

# Notification of Completed Activity

Your name (please print) \_\_\_\_\_ Locator number of class \_\_\_\_\_ Date of class \_\_\_\_\_

Class title \_\_\_\_\_ Location of class \_\_\_\_\_

1. Please describe the activity you completed at your workplace as a result of taking the class.

2. Who at your company was involved in this activity?

3. What impact did this activity have on your company?

4. What barriers, if any, did you encounter?

5. How would you like your certificate to be sent to you?

E-mail

Fax

No thanks, I don't need one.

6. Please estimate the amount of time you spent on this activity.

Less than 1 hour

1-3 hours

3-5 hours

Over 5 hours

1a. In what category does your activity most accurately fit?

You may check more than one, if you need to.

Personal protective equipment

Policies, procedures

Management directive

Training

Housekeeping

Inspections/audits/assessments

Tools & equipment

Recordkeeping

Written program

Injury/illness trends

Safety team

Safety culture

Other \_\_\_\_\_

*See reverse side for methods of notifying the Training Center of your completed activity.*

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**Methods of notifying the Training Center of your completed activity**

Internet: (available Jan. 1, 2004)  
www.ohiobwc.com

E-mail: OCOSHTrng@bwc.state.oh.us

Fax: 1-614-365-4974

Call: 1-800-OHIOBWC (1-800-644-6292), follow the prompts for employer services, then safety services.

Mail: Ohio BWC Division of Safety & Hygiene Training Center  
13430 Yarmouth Drive  
Pickerington OH 43147-8310  
Attention: Notification of Completed Activity