <input type="checkbox"/> SH 770 Quantitative Methods in Safety and Health Management (Metrics) or <input type="checkbox"/> SH 780 Accident Reporting, Investigation, and Analysis |
| Respiratory Protection | <input type="checkbox"/> OSHA #2225 Respiratory Protection |
| Risk Management | <input type="checkbox"/> RM 101 Safety, Health, and Environmental Risk Management (SHERM) Principles |
| Safety Metrics | <input type="checkbox"/> MS 901 Management System Design for EHS or <input type="checkbox"/> SH 900 Leading Measures for Improving Safety Performance or <input type="checkbox"/> SH 770 Quantitative Methods in Safety and Health Management (Metrics) |
| Scaffolding | <input type="checkbox"/> OSHA #3085 Principles for Scaffolding or <input type="checkbox"/> CPT 103 Scaffolding Safety for the Competent Person |
| Silica | <input type="checkbox"/> OSHA #7215 Silica in Construction, Maritime, and General Industries or <input type="checkbox"/> CPT 106 Silica for the Competent Person or <input type="checkbox"/> SH 210 OSHA's New Silica Standard |
| Tool Safety | <input type="checkbox"/> OSHA #510 Occupational Safety and Health Standards for the Construction Industry or <input type="checkbox"/> OSHA #511 Occupational Safety and Health Standards for General Industry or <input type="checkbox"/> OSHA #2045 Machinery and Machine Guarding Standards or <input type="checkbox"/> OSHA #7100 Introduction to Machinery and Machine Safeguarding |