



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) Overview/History
- b) Standards
- c) Terms

2) Exposure

- a) Deadly Dust
- b) Forms of Contact
- c) Limits
- d) Testing
- e) Records

3) Diseases

- a) Overview
- b) Silicosis
- c) Lung Cancer
- d) Other Diseases

4) Controls

- a) Overview
- b) Hierarchy of Controls
- c) Elimination
- d) Substitution
- e) Engineering Controls
- f) Administrative Controls

5) Engineering Controls

- a) Water Systems
- b) Dust Collector Systems
- c) Vehicle Cabs

6) Administrative Controls

- a) Written Exposure Plan
- b) Training
- c) Medical Surveillance



TRAINING OUTLINE

7) PPE

- a) Air Purifying Respirator
- b) Air Supplying Respirator
- c) Inspection
- d) Cleaning & Storage
- e) Training
- f) Medical Evaluation
- g) Fit Test
- h) User Seal Check
- i) Filters

8) Conclusion