

Training Requisition Form

(PRINT CLEARLY)

Course Code	Course Description	Class Duration (hours)
F100	Workplace Standard First Aid	16
F105	Workplace Standard First Aid - Refresher	6
F200	Forklift Training	8
F300	Yard Loader Safety	4
F510	Defensive Driving - Light Truck	8
F520	Defensive Driving - Heavy Truck	8
F700	Chainsaw Safety	8
F900	Online WHMIS	--
1000	Principles of Loss Control	16
2000	Fundamentals of Health & Safety for Supervisors	8
1700	Hazard Identification & Control	8
3000	Leadership for Safety Excellence	16
3500	Accident/Incident Investigation	8
4000	Safety Orientation	4
5000	WHMIS-Generic	4
6700	Trenching/Excavation Awareness	8
6800	Fall Protection - Basics	8
8000	Transportation of Dangerous Goods	8
8610	Manlift Safety Awareness	4
9200	Confined Space Awareness	16
9600	Lockout	4

Course Information		
Course Code:	Course Description:	
Language:	English <input type="checkbox"/>	French <input type="checkbox"/>
Expected Number of Participants:	Preferred Date #1:	
	Preferred Date #2:	
Individual Requesting Training		
Name:		
Title:		
Company:		
Contact Number:		
Email:		
Location of Training Session		
1. Location will be:		
2. I will notify NBFSA of the location <input type="checkbox"/>		
3. I want NBFSA to find a location <input type="checkbox"/>		
Billing Information (ALL SAFETY PASSPORTS & CERTIFICATES WILL BE SENT TO THIS ADDRESS)		
Company:		
Mailing Address:		
P.O. Box:	Community:	Business Phone: (506)
Province: New Brunswick	Postal Code:	Business Fax: (506)

OFFICE USE ONLY!

Course Confirmed: Yes Date:

Course Cancelled by who:

Date:

Reason:

Additional Notes: