



Prerequisite Verification Form Worksheet - Name:

Date:

Describe occupational (workplace) safety and health experience to include safety related activities, roles and responsibilities, and provide details of your working knowledge of OSHA's

standards by respective industry. Construction General Industry Maritime

Addendum to line item #18	List one activity on each line and then list % of time spent	% of my	Check one
			<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
			<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
			<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
			<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
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			<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
			<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year

If additional space is required to elaborate on your safety and health experience, include when submitting the prerequisite verification form.

Addendum to line item #28	List one activity on each line and then list % of time spent	% of my	Check one
			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
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			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years

If additional space is required to elaborate on your safety and health experience, include when submitting the prerequisite verification form.

Addendum to line item #38	List one activity on each line and then list % of time spent	% of my	Check one
			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
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			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years
			<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years

If additional space is required to elaborate on your safety and health experience, include when submitting the prerequisite verification form.