

# *New Environment, Inc.*

## BACKGROUND SURVEY / EVALUATION

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Course: \_\_\_\_\_ Date: \_\_\_\_\_

Background is evaluated to determine and document each trainees prior training and experience in accordance with 29 CFR 1910.120 (e) (9). Each student is asked to provide information regarding their background in the following areas.

1. Formal Health and Safety Training and approximate number of hours spent in the same:

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2. Informal Health and Safety Training and approximate number of hours spent in the same:

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3. Safety equipment used in past jobs: (Circle One) Level A B C D

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4. Number of years using items listed in #3 above: \_\_\_\_\_

5. Number of years total work experience: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

The above information will remain strictly confidential and is used only for verification purpose.

# EXAMPLE SHEET

## 1. Formal Health and Safety Training and approximate number of hours spent in the same:

*(ANY TRAINING THAT WAS DONE IN A CLASSROOM ENVIRONMENT TRAINING THAT WAS DOCUMENTED IN SOME FORM)*

**EX:** LIST ANY FORMAL DEGREES THAT YOU MAY HOLD ( i.e.: PHD, BS, etc.)  
INDICATE ANY AND ALL CHEMICAL OR SAFETY RELATED COURSES WHICH YOU HAVE COMPLETED.

**EX.** FIRST AID/CPR = 16 HOURS  
CONFINED SPACE TRAINING = 8 HOURS  
ASBESTOS TRAINING = 40 HOURS  
RESPIRATORY PROTECTION = 4 HOURS  
LEAD ABATEMENT = 16 HOURS  
FORKLIFT SAFETY = 8 HOURS

*IF POSSIBLE PROVIDE COPIES OF ALL CERTIFICATES*

## 2. Informal Health and Safety Training and approximate number of hours spent in the same:

*(ANY TRAINING THAT WAS DONE OUTSIDE A CLASSROOM ENVIRONMENT TRAINING NOT DOCUMENTED, OR TRAINING THAT WAS DONE ON-SITE)*

**EX.** JOB SITE ORIENTATIONS = 16 HOURS  
CONTRACTORS SAFETY PROGRAM = 8 HOURS  
RESPIRATOR FIT TESTING = 1 HOUR PER YEAR  
RESPIRATORY PROTECTION = 4 HOURS  
MONTHLY SAFETY MEETINGS = 30 MINUTES A WEEK

LIST ANY AND ALL SAFETY RELATED VIDEO PROGRAMS YOU HAVE SEEN = X HOURS

BACK INJURY = 20 MINUTES      BLOODBORNE PATHOGENS = 30 MINUTES  
CHEMICAL SAFETY = 10 MINUTES      USING FORKLIFTS SAFELY = 15 MINUTES

## 3. Safety equipment used in past jobs:      (Circle One)      Level      A      B      C      D

*(IF YOU KNOW THE LEVEL YOU ARE TRAINING IN THEN CIRCLE THAT LEVEL. ALSO, LIST OUT ANY OTHER TYPE OF PERSONAL PROTECTIVE EQUIPMENT THAT YOU HAVE USED IN THE PAST.)*

**EX.** FACE SHIELDS, AIR MONITORING EQUIPMENT, LIFE LINES, TRI-POD SYSTEM, FALL PROTECTION, HEARING PROTECTION, RESPIRATORS, ETC.

*IF POSSIBLE, PROVIDE A COPY OF YOUR MOST RECENT FIT TEST RESULTS*

## 4. Number of years using items listed in #3 above: 12 YEARS

*FROM THE TIME YOU STARTED USING THE EQUIPMENT*

## 5. Number of years total work experience: 15 YEARS

*(FROM THE TIME YOU STARTED WORKING FULL-TIME WITH ANY EMPLOYER. WORKING MORE THAN 32 HOURS A WEEK)*