

# 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 <b>3</b> 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"/> Journey worker <input type="checkbox"/> Instructor <input type="checkbox"/> Other: _____	
State:			
Are You A Union Member? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please indicate your craft/trade and local union/district council below)			
<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? (check ( ✓ ) up to 3)			
<input type="checkbox"/> Union <input type="checkbox"/> Trade Association <input type="checkbox"/> Government Agency (please circle: OSHA, NIOSH, NIEHS, Other) <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"><li>If Yes, please list the job and employer that requires you to be certified/trained in this topic.</li></ul>	
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"><li>If Yes, which site? _____</li></ul>	