CERTIFIED SAFETY LEADER APPLICATION & CHECK SHEET

A goal of CNHI is to have a Certified Safety Leader in this location within 6 months of submitting this form. To understand what is required to become a Certified Safety Leader, refer to section 4 of the C.A.P.P. manual. This program is intended to help you bring your location to a higher level of safety.

Name: _____ **Job Title:_____**

City, ST:_____ **Location #:_____**

Date Started as safety leader:_____

This form will help you keep up with monthly Safety Leader Duties. If training is up to date for any of the items listed, place a check mark in the row for the month.

If you have any questions, please contact **Michelle Talerico @ 334-293-5814 or mtalerico@cnhi.com**.

Publisher's Initials												
Month	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Training												
Incident/Injury Investigations Completed												
Blood Borne Path Training (Annual)												
Building Walk Through (monthly)												
Confined Space Training (Annual)												
Emergency Action Plan Training (Annual)												
Ergonomic Training (Annual)												
First Aid Training (Annual)												
Fire Extinguisher Training (Annual)												
Fork Lift/Clamp Truck Training												
HazCom GHS Training (Annual)												
Hazard Inspection												
Hearing Conservation Training (Annual)												
Job Safety Analysis (Monthly)												
LOTO Training (Annual)												
Machine Guard Training (Annual)												
Personal Protective Equipment (Annual)												
Safety Committee Meeting (Monthly)												
Safety Alerts/Tool Box Talks (Monthly)												
Stairs/Ladder Training (Annual)												

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Month	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Driver Information (Annual)												
Slip Prevention-Ice Cleat												