

EMPLOYEE TRAINING DOCUMENTATION*

ON ___ / ___ / ___, TRAINING PROVIDED BY: _____
 WAS CONDUCTED ON THE FOLLOWING TOPICS:

	TRAINING TOPIC	TRAINING TIME
<input type="checkbox"/>	Procedures for handling hazardous materials, including hazardous wastes.	
<input type="checkbox"/>	Procedures for coordinating with emergency response agencies.	
<input type="checkbox"/>	Use of emergency response equipment and materials under the business control.	
<input type="checkbox"/>	Emergency Response Plan implementation.	

THE FOLLOWING PERSONS ATTENDED THE TRAINING SESSION:

NAME	TITLE	SIGNATURE

*Businesses may use this form or any other format that contains the same information to document training for the Hazardous Materials Business Plan.