

Record of employee hazardous waste management training



Employee name: _____

Job title: _____

Hazardous waste management or emergency response duties:

Summary of training received

Training date: _____ *Type of raining: ____introductory ____refresher

Name of instructor: _____ Employee signature: _____

Check areas covered during hazardous waste training

License requirements	Tanks	Emergency response
<input type="checkbox"/> Management plans <input type="checkbox"/> License posted	<input type="checkbox"/> Labeling <input type="checkbox"/> Inspections	<input type="checkbox"/> Emergency equipment <input type="checkbox"/> Telephone posting <input type="checkbox"/> Spill response
Accumulation of wastes	Manifests	<input type="checkbox"/> Fire procedures <input type="checkbox"/> Explosions <input type="checkbox"/> Local authority notice
<input type="checkbox"/> Waste hazards <input type="checkbox"/> Storage time limits <input type="checkbox"/> Satellite accumulation	<input type="checkbox"/> Proper completion <input type="checkbox"/> Copy distribution <input type="checkbox"/> Copy retention	
Containers	Record keeping	Other (specify)
<input type="checkbox"/> Labeling and marking <input type="checkbox"/> Closed containers <input type="checkbox"/> Weekly inspections <input type="checkbox"/> Aisle space <input type="checkbox"/> Outdoor storage	<input type="checkbox"/> Inspection logs <input type="checkbox"/> Personnel training <input type="checkbox"/> Manifests/Ship papers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Waste minimization	<input type="checkbox"/>
	<input type="checkbox"/> Reduce/reuse/recycle	<input type="checkbox"/>

Attach or have available an outline describing the contents of the training provided in each of the subject areas.