

Rocky Mountain Education Center Tier I Trainer Agreement

NOTE: COMPLETE and RETURN ONLY A TIER I or TIER II FORM
All Participants must complete either a TIER I or TIER II FORM to receive a course completion certificate

I am **eligible to receive training as a Trainer** in the *Health & Safety Practices Under the HazCom Standard – COVID-19 Safe Work Place Planning* course because:

CHECK ALL THAT APPLY

____ I am employed as an instructor by a **Company** that **employs fewer than 250 individuals** to train workers.

____ I am employed as an instructor by an independent Safety Training Services company to train at client Companies that **employ fewer than 250 individuals.**

____ I am employed by a public (local, state or federal agency) with primary responsibilities for health and safety of employees in the workplace. This grant program does not cover activities that benefit state and local government employees unless the employees are responsible for occupational safety and health duties within their agency. These employees include agency's safety and health trainers/program managers/committee members, or other employees who may be responsible for the abatement of unsafe and unhealthy working conditions in their agency. Most state and local government employees are ineligible trainees under this program, including those who may have occupational safety and health protection because they work in a state operating an OSHA-approved State Plan occupational safety and health program.

I agree that the teaching materials will be used only in its entirety for the instruction of the course authorized by OSHA/Terms of Grant and RMEC. Only an individual authorized as a trainer by RMEC may use these instructional materials. At no time will content be shared, copied or modified for use in other courses or shared, published or copied in any other form.

I agree to make a good faith effort to train no fewer than 10 workers between this time and September 30, 2021.

PRINT LEGIBLY Full Legal Name _____

Signature _____ Date _____

Email: _____ Contact Phone: _____

Grant Course Instructor: _____ Location: _____ Course Date: _____

Teaching Materials Use and Authorization to Instruct

RMEC will provide the following support services to individuals satisfying the requirements to conduct training as stated in this agreement. RMEC will provide the following support services-

1. Tier I trainers must attend at least one 30 minute online orientation session to receive the link to training materials and reporting documents. Sessions are held the first Tuesday of each month at 9:00am MT.
2. Trainers must PROVIDE a minimum of 14 day notice before course date to include student roster and date and location of training when requesting hard copies of the student manuals.
3. RMEC will supply digital copies of grant required participant forms and rosters. The trainer must certify the attendance with his or her signature of each attendee using the supplied .xlsx roster with typed full names of all participants.
4. Tier I trainers will need to return a completed and signed Tier II participant form for each participant trained.
5. RMEC will provide a cloud storage link for Tier I instructors to upload all reporting documents at the end of the training session.
6. RMEC will provide copies of certificates for each individual who completes the training for distribution by the Tier I trainer at no cost.

**Health & Safety Practices Under the HazCom Standard –COVID-19 Safe Work Place Planning
(OSHA/DOL 2020 Susan Harwood Grant SH-99036-SH0)
Tier II**

NOTE: COMPLETE and RETURN ONLY A TIER I or TIER II FORM
All participants must complete either a Tier I or Tier II form to receive a completion certificate for the course

I am eligible to receive training as a **PARTICIPANT** in the *Health & Safety Practices Under the HazCom Standard –COVID-19 Safe Work Place Planning* course because:

*(Please check **each one** that applies to you)

I am employed by a Construction or General Industry Company, that employs fewer than 250 individuals.

_____ In the past, I have worked for a Construction or General Industry Company or a supplier of goods and/or services to these Industries, and intend to apply for a related job.

_____ I intend to seek employment with a Construction or General Industry Company or a supplier of goods and/or services to these Industries.

_____ I intend to apply for work with a temporary job agency, and will accept temporary employment with a Construction or General Industry Company or a supplier of goods and/or services to these industries.

_____ I am employed by a public (local, state or federal) agency. This grant program does not cover activities that benefit state and local government employees unless the employees are responsible for occupational safety and health duties within their agency. These employees include agency’s safety and health trainers/program managers/committee members, or other employees who may be responsible for the abatement of unsafe and unhealthy working conditions in their agency. Most state and local government employees are ineligible trainees under this program, including those who may have occupational safety and health protection because they work in a state operating an OSHA-approved State Plan occupational safety and health program.

COMPLETE ALL FIELDS

*Printed Name: _____ (as it will appear on Certificate of Completion)

*Signature: _____ *Date: _____

Address _____

*Email _____ Contact phone: _____

Course Date _____ Instructor: _____ Location: _____

*** Must be completed to qualify for Certificate of Completion**