8-HOUR HAZWOPER REFRESHER VERSION B C.E.R.T.S. CHECKLIST Employee Name: Date: _____ Company: _____ Please put your initials and the date when each of the checked items have been completed. COMPLETE **DATE** INITIALS Module 1: **HAZWOPER Overview** Module 2: **Hazard Classes** Module 3: **Hazard Assessment** Module 4: Fire and Explosion Module 5: Oxygen Deficiency Module 6: **Biological Hazards** Module 7: **General Hazards** Module 8: **Electrical Hazards** Module 9: **Heat Stress** Module 10: Cold Exposure Module 11: Niose Exposure Module 12: Reference Exercise Module 13: OSHA Standard 1910.146 **Module 14: Respiratory Protection** Module 15: Levels Of Protection Module 16: Site Control Module 17: Decontamination Module 18: Teamwork 1910.120 Hazardous Waste Operations Regulations **Company Specific Safety Programs & Policies** I am aware of the Names of Personnel and Alternates responsible for Site Safety & Health within my organization. I have Reviewed and Critiqued any relevant incidents that have occurred in the past year.

I have successfully completed the required training modules indicated above by my initials and have reviewed all company related safety programs and written policies.

Employee Signature: _____ Initials: _____

