



**“Manufacturers’ Health and Safety Association
Manufacturing Safety Officer Registration Form”**

This registration information is required for any persons within the Manufacturers’ Health and Safety Association’s membership who are pursuing the Manufacturing Safety Officer (MSO) Certification. This registration form also tracks training accomplishments for the MSO Certification process. Once this form is completed, please send it into your regional MHSOA office.

Please print the following information:

Last Name: _____ First Name: _____ Initial: _____

Company Name: _____

Company Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____ Fax: _____

Company Phone: _____ Home Phone: _____

Date of Registration: _____

The Participant must also submit a recommendation letter from their employer(s) verifying a minimum of three (3) years health and safety experience in the manufacturing industry. Certification will only be granted once the required courses are in place and test is completed.

MHSOA Office Use Only:

Date Registration Received: _____ MSO File Number: _____

Registration Approved By: _____ Position: _____

Letter(s) of Employer Recommendation Received From:

MSO Course Tracking Information

Compulsory Courses

- | | | |
|--|-------------|-----------------------|
| <input type="checkbox"/> Accident Investigation (1-Day) | | Date Completed: _____ |
| <input type="checkbox"/> Back Injury Prevention (1/2- Day) | | Date Completed: _____ |
| <input type="checkbox"/> Effective Disability Management (2-Day) | | Date Completed: _____ |
| <input type="checkbox"/> Safety Basics (2-Day) | | Date Completed: _____ |
| <input type="checkbox"/> Hazard Assessment (1/2-Day) | | Date Completed: _____ |
| <input type="checkbox"/> Standard First Aid (2-Day) | | Date Completed: _____ |
| <input type="checkbox"/> Substance Abuse Prevention Program (SAAP) (1-Day) | | Date Completed: _____ |
| <input type="checkbox"/> Leadership for Safety Excellence (2-Day) | Mark: _____ | Date Completed: _____ |
| <input type="checkbox"/> Workplace Hazardous Information System (2-Day)
(WHMIS) Train the Trainer | | Date Completed: _____ |
| <input type="checkbox"/> General Safety Regulations Competency
Test (prepared by the MHSA) | Mark: _____ | Date Completed: _____ |

Applicant Must Submit the Following:

- | | |
|--|-----------------------|
| <input type="checkbox"/> Copy of Toolbox Meeting prepared and conducted by applicant | Date Submitted: _____ |
| <input type="checkbox"/> Copy of an Accident Investigation completed by applicant | Date Submitted: _____ |
| <input type="checkbox"/> Copy of a Company Hazard Assessment completed by applicant | Date Submitted: _____ |
| <input type="checkbox"/> Copy of a Company Worksite Safety Inspection completed by applicant | Date Submitted: _____ |

Elective Courses (any four of the following)

- | | | |
|--|---------------------------|-----------------------|
| <input type="checkbox"/> Basic Rigging (1-Day) | | Date Completed: _____ |
| <input type="checkbox"/> Behaviour Based Safety | | Date Completed: _____ |
| <input type="checkbox"/> Confined Space Awareness | | Date Completed: _____ |
| <input type="checkbox"/> Driver Fatigue Management | | Date Completed: _____ |
| <input type="checkbox"/> Emergency Planning | | Date Completed: _____ |
| <input type="checkbox"/> Ergonomics | | Date Completed: _____ |
| <input type="checkbox"/> Fall Protection Awareness (1-Day) | | Date Completed: _____ |
| <input type="checkbox"/> Fire Safety Program | | Date Completed: _____ |
| <input type="checkbox"/> Forklift Training (1-Day) | Mark: _____ | Date Completed: _____ |
| <input type="checkbox"/> Health and Safety Committees (1/2-Day) | | Date Completed: _____ |
| <input type="checkbox"/> Indoor Air Quality | | Date Completed: _____ |
| <input type="checkbox"/> Industrial Hygiene | | Date Completed: _____ |
| <input type="checkbox"/> Noise and Hearing Conservation | | Date Completed: _____ |
| <input type="checkbox"/> Overhead Crane Train the Trainer (1-Day) | Mark: _____ | Date Completed: _____ |
| <input type="checkbox"/> Respiratory Protective Equipment- Certified Fit Tester | | Date Completed: _____ |
| <input type="checkbox"/> Safety Auditor Training and Certification
(2-Day) | Date of Peer Audit: _____ | Date Completed: _____ |
| <input type="checkbox"/> Spill Response Awareness | | Date Completed: _____ |
| <input type="checkbox"/> Transportation of Dangerous Goods (TDG) Train the Trainer | | Date Completed: _____ |
| <input type="checkbox"/> Violence and Harassment in the Workplace | | Date Completed: _____ |

Every two (2) years the Manufacturing Safety Officer must obtain a total of 8 credits.

2 Days = 4 Credits:

1 Day = 2 Credits:

½ Day = 1 Credit