



by Honeywell

# SAS : SALISBURY ASSESSMENT SOLUTIONS

## ELECTRICAL WORKER TRAINING FORM

### Company Information

Company: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website: \_\_\_\_\_

### Company Contacts

Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

### Electrical Hazard Training

Number of NFPA 70E classes Non-Electrical Workers (2 Hr): \_\_\_\_\_ Total Number of People (Limit 25 per class): \_\_\_\_\_  
 Address for Class: \_\_\_\_\_ Dates Requested: \_\_\_\_\_  
 \_\_\_\_\_

Number of NFPA 70E classes Electrical Workers (4 Hr): \_\_\_\_\_ Total Number of People (Limit 25 per class): \_\_\_\_\_  
 Address for Class: \_\_\_\_\_ Dates Requested: \_\_\_\_\_  
 \_\_\_\_\_

Number of OSHA Classes for 10 Hour Certificate: (10 Hr): \_\_\_\_\_ Total Number of People (Limit 40 per class): \_\_\_\_\_  
 Address for Class: \_\_\_\_\_ Dates Requested: \_\_\_\_\_  
 \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Distributor: \_\_\_\_\_  
 Account Manager: \_\_\_\_\_  
 Rep Group: \_\_\_\_\_  
 Rep Name: \_\_\_\_\_  
 RSM: \_\_\_\_\_

Please complete as much of the form as possible, but don't allow a particular item to prevent you from sending the form to us.

Please send completed forms via email to: [SAS@honeywell.com](mailto:SAS@honeywell.com) or via fax to 866-824-4922 or 630-343-3838