



CONTRACTOR EMPLOYEE TRAINING RECORD

NAME OF EMPLOYER: _____

NAME OF EMPLOYEE: _____

Employee is to initial each box when instruction is complete and understood.

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|--|---|---|
| 1) DFS General Site Safety Rules | [|] |
| 2) DFS Facility Entrance and Exit Requirements | [|] |
| 3) DFS Emergency Action Plan | [|] |
| 4) DFS Incident Investigation Procedure | [|] |
| 5) Personal Protective Equipment (PPE) Required | [|] |
| 6) DFS Risk Management Plan Overview | [|] |
| 7) Hazards of Ammonia (SDS Review) | [|] |
| 8) Hazard Communication (GHS) Requirements | [|] |
| 9) DFS Fire Prevention and Protection Plan | [|] |
| 10) Contractor Scaffolding, Respiratory, Fall Protection, etc. | [|] |
| 11) DFS Spill Prevention, Control and Countermeasures Plan | [|] |
| 12) DFS Storm Water Pollution Prevention | [|] |
| 13) DFS Air Quality Permit | [|] |

Training to be completed by On-Site Coordinators / Contract Representative (as needed)

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|---|---|---|
| 14) DFS Clearance Program | [|] |
| 15) DFS Energy Verification and Control Program | [|] |
| 16) DFS Hot Work Program | [|] |
| 17) DFS Barricade Tape Procedure Requirements | [|] |
| 18) DFS Belt Manlift Procedure | [|] |
| 19) DFS Mobile Equipment Requirements | [|] |
| 20) DFS Confined Space Entry Program | [|] |
| 21) DFS Portable Gas Monitors Procedure | [|] |

On this date, _____, I have reviewed the above initialed items and understand my responsibilities regarding the safety rules and safe work practices required for Basin Electric-DFS.

Employee Name: PRINTED

Identification Number

Employee Signature

Date

I certify that the above-named employee has received the training indicated above.

Print Name Supervisor/Trainer

Signature Supervisor/Trainer