



ExxonMobil Safety OverSeer Prerequisite Form

This form shall be used to document mandatory prerequisites required by ExxonMobil for all participants for the ExxonMobil Safety OverSeer (09SOS) Training Program at the BEST Complex. This class is offered every Tuesday at 11:00am, with arrival time at 10:30 am.

This pre-requisite form must be submitted by 3:00 pm the day before the class. Special class request can be accommodated with a minimum of six participants. Full PPE * is required to take this class along with valid government issued identification.

Participant Name: _____

Last 6 of 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. **INITIAL BY EACH ITEM**

- ___ CPR Certification
- ___ Basic Self Contained Breathing Apparatus (SCBA) Training
- ___ Pulmonary Function Test
- ___ Respirator Fit Test (RFT) for Scott AV-3000
- ___ 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.

Authorized Representative Electronic Signature: _____

Email to bestforms@istc.net or Fax to (409) 833.2376