



# Authorized Training Provider Application Training Location Declaration Form

AUTHORIZED TRAINING PROVIDER NAME:

Training Location Name:

Address:  City:  Province:  Postal Code:

Course(s) you intend to offer at this location:

H2S  H2S Blended  ODA  FP  MEWP  CSEM  FPR  FRR  DCFS  CSO  FW

Instructor Name(s):

How many students can comfortably sit in the classroom:

Please indicate if you intend to offer Energy Safety Canada courses to your internal employees only. If Yes, you will not be added to Energy Safety Canada's public list of Authorized Training Providers.  Yes  No

## PUBLIC CONTACT INFORMATION:

Email:  Phone Number:

## PICTURES REQUIRED:

Please attach training site photos with this form before submission

- |   |   |
|---|---|
| 1. Adequate student/staff parking                                   | 5. Emergency Response Plan Posted   |
| 2. Muster point clearly visible                                     | 6. Washrooms  |
| 3. External signage indicating Authorized Training Provider name    | 7. Classroom(s): 4 different angles - must be able to understand classroom dimensions, student seating and sufficient space for practical exercises |
| 4. Fire extinguisher, fire exits and first aid equipment accessible | 8. PowerPoint projection and display equipment<br>White board or flip chart   |

Return the Completed form to: Energy Safety Canada - [Evaluations@EnergySafetyCanada.com](mailto:Evaluations@EnergySafetyCanada.com)



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1. Adequate student/staff parking



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2. Muster point clearly visible



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### 3. External signage indicating Authorized Training Provider Name



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4. Fire extinguisher

Fire Exit

First Aid equipment accessible



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## 5. Emergency Response Plan Posted

## 6. Washrooms

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## 7. Classroom




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2<sup>nd</sup> Classroom or Practical exercise area (if applicable)






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8. PowerPoint projection and display equipment, Whiteboard or flip chart
