



Certified Safety and Health Official (CSHO) Application

General Industry

First Name: _____ Last Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

***A minimum of six (6) of the certificates for the CSHO must have been completed at a Region VII OSHA Training Institute Education Center (OTIEC).**

Required Classes:

| | | |
|---|----------------------|--------|
| OSHA #511 Standards for General Industry | Copy of Certificate: | YES___ |
| OSHA #2045 Machinery and Machine Safeguarding | Copy of Certificate: | YES___ |
| OSHA #2225 Respiratory Protection | Copy of Certificate: | YES___ |
| OSHA #2255 Principles of Ergonomics | Copy of Certificate: | YES___ |
| OSHA #2264 Permit-Required Confined Space Entry | Copy of Certificate: | YES___ |
| OSHA #3095 Electrical Standards | Copy of Certificate: | YES___ |

Elective courses completed (must have two 2):

| | | |
|---|----------------------|--------|
| OSHA #501 Trainer Course for General Industry | Copy of Certificate: | YES___ |
| OSHA #510 Standards for Construction Industry | Copy of Certificate: | YES___ |
| OSHA #521 Introduction to Industrial Hygiene | Copy of Certificate: | YES___ |
| OSHA #2015 Hazardous Materials | Copy of Certificate: | YES___ |
| OSHA #3015 Excavation, Trenching & Soil Mechanics | Copy of Certificate: | YES___ |
| OSHA #3115 Fall Protection | Copy of Certificate: | YES___ |

(over)



I certify that the information entered on this form is true and complete to the best of my knowledge, and further acknowledge that if the above information is willfully false, I am subject to punishment and/or disciplinary sanction including certificate denial, suspension/ revocation or the imposition of civil penalties as may be provided by law.

Please check box of choice for award and/or certificate:

Award & Certificate (\$105)_____
 (shipping extra)

Certificate only (\$25)_____

Signature of Applicant Date

Received By Date

Approved By Date