



Manufacturing Safety Officer Application Form

INSTRUCTIONS

This application information is required for any person within the Manufacturers' Health and Safety Association's membership, or others who are pursuing the Manufacturing Safety Officer designation. 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

DATE SUBMITTED:
(MM/DD/YYYY)

NAME:

HOME E-MAIL ADDRESS:

HOME PHONE:

PERSONAL CELL PHONE:

CITY:

PROVINCE:

POSTAL CODE:

COMPANY INFORMATION

COMPANY NAME:

COMPANY ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

COMPANY PHONE:

COMPANY EMAIL ADDRESS:

POSITION IN COMPANY:

EMPLOYMENT DATE:
(MM/DD/YYYY)

PLEASE INDICATE WHICH INFORMATION WE CAN USE TO CONTACT YOU:

PERSONAL

BUSINESS

NOTE: ENSURE ALL FIELDS ARE COMPLETED BEFORE GOING TO SECTION 2.

SECTION 2 - COMPULSORY COURSES | CERTIFICATION DATES (MM/DD/YYYY)

PLEASE NOTE: CERTIFICATION DATES MUST BE NOT LATER THAN 5 YEARS BEFORE THIS APPLICATION DATE.

SAFETY BASICS

HAZARD ASSESSMENT & ANALYSIS

LEADERSHIP FOR SAFETY EXCELLENCE

CERT NO. :

SAFETY AUDITOR

CERT NO. :

EFFECTIVE DISABILITY MANAGEMENT

INCIDENT INVESTIGATION

STANDARD FIRST-AID

PLEASE INCLUDE COPY WITH SUBMISSION

Printed On: 12/03/2014 10:37:00 AM

REFERENCE NO: MSO-02
REVISION NO. 04

EFFECTIVE DATE: January 5, 2007
REVISION DATE: January 05, 2016

NOTE: ENSURE ALL FIELDS ARE COMPLETED BEFORE GOING TO SECTION 2.

SECTION 3 - ELECTIVE COURSES

CERTIFICATION DATES (MM/DD/YYYY)

PLEASE NOTE: CERTIFICATION DATES MUST BE NOT LATER THAN 5 YEARS BEFORE THIS APPLICATION DATE.

BASIC MACHINE GUARDING	<input type="checkbox"/>	
BASIC RIGGING SAFETY	<input type="checkbox"/>	
CRITICAL INCIDENT STRESS MANAGEMENT	<input type="checkbox"/>	
EMERGENCY RESPONSE PLANNING	<input type="checkbox"/>	
FALL PROTECTION END USER (OSSA)	<input type="checkbox"/>	
FIRE EXTINGUISHER TRAINING	<input type="checkbox"/>	
FORKLIFT OPERATOR	<input type="checkbox"/>	
FORKLIFT TRAIN-THE-TRAINER	<input type="checkbox"/>	
HEALTH & SAFETY COMMITTEE GUIDELINES	<input type="checkbox"/>	
LOCK OUT / TAG OUT	<input type="checkbox"/>	
OVERHEAD CRANE OPERATOR	<input type="checkbox"/>	
OVERHEAD CRANE TRAIN-THE-TRAINER	<input type="checkbox"/>	
RESPIRATORY PROTECTIVE EQUIPMENT	<input type="checkbox"/>	
WHMIS TRAIN THE TRAINER	<input type="checkbox"/>	
VIOLENCE & HARASSMENT IN THE WORKPLACE	<input type="checkbox"/>	

NOTE: ENSURE ALL FIELDS ARE COMPLETED BEFORE GOING TO SECTION 4.

SECTION 4 - RECOMMENDATION LETTER

LETTER INCLUDED:

COMPANY PROVIDING LETTER:

COMPANY ADDRESS:

COMPANY CONTACT:

CONTACT PHONE:

MSO APPLICANTS: ENSURE THAT ALL 4 SECTIONS HAVE BEEN COMPLETED AND ALL FIELDS ARE FILLED IN BEFORE FORWARDING TO YOUR REGIONAL MHSA OFFICE.

SUBMISSION

- 2-PAGES OF THE MSO APPLICATION FORM
- FIRST AID CERTIFICATE AND RECOMMENDATION LETTER.

EQUIVALENCIES

THERE ARE NO EQUIVALENCIES ACCEPTED.

Applications can be submitted to: mso@mhsa.ab.ca