QUALIFIED OPERATORS LIST

DATE RECEIVED (Completed by Committee Chair)	PERMIT NUMBER (To be provided by Committee)

TITLE (From Safety Permit Request. Limited to 70 characters including blank spaces)

LOCATION OF ACTIVITY (Include facility name, number, cell)

EXPERIENCE AND TRAINING REQUIREMENTS

(Provide a description of the experience and training required to be a Qualified Operator(s). Training can be work and/or on-the-job training. Written procedures and/or manuals should be referenced. Line management will implement training programs to certify Qualified Operators and will review this form at the time of Safety Permit renewal)

Sample

QUALIFIED OPERATORS

NAME	ORG.	NAME	ORG.

SUPERVISOR(S) OF QUALIFIED OPERATOR(S) (Print name, work phone, sign and date)

SAFETY PERMIT REQUESTER (sign and date)	SUPERVISOR OF REQUESTER (Print name, sign and date)	WORK PHONE

NASA TECHNICAL SUPERVISOR (Required if Safety Permit Requester is a contractor. Print name, sign and date)	WORK PHONE	INSTRUCTIONS: Send this form with the Safety Permit Request to the Glenn Safety Office. After GSO review, send form and permit request information to the Area Safety Committee Chair. Place a copy with the posted Safety Permit.