



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) Exposure
 - a) Exposure Routes
 - b) Effects Vs. Concentrations
 - c) Medical Surveillance
 - d) Exposure Monitoring
- 3) Monitoring
 - a) Where is Carbon Monoxide Found?
 - b) Monitors
 - c) Confined Spaces
- 4) Safe Workplaces
 - a) Hierarchy of Controls
 - b) Elimination/Substitution
 - c) Engineering Controls
 - d) Administrative Controls
 - e) PPE
- 5) Personal Protective Equipment
 - a) Respirators
 - b) Air Supplying Respirators
 - c) Inspection
 - d) Cleaning & Storage
 - e) Training
 - f) Medical Evaluation
 - g) Fit Test
 - h) Safety Equipment
- 6) Hazards
 - a) Distractions
 - b) Fatigue



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c) Emotions/Physical Health

7) Conclusion