Administrator:	_	_		Date:
			- The Contract of the Contract	



Office of Environmental Health and Safety Contractor Safety Training

Printed Name	Signature	Company	Phone Number		
Building/Location on G	Campus:	Project Hours & Dura	tion:		
Company/Project Conf	tact:	CSU Project Contact:			
Burn Permit Required:	Y / N	Fire Alarm/Sprinkler	Fire Alarm/Sprinkler Shut Down Required: Y / N		