|  |
| --- |
| Electrical training identified in sections 3 and 4 below must be completed prior to signing this form. A qualified person is one who has demonstrated skills and knowledge related to the construction and operation of electrical equipment, and installations, and has received safety training to identify the hazards and reduce the associated risk. Only those persons that are both qualified and authorized are permitted to perform the task specific activities listed in Section 1. Re-evaluation is required when changes in job assignment, the requirements or deficiencies are identified in the field. |
| Learner Information |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Worker Name (Print)  | Worker PR3 or HID  | Employer |
| Identification of Authorized Electrical Work, Work Experience, and Training |
| Section 1: Select the type of electrical work you will perform (see associated sections of work control). |
| [ ]  Specialized - QEW 1(For electrical workers who perform only a single, specialized task that will expose them to an electrical hazard.) | [ ]  Limited+ - QEW 2 (For electrical workers who perform variety of tasks that will expose them to an electrical shock or thermal hazard.) | [ ]  Full - QEW (For electrical workers who perform all types of work where any electrical hazard exists. Work may include but is not limited to exposed energized conductors and circuit parts; Voltage/current measurements; or Lockout Tagout) | [ ]  Other/Oversight (May fill out EWPs and EEWPs with relevant training but do not perform hands on work.) |
| Describe the job function and specific task activities to be performed (Required):  |
| Section 2: Characterize the experience and/or training the electrical worker has. |
|  Trainee License: \_\_\_  | Journeyman License: \_ \_ |  [ ]  N/A |
| Years of Experience: \_\_\_\_ | Other Technical Training or Certifications: \_ \_ |
| Section 3. Select and date the training completed for activity(s) described I section 1. |
| [ ]  Course #3149/044483 Annual Contact Release | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Section 4: Select and date the training completed for activity(s) described I section 1. |
| **Classroom Series** |
| [ ]  Course #1014 Full Electrical Worker (Pre-req for 2000) | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Course #2000 Electrical Safety for F&O and R&D Practical Evaluation | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Course #2001 Electrical Safety for R&D Work Only | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  \*Equivalency for non-PNNL OSHA/WISHA/NFPA 70E Training with the last 3 years (Require PNNL Electrical Safety SME approval) |
| OSHA/WISHA/NFPA 70E Training Course ID: \_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*SME Signature is only required for course equivalency approvals. |
| \_\_\_\_\_\_**PNNL Electrical SME (Print)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PNNL Electrical SME (Signature)** | \_\_\_\_\_\_**SME: PR# or HID** | **Date: \_\_\_\_\_\_\_\_** |
| **OR Computer Based Training (CBT) with Classroom Series** |
|  [ ]  Course #1959 Limited Electrical Worker, Specialized or Subcontractor (pre-req for OJT) |
| Must also select one of the below OJT Trainings – Single Task Electrical Safety Training |
| [ ]  Course 002004 | [ ]  Course 002005 | [ ]  Course 002608 |
|  Specialized or Subcontractor Lab Assist Activity 3 (Required): \_  |
| Manager Approval of Qualification |
| I have verified that the worker named above has the appropriate work experience and has completed the formal training indicated above in order to perform the activities specified and is authorized to perform the task specific activities specified in Section 1. |
| \_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ |  |
| **Manager Name (Print)** | **Manager Signature** | **Manager PR#, HID, or SR#** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_** |
| By signing the Worker understands limitations and scope to be performed. |
| \_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |  |
| **Worker Name (Print)** | **Worker Signature** | **Worker HID#**  | **Date: \_\_\_\_\_\_\_\_\_\_\_\_** |

To receive credit for training, please email documentation to the Laboratory Training Coordinator: LTC@pnnl.gov

Student/manager information must be legible to receive credit.