

# Abstract Solutions

## OSHA 30 Hour General Industry Safety Training

This form helps us customize your safety training program to focus on the specific work related functions of your business. Please be sure to check all of the areas that apply.

Tasks that we perform:

Never Occasionally Often

- Repetitive Motion
- Ladder Use
- Stairway / Mezzanine Access
- Robots on Premises
- Use of Cranes / Gantries
- Use of Automation Equipment
- Use of Powered Industrial Vehicles
- Lasers on Premises
- CNC / Lathe Use
- Robotics
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Tasks that we perform:

Never Occasionally Often

- Heavy Lifting
- Chemical Exposure / MSDS Use
- Palletizing
- Work in Confined Space
- Welding or High Temp Cutting
- Compressed Gases
- Hand and Power Tool Use
- Electrical Assembly
- Exposure to Sharp Edges
- Rigging

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Email Address: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward this completed form via toll free fax

Toll Free Fax 1-866-600-6602



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