

**8-HOUR HAZWOPER REFRESHER VERSION A  
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: History Of the Laws	_____	_____
<input type="checkbox"/> Module 2: Hazard Assessment	_____	_____
<input type="checkbox"/> Module 3: Fire And Explosion	_____	_____
<input type="checkbox"/> Module 4: Oxygen Deficiency	_____	_____
<input type="checkbox"/> Module 5: Potential Site Hazards	_____	_____
<input type="checkbox"/> Module 6: Reference Material Exercise	_____	_____
<input type="checkbox"/> Module 7: OSHA Standard 1910.146	_____	_____
<input type="checkbox"/> Module 8: Medical Monitoring	_____	_____
<input type="checkbox"/> Module 9: Air Monitoring	_____	_____
<input type="checkbox"/> Module 10: Respiratory Protection	_____	_____
<input type="checkbox"/> Module 11: Chemical Protective Clothing	_____	_____
<input type="checkbox"/> Module 12: Site Control	_____	_____
<input type="checkbox"/> Module 13: Decontamination	_____	_____
<input type="checkbox"/> Module 14: Site Emergencies	_____	_____
<input type="checkbox"/> 1910.120 Hazardous Waste Operations Regulations	_____	_____
<input type="checkbox"/> Company Specific Safety Programs & Policies	_____	_____
<input type="checkbox"/> I am aware of the Names of Personnel and Alternates responsible for Site Safety & Health within my organization.	_____	_____
<input type="checkbox"/> 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: \_\_\_\_\_

