

HONOLULU COMMUNITY COLLEGE

REQUEST FOR OESM 193V EXEMPTION

An Occupational and Environmental Safety Management (OESM) major whose employment during the past twelve months includes at least 50% occupational/environmental health and safety functions may seek exemption from the OESM 193V requirement. The request form below must be completed and submitted to the Cooperative Education Coordinator at least one semester prior to the expected graduation date.

I. STUDENT INFORMATION
Name: _____ Student ID: _____
Phone number: _____ E-mail address: _____
Date started OESM major: _____
Date expected to graduate: _____
II. EMPLOYMENT INFORMATION
Employer's name and address: _____ _____
Supervisor's name and position title: _____ _____
Supervisor's phone number: _____ E-mail address: _____
Date started: _____
Your position title: _____
Position description: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

III. JOB FUNCTIONS

Check all that apply to your current health and safety responsibilities. For each job function, provide **details** of the work you have performed. Attach, if necessary, additional information.

___ **Development of written occupational/environmental health and safety plans**

List plans you developed and explain your role in the development of these plans.

___ **Hazard identification and evaluation**

___ **Hazard control**

III. JOB FUNCTIONS (continued)

_____ **OSHA/EPA/DOT Regulatory application**

_____ **Accident investigation**

_____ **Communication and training**

_____ **Other:** _____

IV. DOCUMENTATION

Attach a copy of your resume.

V. CERTIFICATIONS

I certify that, to the best of my knowledge and belief, all of the information on and attached to this Request for OESM Exemption is true, correct, complete and made in good faith. **I understand** that false and fraudulent information on or attached to this request form may be grounds for denial of my request. **I understand** that any information I give may be investigated. **I consent** to the release of information about my current employment by employers and other individuals and organizations to Cooperative Education Coordinator and OESM Program Liaison of Honolulu Community College. **I understand** that I am required to enroll in OESM 193V and will receive a credit (CR) grade upon approval of my request.

Student's Signature: _____ Date _____

As the supervisor of _____, **I certify** that, for the past twelve months, at least 50% of his/her current responsibilities include occupational/ environmental health and safety functions and that the information above regarding his/her health and safety functions is accurate.

Supervisor's Signature: _____ Date _____

COOPERATIVE EDUCATION OFFICE

- Approved
- Disapproved

Reason(s) _____

Signature, Cooperative Education Coordinator Date

Signature, OESM Program Liaison Date

Spring 2007 Revision