

Manufacturing Safety Officer Application Form

This application information is required for any person within the Manufacturers' Health and Safety Association's membership. Once completion dates have been achieved in *all courses and LSE Proficiency*, please complete and submit this application form to your regional MHSA office.

SECTION 1 - PERSONAL INFORMATION	
Application Date (mm/dd/yyyy):	
Name:	
E-mail Address:	
Phone:	
COMPANY INFORMATION	
Company Name:	
Position in Company:	
City:	
SECTION 2 – MHSA COMPULSORY COURSES (required courses)	
<i>PLEASE NOTE: Certification dates must be not later than 5 years before this application date.</i>	
Safety Basics <input type="checkbox"/>	Safety Auditor <input type="checkbox"/>
Hazard Assessment <input type="checkbox"/>	Incident Investigation <input type="checkbox"/>
Leadership for Safety Excellence <input type="checkbox"/>	Standard First-Aid <input type="checkbox"/>
Proficiency	Include Copy with Submission
SECTION- 3 ELECTIVE COURSES (any 6 courses)	
<i>PLEASE NOTE: Certification dates must be not later than 5 years before this application date.</i>	
Basic Machine Guarding <input type="checkbox"/>	Forklift Train-the-Trainer <input type="checkbox"/>
Basic Rigging Safety <input type="checkbox"/>	Lock Out / Tag Out <input type="checkbox"/>
Critical Incident Stress Management <input type="checkbox"/>	Overhead Crane Operator <input type="checkbox"/>
Emergency Response Planning <input type="checkbox"/>	Overhead Crane Train-the-Trainer <input type="checkbox"/>
Responding to OHS Investigations <input type="checkbox"/>	Safety Awareness <input type="checkbox"/>
Fire Extinguisher Training <input type="checkbox"/>	Effective Disability Management <input type="checkbox"/>
Fitness for Duty (Drug and Alcohol) <input type="checkbox"/>	Fall Protection End User <input type="checkbox"/>
Forklift Operator <input type="checkbox"/>	Back Injury Prevention <input type="checkbox"/>
Violence and Harassment <input type="checkbox"/>	Health and Safety Committee <input type="checkbox"/>
In the Work Place	Guidelines
SECTION 4 - RECOMMENDATION LETTER	
Letter Included <input type="checkbox"/>	
Company Providing Letter:	
Company Contact:	Contact's Phone:

Print, Complete, Scan

Ensure that all 4 sections have been completed and all fields are filled in before forwarding to your regional MHSA office, or mso@mhsa.ab.ca.

REFERENCE NO: MSO-05	EFFECTIVE DATE: January 5, 2007
REVISION NO. 05	REVISION DATE: January 01, 2019