

Hazardous Waste Management Training Record

For (name) _____

Job title _____

Summary of hazardous waste generation, management & administration and emergency response duties:

LQGs: Check if complete position description has been prepared and is available for inspection, as required.

Training date _____

Training type Initial (Required for LQGs & SQGs; recommended for VSQGs)

Training instructor _____

Annual (Required for LQGs; recommended for SQGs)

Directions: Check the box *before* the topic to identify the hazardous waste-related training needed by this person. After training is completed, check the box *after* each topic to identify each area in which this person received training. Ensure the trainee signs the bottom of this record acknowledging receipt of this training.

LQGs: Check if complete training plan for this position has been prepared and is available for inspection, as required.

General management			Administration/records			Emergency response		
<input type="checkbox"/>	Waste identification	<input type="checkbox"/>	<input type="checkbox"/>	Waste management plans	<input type="checkbox"/>	<input type="checkbox"/>	Emergency equipment	<input type="checkbox"/>
<input type="checkbox"/>	Waste evaluation	<input type="checkbox"/>	<input type="checkbox"/>	License applications	<input type="checkbox"/>	<input type="checkbox"/>	Equipment use	<input type="checkbox"/>
<input type="checkbox"/>	Container selection	<input type="checkbox"/>	<input type="checkbox"/>	Other annual reporting	<input type="checkbox"/>	<input type="checkbox"/>	Equipment locations	<input type="checkbox"/>
<input type="checkbox"/>	Container/tank labeling	<input type="checkbox"/>	<input type="checkbox"/>	License posting	<input type="checkbox"/>	<input type="checkbox"/>	Equipment maintenance	<input type="checkbox"/>
<input type="checkbox"/>	Container closure	<input type="checkbox"/>	<input type="checkbox"/>	License applications	<input type="checkbox"/>	<input type="checkbox"/>	Alarm activation	<input type="checkbox"/>
<input type="checkbox"/>	Container/tank inspection	<input type="checkbox"/>	<input type="checkbox"/>	Manifest completion	<input type="checkbox"/>	<input type="checkbox"/>	Emergency contacts	<input type="checkbox"/>
<input type="checkbox"/>	Storage area aisle space	<input type="checkbox"/>	<input type="checkbox"/>	Manifest distribution	<input type="checkbox"/>	<input type="checkbox"/>	Spill response	<input type="checkbox"/>
<input type="checkbox"/>	Storage area security	<input type="checkbox"/>	<input type="checkbox"/>	Land Disposal Restrictions	<input type="checkbox"/>	<input type="checkbox"/>	Fire/explosion response	<input type="checkbox"/>
<input type="checkbox"/>	Waste minimization	<input type="checkbox"/>	<input type="checkbox"/>	Container/tank inspections	<input type="checkbox"/>	<input type="checkbox"/>	Evacuation routes	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Personnel training	<input type="checkbox"/>	<input type="checkbox"/>	Assembling areas	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Local agency arrangements	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Acknowledgement: I acknowledge I have received training in the areas checked *after* the topic above.

Trainee signature _____ Date _____