



Name: _____

FY19 TEEX CSHO Graduation Requirements

General Industry Emphasis	Core	Construction Emphasis
<input type="checkbox"/> OSH511 Date _____	<input type="checkbox"/> OSH521 Date _____	<input type="checkbox"/> OSH510 Date _____
<input type="checkbox"/> OSH201 Date _____	<input type="checkbox"/> OSH222 Date _____	<input type="checkbox"/> OSH301 Date _____
<input type="checkbox"/> OSH204 Date _____	<input type="checkbox"/> OSH226 Date _____	<input type="checkbox"/> OSH308 Date _____
<input type="checkbox"/> OSH225 Date _____	<input type="checkbox"/> OSH311 Date _____	<input type="checkbox"/> OSH205 Date _____
	<input type="checkbox"/> OSH309 Date _____	
	<input type="checkbox"/> OSH755 Date _____	
	<input type="checkbox"/> OSH750 Date _____	
	<input type="checkbox"/> OSH784 Date _____	

FY12 TEEX CSHO Graduation Requirements

General Industry Emphasis	Core	Construction Emphasis
<input type="checkbox"/> OSH511 Date _____	<input type="checkbox"/> OSH521 Date _____	<input type="checkbox"/> OSH510 Date _____
<input type="checkbox"/> OSH201 Date _____	<input type="checkbox"/> OSH222 Date _____	<input type="checkbox"/> OSH309 Date _____
<input type="checkbox"/> OSH204 Date _____	<input type="checkbox"/> OSH755 Date _____	<input type="checkbox"/> OSH311 Date _____
<input type="checkbox"/> OSH225 Date _____	<input type="checkbox"/> OSH715 Date _____	<input type="checkbox"/> OSH301 Date _____
<input type="checkbox"/> OSH226 Date _____	<input type="checkbox"/> OSH725 Date _____	<input type="checkbox"/> OSH750 Date _____
<input type="checkbox"/> OSH784 Date _____	<input type="checkbox"/> OSH720 Date _____	<input type="checkbox"/> OSH730/OSH226 Date _____
	<input type="checkbox"/> PRT256 Date _____	