

**ON-SCENE INCIDENT COMMANDER
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: Site Safety Plan	_____	_____
<input type="checkbox"/> Module 3: Reference Material Exercise	_____	_____
<input type="checkbox"/> Module 4: Hazard Assessment	_____	_____
<input type="checkbox"/> Module 5: OSHA Standard 1910.146	_____	_____
<input type="checkbox"/> Module 6: Medical Monitoring	_____	_____
<input type="checkbox"/> Module 7: Personal Protective Equipment	_____	_____
<input type="checkbox"/> Module 8: Site Control	_____	_____
<input type="checkbox"/> Module 9: Decontamination	_____	_____
<input type="checkbox"/> 1910.120 Hazardous Waste Operations Regulations	_____	_____
<input type="checkbox"/> 1910.146 Permit-Required Confined Space Regulations	_____	_____
<input type="checkbox"/> Company Specific Safety Programs & Policies	_____	_____
<input type="checkbox"/> OSHA Guidance Manual For Hazardous Waste Sites	_____	_____
<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: _____