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| http://home.web.aerojet.com/images/ARLogos/AR_LogoTagline_Print.png | | | | | | | | | | | | | | Contractor Training Matrix | | | | | | | | | | | | | | | | | | | |
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| Company Name: |  | | | | | | | | | | | | Preparer’s Name: | | | | | |  | | | | | | | Date: | | |  | | | | |
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| **This form is to be completed only by contractors and suppliers requiring Aerojet Rocketdyne SH&E contractor**  **pre-approval.** | | **Aerial Lifts** | **Asbestos Abatement** | **Asbestos Awareness** | **CFC Removal** | **Company Safety Plan** | **Confined Space Entry** | **CPR** | **Cranes and/or Hoisting** | **Electrical and Arc Flash Safety** | **Emergency Evacuation** | **Fall Protection** | | | **First Aid** | **Hazard Communication** | **Hazardous Waste Operations** | **High Voltage** | | **Ladders/Scaffolds** | **Lead Abatement** | **Lead Hazard Awareness** | **Lockout/Tagout** | **Personal Protective Equipment (PPE)** | **Portable Tools** | | **Powered Industrial Vehicles** | **Pre-Job Hazard Assessment** | | **Respiratory Protection** | **Trenching/Excavation** | **Welding, Cutting, and Brazing** | **Other:** |
| **Employee Name** | | **DATES OF TRAINING EXPIRATION – RETRAINING – RENEWAL - RECERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **INSTRUCTIONS:** Using a PC, in the left-hand column of this document enter the names of your employees who will, or may potentially, be visiting Aerojet Rocketdyne facilities to provide service. In the column fields from left to right, insert only future expiration dates of your workers' applicable training or certification (format: mm/yy - no "X"s please). Dates that have already passed or will expire during the period of submittal are not acceptable. If any of the training categories listed are not applicable to a particular worker, or to your trade, enter "N/A" in the corresponding field(s). For specialized safety training unique to your trade and not indicated on this Matrix, enter the additional training category name in the top far right column in the “Other” field. If a particular category of training is deemed as not having a formal “date of expiration,” or is administered on a continual basis (tailgate meetings, etc.), indicate the "expiration date" as the month and year when the next scheduled training topic will be covered. Ensure that all categories of training for which you have provided expiration dates in the Matrix correspond exactly to the categories and quantity of trainings you have checked in item #22 of the Contractor Pre-Approval Form EHS-F-7.02.01.00.0025 and vice versa. If required to list more than 15 employees, please submit an additional Training Matrix form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |