



Permanent Training Location Declaration Form

AUTHORIZED TRAINING PROVIDER INFORMATION:

Location Name:

Physical Address:

City: Province: Postal Code:

Course(s) you intended to offer at this location:

How many students can comfortably sit in the classroom:

Please indicate if you intend to offer Energy Safety Canada courses to your internal employees only. If Yes, you will not be added to Energy Safety Canada's public list of Authorized Training Providers. Yes No

PUBLIC CONTACT INFORMATION:

Email:

Phone Number:

PICTURES REQUIRED:

- | | |
|---|--|
| 1. Adequate student/staff parking | 6. Washrooms |
| 2. External signage indicating Authorized Training Provider name | 7. Classroom(s): 4 different angles - must be able to understand classroom dimensions, student seating, and sufficient space for practical exercises |
| 3. Muster point clearly visible | 8. PowerPoint projection and display equipment |
| 4. Fire extinguisher, fire exits and first aid equipment accessible | 9. White board or flip chart |
| 5. Emergency Response Plan Posted | |

Please attach training site photos with this form before you submit.

Return the Completed Form to: Energy Safety Canada - Evaluations@EnergySafetyCanada.com

T 403 516 8000
F 403 516 8166

Evaluations@EnergySafetyCanada.com
150-2 Smed Lane SE Calgary, AB T2C 4T5

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