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National Synchrotron Light Source II, Brookhaven National Laboratory			
Doc No. NSLSII-TRN-CRF-0030	Author: B. Lein	Effective Date: 25APR2019 Review Frequency: 3 yrs	Version 5
Title: NSLS-II Training Roster			Form

Purpose: This form is to be used by supervisors, system owners, and qualified trainers to document proof of instructor-led “on-the-job training” (OJT) or other instructional information provided to workers for job-specific knowledge or skills on procedures, tasks involving steps or checklists, and operations of equipment and systems.

Rosters with incomplete fields will not be entered into training histories and the form will be returned to the trainer.

Section I

Trainer completes all fields in this section.

Name of Instructor:	Bruce Ravel	Date of Training:	
Enter the Course Code for this training if it is listed on the following webpage (leave blank if it is not listed) http://www.bnl.gov/ps/training/courses/		Course Code Number:	PS-OJT-BLHSS-6BM
Enter the Controlled Document Number of the procedure (if training involves a NSLS-II procedure)		Procedure Number:	NSLSII-ESH-PRC-032
Indicate if this training is: RA: Read and Acknowledge of a procedure or OJT: On-the-Job Training of a procedure		Type of Training:	<input type="checkbox"/> RA <input type="checkbox"/> OJT

Provide a Training Title or Description for this training: **LS2 OJT BL Hutch Search and Secure 6-BM**

Section II

- Trainees sign below upon completion of the course. Use additional copies of this form if needed.
- **Rosters for on-the-job (OJT) training or evaluation of lockout/tagout (LOTO) of NSLS-II equipment or systems must show if the trainee is a “Primary Authorized Worker” or an “Authorized Worker” – check the appropriate box.**

	Trainee's Last Name	Trainee's First Name	Life No.	Trainee's Signature	LOTO ONLY
1					<input type="checkbox"/> AW <input type="checkbox"/> PAW
2					<input type="checkbox"/> AW <input type="checkbox"/> PAW
3					<input type="checkbox"/> AW <input type="checkbox"/> PAW
4					<input type="checkbox"/> AW <input type="checkbox"/> PAW
5					<input type="checkbox"/> AW <input type="checkbox"/> PAW
6					<input type="checkbox"/> AW <input type="checkbox"/> PAW
7					<input type="checkbox"/> AW <input type="checkbox"/> PAW
8					<input type="checkbox"/> AW <input type="checkbox"/> PAW
9					<input type="checkbox"/> AW <input type="checkbox"/> PAW
10					<input type="checkbox"/> AW <input type="checkbox"/> PAW
11					<input type="checkbox"/> AW <input type="checkbox"/> PAW
12					<input type="checkbox"/> AW <input type="checkbox"/> PAW

Section III

Trainer must complete this section.

Instructor's signature certifies attendance and satisfactory completion of training.

Instructor's Signature

Send completed forms to:
NSLS-II Training, Bldg 741 C09L