



Statement of Compliance with Outreach Training Program Requirements

I certify that I will conduct all outreach training classes in accordance with the OSHA Outreach Training Program requirements. I understand that it is my responsibility to ensure that I meet the requirements of the most recent edition of the OSHA Outreach Training Program requirements and related procedures. I will maintain the training records as required by the requirements and procedures and I will provide these records to the OSHA Directorate of Training and Education (or its designee) upon request.

I understand that I will be subject to immediate dismissal from the Outreach Training Program if I provide information that is not true, complete and correct. I further understand that providing false information may subject me to civil and criminal penalties under Federal law, including 18 U.S.C. Sec. 1001 and 29 U.S.C. 666(g), which provides criminal penalties for making any false statement, representation or certification.

Trainer Signature

Date

Printed Last Name

Printed First Name

Name of Course

Course Dates

ACKNOWLEDGEMENT AND RELEASE

Release Statement - Check the box that applies

- I authorize the California State University Dominguez Hills OSHA Training Institute Education Center to release my name and contact information as an authorized OSHA Outreach Trainer.
- I am an in-house trainer for my company's employees. Do not release my contact information.

Signature: _____

Date: _____