

**DEPARTMENT OF TRANSPORTATION: 49 CFR 172.704
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	INITIALS	DATE
<input type="checkbox"/> Module 1: Regulation Overview	_____	_____
<input type="checkbox"/> Module 2: Hazardous Material Classes	_____	_____
<input type="checkbox"/> Module 3: Container Markings	_____	_____
<input type="checkbox"/> Module 4: Loading and Unloading	_____	_____
<input type="checkbox"/> Module 5: Hazardous Material Tables	_____	_____
<input type="checkbox"/> Module 6: Hazardous Material Exercise Review	_____	_____
<input type="checkbox"/> Module 7: Uniform Hazardous Waste Manifest	_____	_____
<input type="checkbox"/> Module 8: Straight Bill Of Lading	_____	_____
<input type="checkbox"/> Module 9: 704 Marking System	_____	_____
<input type="checkbox"/> Module 10: Hazard Communication	_____	_____
<input type="checkbox"/> Module 11: Emergency Response Guidebook	_____	_____
<input type="checkbox"/> Module 12: Personal Protective Equipment	_____	_____
<input type="checkbox"/> Module 13: Hazard Communication Glossary	_____	_____
<input type="checkbox"/> Module 14: Attachments	_____	_____
<input type="checkbox"/> Module 15: HAZMAT Transportation Security Awareness	_____	_____
<input type="checkbox"/> 49 CFR 172 & 177 DOT Regulations	_____	_____
<input type="checkbox"/> Company Specific Safety Program & 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: _____