

Training Status: Emergency Response OSCs

Training required as of 01/15/09

Name: _____ Employee Start Date: _____

Employee Mail Code: _____ Supervisor: _____

Date(s) Completed:	Priority*	Mandatory Training [Requirement Reference]	Frequency
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Asbestos Awareness [29 CFR 1910.1001 (j)]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bloodborne Pathogens [29 CFR 1910.1030, 29 CFR 1910.120 (b)-(o)]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Confidential Business Information [EO 1000.24 CHG 1, Region 9 Order 1000.03]	<u>Every 2 years</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Continuous Learning Points (CLP) [Clinger-Cohen Act, EPA AR 1120]	<u>Every 2 years</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Contracting Officer Representative (COR) Training [Clinger-Cohen Act, EPA AR 1120]	<u>Initial</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COR Recertification [Clinger-Cohen Act, EPA AR 1120]	<u>Every 3 years</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CPR [29 CFR 1910.120 (e)]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Emergency Response to Hazardous Materials Incidents [29 CFR 1910.120 (q)]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	First Aid [29 CFR 1910.120 (e)]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fit Test [29 CFR 1910.134]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Health and Safety (40-Hour) [29 CFR 1910.120 (e)(3), EO 3500.1, EPA Order 1440.2]	<u>Initial</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Health and Safety Refresher (8-Hour) [29 CFR 1910.120 (e)(3), EO 3500.1, EPA Order 1440.2]	<u>Every year</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Inspector Training [EO 3500.1]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Medical Monitoring [29 CFR 1910.120 (e)(3), EO 3500.1, EPA Order 1440.2]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Negotiation Training [EO 3500.1, OSWER Directive 9295.9-05]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Purchase Card Holders and Approvers Training [EPA AR 1120]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	QA/QC Training [EPA Order 5360.A2]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Radiation Safety [29 CFR 1910.1096 & 10 CFR 19, EPA Order 1440.1]	<u>Initial</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Radiation Safety Badge Training [29 CFR 1910.1096 & 10 CFR 19, EPA Order 1440.1]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Radiation Safety Refresher [29 CFR 1910.1096 & 10 CFR 19, EPA Order 1440.1]	<u>Every 2 years</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	RCRA Generator Training [40 CFR 265.16]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Removal Process [EO 3500.1, OSWER Directive 9295.9-05]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Spill Prevention Control and Countermeasures (SPCC) / Facility Response Plans (FRP) [EO 3500.1]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Superfund Academy 101 [EO 3500.1, OSWER Directive 9295.9-05]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transportation for Hazmat [49 CFR 172 and 173]	<u>Initial</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transportation for Hazmat Refresher [49 CFR 172 and 173]	<u>Every 3 years</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Warrant Authority [EPA AR 1120]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Working With the News Media [EO 3500.1, OSWER Directive 9295.9-05]	_____

*PRIORITY RANGE: 1 = As soon as available; 3 = Lowest priority

Date(s) Completed:	Additional Training
_____	Dealing with Hostile Meetings and Difficult Situations
_____	Know What to Say and How to Say It
_____	_____
_____	_____

Notice:
Training requirements vary by region. Questions or concerns about training requirements should be addressed to your supervisor or regional training coordinator.