



Certified Safety and Health Official (CSHO) Application

Construction 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 #510 Standards for Construction Industry	Copy of Certificate: YES___
OSHA #521 Introduction to Industrial Hygiene	Copy of Certificate: YES___
OSHA #3015 Excavation, Trenching & Soil Mechanics	Copy of Certificate: YES___
OSHA #3115 Fall Protection	Copy of Certificate: YES___
OSHA #3095 Electrical Standards	Copy of Certificate: YES___
OSHA #2015 Hazardous Materials	Copy of Certificate: YES___

Elective courses completed (must have two 2):

OSHA #500 Trainer Course for Construction Industry	Copy of Certificate: YES___
OSHA #511 Standards for General Industry	Copy of Certificate: YES___
OSHA #2225 Respiratory Protection	Copy of Certificate: YES___
OSHA #2045 Machinery & Machine Guarding	Copy of Certificate: YES___
OSHA #2255 Principles of Ergonomics	Copy of Certificate: YES___
OSHA #2264 Permit-Required Confined Space Entry	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 (\$95)_____ (shipping extra)

Certificate only (\$25)_____ (shipping extra)

Signature of Applicant Date

Received By Date

Approved By Date