



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: Lock-out Tag-out for Water Utilities

Presenter: Jim Johnson Title: Safety Trainer

Employer: D2000 Safety, Inc. Address: PO Box 2939

City: Eugene State: OR Zip: 97402 Phone: 541-915-3671

Summary of Lesson content: This program is designed to train authorized and affected employees how to protect themselves from the accidental release of electrical, pneumatic, hydraulic, mechanical, or other types of hazardous energy associated with servicing equipment.

Professional Background: (Note a brief - 2 page maximum - resume may be submitted in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.) Use the reverse side of this form if more room is needed to fully answer the following questions.

Primary Knowledge/Skills/Abilities related to presentation: _____

Education (High School, Upgrades, Colleges and Degrees): _____

Professional Registration/Certification: _____

Related papers/instruction you have presented:

Title: _____ Date: _____ Event: _____

Title: _____ Date: _____ Event: _____

Professional Organizations/Activities:

_____ Date: _____

_____ Date: _____

Course sponsor: D2000 Safety, Inc.

Signature of Instructor:  Date: 02/11/21

DO NOT WRITE BELOW THIS LINE

Date Evaluated: _____ By: _____ Approved: Yes _____ No _____

Return Completed Form To: OESAC CEU COMMITTEE
P.O. Box 577
Canby, OR 97013-0577

Email: info@oesac.org
Phone: 503-698-6486