## Fill out and return to: Or fax to: **WBSF Safety & Environmental Affairs** (818) 954-2805 4000 Warner Blvd. Bldg. 44, 2<sup>nd</sup> Floor Questions? Please call: Burbank, CA 91522 (818) 954-2890 **Production Name:** To Be Completed By: Supervisor **Production Office Copies Sent To:** Safety Dept. To Be Stored By: Coordinator **Production Location: Today's Date:** When: When training is required. **Special Instructions: Frequency:** For any job for which employee has not been trained. **Training Selections** A. Aerial Lift Safety\* B. Bloodborne Pathogens C. Confined Space Entry D. Fall Protection E. Forklift Safety\* F. Hazard Communication G. Lifting Practices I. Powder-Actuated Tools\* H. Lockout/Tagout J. Respiratory Protection K. Trenching & Shoring\* \* Indicates training classes arranged by S&EA, but provided by outside vendors. Name **Job Description Training Required** e.g. John Smith e.g. Electrician e.g. A, C, H