

## **APPENDIX A**

### **Operable Unit 10-04 Health and Safety Plan Training Acknowledgement**

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### **Operable Unit 10-04 Health and Safety Plan Training Acknowledgement**

The signatures below certify that the Operable Unit 10-04 remedial investigation/feasibility study worker:

- Has reviewed a copy of the health and safety plan for Operable Unit 10-04 and questions and concerns regarding the tasks and associated hazards have been answered to the employee's satisfaction.
- Understands the hazards that are or may be involved at the work sites.
- Agrees to comply with all requirements as outlined in this HASP.
- Has training records that have been verified as complete and current for the employee's assignment at the work site.

Please complete the Training Attendance Roster form (361.02) on the next page and return to the Environmental Operations training coordinator to have this information placed into the TRAIN system. Retain a copy for the project files.

## TRAINING ATTENDANCE ROSTER

	<b>Records Use Only</b>		
	<b>Date</b>	<b>S#</b>	<b>Initial</b>
Quality Check _____	_____	_____	_____
TRAIN Entry _____	_____	_____	_____
	Class Code _____		

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<b>Course Number</b> ER HASP 00	<b>Revision</b> 0	<b>Course Title</b> Health and Safety Plan HAZWOPER Site Specific Training Form Class Title: Operable Unit 10-04	<b>Starting Date / Time</b> 
<b>Remarks</b> The employee's signature indicates that they have reviewed the OU 10-04 Health & Safety Plan _____		<b>Instructional Org / Vendor</b> 	<b>Ending Date / Time</b> 

**Training Setting:**     Classroom     CBT     Practical     Lab     Self-Paced     OJT     Vendor     Walk-Through     Simulator  
                           Conference     Live-Fire Range     Drill     Emergency Event

Student Roster						Class Attendance Dates				Completion Status	
S#	Print Name (Last, First, MI)	Signature	Charge Number	Phone #	Org. #	Date	Date	Date	Date	Date	Date

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### TRAINING ATTENDANCE ROSTER

	Records Use Only				
Quality Check	Date	S#	Initial		
TRAIN Entry					
	Class Code _____				

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<b>Course Number</b>	<b>Revision</b>	<b>Course Title</b>	<b>Starting Date / Time</b>													
ER HASP 00	0	Health and Safety Plan HAZWOPER Site Specific Training Form Class Title: Operable Unit 10-04														
<b>Instructor's S#</b>	<b>Instructor's Name</b>	<b>Instructor's Signature</b>	<b>Instructor initial each day's class attendance</b>													

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## **APPENDIX B**

### **Operable Unit 10-04 HAZWOPER 24 Hour Supervised Field Experience Acknowledgement Form**

## APPENDIX B

### Operable Unit 10-04 HAZWOPER 24-Hour Supervised Field Experience Acknowledgment Form

This checklist is to be reviewed with each HAZWOPER worker performing field tasks lasting longer than 3 working days. The review is to be completed by the immediate field supervisor based upon the supervisor's direct observations and worker refresher training during daily Plan of the Day meetings. For Lockheed Martin Idaho Technologies Company and Parsons personnel, the signed form is to be submitted to the LMITCO ER Training Coordinator at MS 3902 and a copy retained in the field project files.

**Project: Operable Unit 10-04**

- Knowledge of names of personnel and alternates responsible for project safety and health.
- Knowledge of safety, health hazards at the site and colocated facilities.
- Knowledge of personal protective equipment requirements.
- Knowledge of operating/maintenance procedures and safe-work practices.
- Knowledge of hazard control.
- Knowledge of medical surveillance requirements, including recognition of signs and symptoms that may indicate overexposure to hazards.
- Knowledge of decontamination procedures.
- Knowledge of site and facility emergency response procedures.
- Knowledge of emergency signals, take cover areas and evacuation routes.
- Knowledge of spill containment and waste management/minimization procedures.
- Knowledge of site access controls and postings.
- Knowledge of location of first aid kits, eye wash stations, fire extinguishers and energized system controls.

Please complete the Training Attendance Roster form (361.02) on the next page and return to the Environmental Operations training coordinator to have this information placed into the TRAIN system. Retain a copy for the project files.

# TRAINING ATTENDANCE ROSTER

Quality Check TRAIN Entry	Records Use Only		
	Date	S#	Initial
	_____	_____	_____
Class Code _____			

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<b>Course Number</b> ER HASP 99	<b>Revision</b> 0	<b>Course Title</b> Health and Safety Plan HAZWOPER 24-hour Supervised Field Experience Acknowledgement Form Class Title: Operable Unit 10-04	<b>Starting Date / Time</b>
<b>Remarks</b> The employee's signature indicates that they have completed the 24-hour field supervised experience for the Operable Unit 10-04.		<b>Instructional Org / Vendor</b>	<b>Ending Date / Time</b>

**Training Setting:**    Classroom    CBT    Practical    Lab    Self-Paced    OJT    Vendor    Walk-Through    Simulator  
 Conference    Live-Fire Range    Drill    Emergency Event

Student Roster						Class Attendance Dates				Completion Status
S#	Print Name (Last, First, MI)	Signature	Charge Number	Phone #	Org. #					

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## TRAINING ATTENDANCE ROSTER

	<b>Records Use Only</b>		
	Date	S#	Initial
Quality Check	_____	_____	_____
TRAIN Entry	_____	_____	_____
	Class Code _____		

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Course Number	Revision	Course Title	Starting Date / Time
ER HASP 99	0	Health and Safety Plan HAZWOPER 24-hour Supervised Field Experience Acknowledgement Form Class Title: Operable Unit 10-04	
Instructor's S#	Instructor's Name	Instructor's Signature	Instructor initial each day's class attendance

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