

CPWR Student Registration Form

(Complete both sides of form)

Course Information:

Course Type:	Date(s):	City:	State:
Course ID #:			

Student Information:

Name:			
Street Address:			
City:		State:	Zip:
Phone:		Email:	
Would you like to receive CPWR's monthly newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date (mm/dd/yy): ____ / ____ / ____	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other: _____			
The last <u>3</u> digits of your Social Security Number: <u> X </u> <u> X </u> <u> X </u> - <u> X </u> <u> X </u> - <u> X </u> _____			
Employer Name:		Are You a/an: (check one)	
City:		Pre-Apprentice <input type="checkbox"/> Apprentice <input type="checkbox"/>	
State:		Journey worker <input type="checkbox"/> Instructor <input type="checkbox"/>	
Other: _____			
Are You A Union Member? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please indicate your craft/trade and local union/district council below)</i>			
<input type="checkbox"/> Boilermakers	<input type="checkbox"/> BAC/Bricklayers	<input type="checkbox"/> UBC/Carpenters	<input type="checkbox"/> Electrical Workers
<input type="checkbox"/> Insulators/Asbestos Workers	<input type="checkbox"/> Ironworkers	<input type="checkbox"/> Laborers	<input type="checkbox"/> Operating Engineers
<input type="checkbox"/> IUPAT/Painters	<input type="checkbox"/> Plasterers/Cement Masons	<input type="checkbox"/> Roofers/Waterproofers	<input type="checkbox"/> Sheet Metal Workers
<input type="checkbox"/> United Association	<input type="checkbox"/> Other (please specify): _____		
Local Union/District Council:			
What resources do you most commonly turn to for the latest health and safety information? <i>(check (✓) up to 3)</i>			
<input type="checkbox"/> Union	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Government Agency <i>(please circle: OSHA, NIOSH, NIEHS, Other)</i>	<input type="checkbox"/> News Media
<input type="checkbox"/> CPWR Resources	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Other (please specify): _____	

For Trainer/Office Use Only:

Pre-Test: _____	Post-Test: _____	Hands-on Training Score: _____	Combined Score: _____
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Question 1:

In the last 5 years, have you done work that required you to be certified/trained for:					
Hazardous waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radiation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confined Space Entry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ICRA (Infection Control)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asbestos	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fall Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lead	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disaster Site Worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OSHA 10-hour Construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	OSHA 10-hour General Industry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OSHA 30-hour Construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	OSHA 30-hour General Industry	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Question 2:

In the last 2 years, have you come across any of the following safety/health hazards on the job site?			
Please check all that you have been exposed to at work:			
<input type="checkbox"/> Contaminated Soil	<input type="checkbox"/> Solvents	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Lead
<input type="checkbox"/> Contaminated Water	<input type="checkbox"/> Confined Spaces	<input type="checkbox"/> Nanoparticles	<input type="checkbox"/> Silica Dust
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Loud Noise	<input type="checkbox"/> Welding fumes	<input type="checkbox"/> Mold
<input type="checkbox"/> Lifting greater than 50 lbs.	<input type="checkbox"/> Ionizing Radiation	<input type="checkbox"/> Vibration	
<input type="checkbox"/> RF Radiation (cell antennas)	<input type="checkbox"/> Extreme Heat/Cold		
<input type="checkbox"/> Other hazards (<i>specify</i>):			
Please check the personal protective equipment provided to you:			
<input type="checkbox"/> Respirator with filters	<input type="checkbox"/> Respirator with air tank or hose	<input type="checkbox"/> Chemical resistant gloves	<input type="checkbox"/> Chemical resistant boots
<input type="checkbox"/> Chemical resistant suit	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Dust mask
<input type="checkbox"/> Other (<i>specify</i>):	_____		
<input type="checkbox"/> No PPE was provided	For which hazard above did you not get PPE?		

Question 3:

Are you taking this training because you need this certificate/training to go to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none">If Yes, please list the job and employer that requires you to be certified/trained in this topic.			
Job Site Name: _____			
Employer: _____			
Job Location (City, State): _____			

Question 4:

Have you ever worked at a Department of Energy site?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none">If Yes, which site? _____			