

Training Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

**HAZMAT EMPLOYEE TRAINING RECORD**

Employee Name: \_\_\_\_\_

I certify that the hazmat employee identified on this training record has been trained and tested as required by the Hazardous Materials Regulations, Subpart H.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**GENERAL AWARENESS / FAMILIARIZATION**

Description, Copy, and Location of Training	Training Provided By	Test / Score (not mandatory)	Date Trained

**FUNCTION SPECIFIC**

Description, Copy, and Location of Training	Training Provided By	Test / Score (not mandatory)	Date Trained

**SAFETY TRAINING**

Description, Copy, and Location of Training	Training Provided By	Test / Score (not mandatory)	Date Trained

**SECURITY AWARENESS TRAINING**

Description, Copy, and Location of Training	Training Provided By	Test / Score (not mandatory)	Date Trained

**INDEPTH SECURITY TRAINING**

Description, Copy, and Location of Training	Training Provided By	Test / Score (not mandatory)	Date Trained