



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

(858) 505-6880 FAX (858) 505-6848; 1-800-253-9933

<http://www.sdcdeh.org>



UST Training provided by Designated Operator to Facility Employees

Facility Name:		Facility #:	Date: ____/____/____
Facility Address:		City:	State: CA
Trainer Name:		Trainer Signature:	
Employee Name:		Employee Signature:	

The employees whose names appear in Section 5 were trained on the following topics:

1	Emergency Contacts – <u>Employees were shown the form with:</u> <input type="checkbox"/> Emergency contacts <input type="checkbox"/> Emergency phone numbers. Form is located at: _____										
2	Monitoring and Response Plan / Business Emergency Response Plan- <u>Employees were shown the plan including:</u> <input type="checkbox"/> All the different sections of the plan (purpose and contents overview) <input type="checkbox"/> Plan map <input type="checkbox"/> MSDSs (purpose and contents overview) <input type="checkbox"/> Locations of fire extinguishers Plan location: _____ Emergency meeting area: _____ Fire extinguisher location(s): _____										
3	Alarms <u>Employees were shown the following:</u> <input type="checkbox"/> UST system diagram (sensors, sumps, UDCs, LLDs, piping, tanks and annular spaces) <input type="checkbox"/> Alarm Panel <input type="checkbox"/> Alarm log <input type="checkbox"/> Employees were instructed to call _____ for alarms indicating a potential release (PLLD, sensor out, UDC, sump, high/max product) <input type="checkbox"/> Employees were informed that tampering with or disabling monitoring equipment is against the law (employee can be prosecuted). Alarm Panel location: _____ Alarm log location: _____										
4	Emergency Response (spills) <u>Employees were shown:</u> <input type="checkbox"/> The location of the emergency shut off switches <u>Employees were instructed to:</u> <input type="checkbox"/> Not handle spills that cannot be easily cleaned or controlled (call 911) <input type="checkbox"/> Use gloves and safety glasses <input type="checkbox"/> Spread absorbent over entire spill <input type="checkbox"/> sweep across spill until all gasoline is absorbed <input type="checkbox"/> Place in bucket, transfer to waste drum <input type="checkbox"/> Label waste drum if applicable <input type="checkbox"/> Check for waste accumulation time on drum <input type="checkbox"/> Fill out spill log <input type="checkbox"/> Call _____ for all spills Emergency shut off switches locations: _____										
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>SPILL RESPONSE ITEM</u></th> <th style="text-align: left;"><u>LOCATION WHERE IT IS KEPT AT THE FACILITY</u></th> </tr> </thead> <tbody> <tr> <td>PPE and equipment: _____</td> <td></td> </tr> <tr> <td>Spill Kit: _____</td> <td></td> </tr> <tr> <td>Hazardous Waste container: _____</td> <td></td> </tr> <tr> <td>Spill Log: _____</td> <td></td> </tr> </tbody> </table>		<u>SPILL RESPONSE ITEM</u>	<u>LOCATION WHERE IT IS KEPT AT THE FACILITY</u>	PPE and equipment: _____		Spill Kit: _____		Hazardous Waste container: _____		Spill Log: _____	
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Documentation of UST Training provided by Designated Operator to Facility Employees

Facility Name:	Facility #:	Date: ____/____/____
Facility Address:	City:	State: CA
Trainer Name (DO):	Trainer Signature:	

5. Attendees: Name of Employee (print clearly)	Hire date if after 7/1/05	Signature of Employee
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