

FACILITY EMPLOYEE TRAINING

FACILITY NAME:	DATE OF TRAINING:
ADDRESS:	
DESIGNATED OPERATOR CONDUCTING TRAINING:	
DESIGNATED OPERATOR SIGNATURE:	

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

1. EMERGENCY CONTACTS _____ EMERGENCY PHONE NUMBERS _____ EMERGENCY CONTACTS _____ LOCATION OF THESE DOCUMENTS:
2. MONITORING AND RESPONSE PLAN/BUSINESS EMERGENCY RESPONSE PLAN _____ ALL SECTIONS OF THE PLAN _____ PLAN MAP _____ LOCATION OF FIRE EXTINGUISHERS _____ MSDS'S PLAN LOCATION: EMERGENCY MEETING AREA: FIRE EXTINGUISHER LOCATIONS):
3. ALARMS _____ UST SYSTEM DIAGRAM (SENSORS, SUMPS, UDC'S, LLD'S, PIPING, TANKS) _____ ALARM PANEL _____ ALARM LOG _____ WHOM TO CALL FOR ALARMS INDICATING A POTENTIAL RELEASE _____ 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) _____ EMERGENCY SHUT OFF SWITCHES _____ CALL 911 FOR SPILL THAT CANNOT BE EASILY CLEANED OR CONTROLLED _____ USE GLOVES AND SAFETY GLASSES _____ SPREAD ABSORBENT OVER ENTIRE SPILL _____ SWEEP ACROSS SPILL UNTIL ALL GASOLINE IS ABSORBED _____ PLACE IN BUCKET, TRANSFER TO WASTE DRUM _____ LABEL WASTE DRUM IF APPLICABLE _____ CHECK FOR WASTE ACCUMULATION TIME ON DRUM _____ FILL OUT SPILL LOG _____ WHO TO CALL FOR ALL SPILLS LOCATION OF EMERGENCY SHUT OFF SWITCHES: PPE AND EQUIPMENT LOCATION: SPILL KIT LOCATION: WASTE LOCATION: SPILL LOG LOCATION:

Note: Items listed in this form meet minimum requirements of CCR Title 23, 2715