

FACILITY EMPLOYEE TRAINING

FACILITY NAME:	DATE OF TRAINING:
ADDRESS:	
DESIGNATED OPERATOR CONDUCTING TRAINING:	
DESIGNATED OPERATOR SIGNATURE:	

The employees whose names appear in Section 5 were trained on the following topics:

1. EMERGENCY CONTACTS

_____ EMERGENCY PHONE NUMBERS
_____ EMERGENCY CONTACTS
_____ LOCATION OF THESE DOCUMENTS:

2. MONITORING AND RESPONSE PLAN/BUSINESS EMERGENCY RESPONSE PLAN

_____ ALL SECTIONS OF THE PLAN
_____ PLAN MAP
_____ LOCATION OF FIRE EXTINGUISHERS
_____ MSDS'S

PLAN LOCATION:

EMERGENCY MEETING AREA:

FIRE EXTINGUISHER LOCATIONS):

3. ALARMS

_____ UST SYSTEM DIAGRAM (SENSORS, SUMPS, UDC'S, LLD'S, PIPING, TANKS)
_____ ALARM PANEL
_____ ALARM LOG
_____ WHOM TO CALL FOR ALARMS INDICATING A POTENTIAL RELEASE
_____ INFORMED THAT TAMPERING WITH OR DISABLING MONITORING EQUIPMENT IS AGAINST THE LAW (EMPLOYEE CAN BE PROSECUTED)

ALARM PANEL LOCATION:

ALARM LOG LOCATION:

4. EMERGENCY RESPONSE (SPILLS)

_____ EMERGENCY SHUT OFF SWITCHES
_____ CALL 911 FOR SPILL THAT CANNOT BE EASILY CLEANED OR CONTROLLED
_____ USE GLOVES AND SAFETY GLASSES
_____ SPREAD ABSORBENT OVER ENTIRE SPILL
_____ SWEEP ACROSS SPILL UNTIL ALL GASOLINE IS ABSORBED
_____ PLACE IN BUCKET, TRANSFER TO WASTE DRUM
_____ LABEL WASTE DRUM IF APPLICABLE
_____ CHECK FOR WASTE ACCUMULATION TIME ON DRUM
_____ FILL OUT SPILL LOG
_____ WHO TO CALL FOR ALL SPILLS

LOCATION OF EMERGENCY SHUT OFF SWITCHES:

PPE AND EQUIPMENT LOCATION:

SPILL KIT LOCATION:

WASTE LOCATION:

SPILL LOG LOCATION:

Note: Items listed in this form meet minimum requirements of CCR Title 23, 2715