

OHIO SPECIAL RESPONSE TEAM

TRAINING REQUEST	1. COURSE TITLE		
2. TRAINING SUMMARY			
REQUESTING PARTY		COURSE ID # (MATRIX REFERENCE)	
MISSION STATEMENT (How does this training relate to the mission of OSRT?)			
PREREQUISITES			
DOES THIS TRAINING INVOLVE INTERACTION WITH ANY AGENCY OUTSIDE OSRT ? (✓)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS A WRITTEN REQUEST FROM THE OUTSIDE AGENCY ATTACHED ? (✓)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL TRAINING BE OUTSIDE THE CLASSROOM ? (✓) If "Yes" attach Hazard Assessment (OSRT 14-3)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL TRAINING EQUIPMENT BE NEEDED ? (✓)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. TRAINING LOCATION			
LOCATION OF TRAINING SITE			
STREET ADDRESS		CITY	STATE
			ZIP CODE
START DATE	END DATE	ADDITIONAL INFORMATION	
START TIME	END TIME		
4. APPROVAL			
REMARKS			
RISK ASSESSMENT RECEIVED BY TRAINING ? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO			
OSRT 40-5	5. APPROVED BY	6. SIGNATURE	7. INCIDENT DCN