## Qualified Worker Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current Employer |  | | |  | | |  | |
| Years employed |  | | |  | | |  | |
| Full Name: | |  |  | |  |  | | Date |
|  | | |  |  | | --- | --- | |  |  |  Last | First | | M.I. |  | |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

## Minimum Required Safety Training

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ATTACH COPIES OF ALL TRAINING CERTIFICATES – TMEIC WILL NOT GRANT APPROVAL WITHOUT COPIES OF CERTIFICATES.** SHADED GRAY AREAS CONTAIN  DROP DOWN BOXES |  |  |  |  |  |  |  |
| NFPA 70E-Standard for Electrical Safety in the Workplace (2021) | YES | NO | Training Date: |  |  |  |  |
| First Aid, CPR, and AED | YES | NO | Training Date: |  |  |  |  |
| Bloodborne Pathogens | YES | NO | Training Date: |  |
| Personal Protective Equipment (PPE) | YES | NO | Training Date: |
| Electrical Safety – Qualified electrical worker training | YES | NO | Training Date: |  |
| Lockout Tagout - LOTO | YES | NO | Training Date: |  |
| Is the individual certified through TMEIC product training for the TMEIC Samurai? | YES | NO | Training Date: |
| Is the individual certified through TMEIC product training for the TMEIC Ninja? | YES | NO | Training Date: |
| Is the individual certified in OSHA 10? Choose an Industry | YES | NO | Training Date: |
| Is the individual certified in OSHA 30? Choose an Industry | YES | NO | Training Date: |
| Are they trained in the proper methods of releasing victims from contact with energized conductors? | YES | NO |  | |
| Can the individual determine the proper safe approach distances? | YES | NO |  |
|  |  |  |  |
| Do they understand the potential safety hazards from work on or near electrical conductors, equipment, circuit parts, and ways to avoid or eliminate the risks? | YES | NO |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are they trained in the proper personal protective equipment and safe work practices to be used? | YES | NO |  |
| Are they trained in the creation and use of Job Hazard Analysis’s (JHA)? | YES | NO |
| Can they distinguish live parts from other parts? | YES | NO |  |  | |  | | |  |  | |
| Can they determine the Nominal voltage? | YES | NO |  |  | |  | | |  |  | |
| Can they determine the Arc Flash Hazard? | YES | NO |  | |  | |  |  | | |
| Have they been trained on how to use test equipment properly? Including live-dead-live checks? | YES | NO |  |  | |  | | |  |  | |
| Can they determine the proper Safe Approach Distances? | YES | NO |  |  | |  | | |  |  | |

## Electrical Experience

|  |  |  |  |
| --- | --- | --- | --- |
| Current Company |  |  |  |
| Dates employed: |  |  |  |
| Address: |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job Title: |  | |  |  |  |  |
| Detailed  Responsibilities: | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Prior Company: |  |  |  |
| Dates employed: |  |  |  |
| Address: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  |  |  |  |

|  |  |
| --- | --- |
| Detailed Responsibilities: |  |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Prior Company: |  | | | |  |  | |
| Dates employed: |  | | | |  |  | |
| Address: |  | | | |  |  | |
| Job Title: |  | |  |  |  | |  |
| Detailed Responsibilities: | |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Prior Company: |  |  |  |
| Dates employed: |  |  |  |
| Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  |  |  |  |

|  |  |
| --- | --- |
| Detailed Responsibilities: |  |

## Disclaimer and Signature

I certify that my answers are accurate and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  |  | Date |

***PLEASE NOTE:*** ***OSHA 10/30 TRAINING IS NOT EQUIVALENT TO THE REQUIRED LOTO, ELECTRICAL SAFETY, BLOODBORNE PATHOGENS, OR PPE TRAINING.***

***CPR & FIRST AID CERTIFICATION NEEDS TO BE FROM THE AMERICAN RED CROSS, AMERICAN HEART ASSOCIATION, OR NATIONAL SAFETY COUNCIL.***

***APPROVAL FROM THE TMEIC EHS DEPENDS ON THE ANSWERS TO ALL QUESTIONS AS WELL AS DOCUMENTED TRAINING CERTIFICATES.***

***For questions, please contact the TMEIC EHS Department:***

***Debbie Fail – 540-520-8012 Email:*** [***Debra.Fail@tmeic.com***](mailto:Debra.Fail@tmeic.com)

***Nicholas Nelsen – 540-283-3903 Email:*** [***Nicholas.Nelsen@tmeic.com***](mailto:Nicholas.Nelsen@tmeic.com)

***PLEASE ATTACH ALL TRAINING CERTIFICATIONS***

***NOTES:***