



**Specialist in Safety & Health
Healthcare Industry**

First Name: _____ Last Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

***A minimum of three (3) of the certificates for the SSH must have been completed at a Region VII OSHA Training Institute Education Center (OTIEC).**

Required Class:

OSHA #521 OSHA Guide to Industrial Hygiene Copy of Certificate: YES___

Elective Courses Completed (must have 3):

OSHA #511 Standards for General Industry Copy of Certificate: YES___

OSHA #2225 Respiratory Protection Copy of Certificate: YES___

OSHA #2255 Principles of Ergonomics Copy of Certificate: YES___

Healthcare Focus Four (counts towards one class) Copy of Certificates: YES___

OSHA #7000 OSHA Training Guidelines for Safe Patient Handling

OSHA #7200 Bloodborne Pathogens Exposure Control for Healthcare Facilities

OSHA #7205 Health Hazards Awareness

OSHA #7845 Recordkeeping Rules

(OVER)

