

**24-HOUR EMERGENCY RESPONSE TECHNICIAN
C.E.R.T.S. CHECKLIST**

Employee Name: _____ Date: _____

PLEASE PRINT CLEARLY

Company: _____

Please put your initials and the date when each of the checked items have been completed.

COMPLETE		INITIALS	DATE
<input type="checkbox"/>	Module 1: History Of the Laws	_____	_____
<input type="checkbox"/>	Module 2: Introduction To Industrial Toxicology	_____	_____
<input type="checkbox"/>	Module 3: Reference Materials	_____	_____
<input type="checkbox"/>	Module 4: Oxidizers	_____	_____
<input type="checkbox"/>	Module 5: Site Hazards	_____	_____
<input type="checkbox"/>	Module 6: Exposures	_____	_____
<input type="checkbox"/>	Module 7: Planning and Organizing	_____	_____
<input type="checkbox"/>	Module 8: Training	_____	_____
<input type="checkbox"/>	Module 9: Site Characterization	_____	_____
<input type="checkbox"/>	Module 10: Atmosphere Supplying Respirators	_____	_____
<input type="checkbox"/>	Module 11: Air-Purifying Respirators	_____	_____
<input type="checkbox"/>	Module 12: Chemical Protective Clothing	_____	_____
<input type="checkbox"/>	Module 13: Site Control	_____	_____
<input type="checkbox"/>	Module 14: Decontamination	_____	_____
<input type="checkbox"/>	Module 15: Drums And Containers	_____	_____
<input type="checkbox"/>	Module 16: Site Emergencies	_____	_____
<input type="checkbox"/>	Module 17: Hazard Communication Glossary	_____	_____
<input type="checkbox"/>	Module 18: Final Test	_____	_____
<input type="checkbox"/>	1910.120 Hazardous Waste Operations Regulations	_____	_____
<input type="checkbox"/>	Company Specific Safety Programs & Policies	_____	_____

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: _____

New Environment, Inc.