



**ExxonMobil Safety OverSeer
Pre-Registration Form**

This form shall be used to register all participants for the ExxonMobil Safety OverSeer (09SOS) Training Program at the BEST Complex. This class is offered every Tuesday at 11:00am. Special class request can be accommodated with a minimum of two participants. Completed form should be faxed to (409) 724-2671 for scheduling of participant. Full PPE * is required to take this class along with valid government issued identification.

Participant Name: _____

Social Security Number: _____

Date of Birth: _____

Gender: _____ Date of Class: _____

ExxonMobil representatives have identified the following as requirements for the Safety OverSeer position.

By signing below I certify that the above participant has obtained all of the following requirements prior to registration. **Please initial by each item**

- ___ CPR Certification
- ___ Basic Self Contained Breathing Apparatus (SCBA) Training
- ___ Pulmonary Function Test
- ___ Respirator Fit Test (RFT) for Scott AV-2000 or Scott-O-Vista face pieces
- ___ Medical Clearance to wear a respirator
- ___ Physical ability to perform an immediate independent action

Company Name: _____

Address: _____

City, State, Zip: _____

Phone / Fax Numbers: _____

Job/P.O. Number: _____ (if applicable)

*Full PPE includes Nomex or Fire Retardant clothing, hard hat, gloves, safety glasses with side shields and sturdy industrial shoes or work boots. Participants who arrive for training at BEST Complex without the necessary PPE or identification will not participate in the Safety OverSeer Training Course.
Cancellation Policy – Cancellations must be made by 8:00am the day of class or company will be charged a “no show” fee of \$28.00.

Authorized Representative Signature: _____