

Hazardous Materials (HAZMAT) Training Verification Checklist

Employee Information

Details about the employee undergoing HAZMAT training and verification.

Employee Full Name	
Write something	
Employee ID Number	
Enter a number	
Date of Birth	
Enter date	
Department/Team	
Shipping	
Receiving	
■ Warehouse Operations	
Transportation	
Other	

Job Title	
☐ Driver	
Warehouse Worker	
Shipping Clerk Receiving Clerk	
Other	
Emergency Contact Name	
Write something	
Emergency Contact Phone Number	
Write something	
Training Provider & Course Details	
Information regarding the organization providing the training and specifitaken.	cs of the course
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Information regarding the organization providing the training and specific taken. Training Provider Name Write something	cs of the course
Write something Course Name/Title	cs of the course

Course End Date	
Enter date	
Course Duration (Hours)	
Enter a number	
Training Modality (e.g., Online, Classroom, Hybrid)	
Online	
☐ Classroom ☐ Hybrid	
Course ID/Tracking Number	
Proof of Completion (Certificate/Record)	
♣ Upload File	
nitial HAZMAT Training Completion	
erification of the employee's initial HAZMAT training completion.	
Training Completion Date	
Enter date	

Training Type (e.g., Hazmat Awareness, 120-Hour, Function-Specific) Hazmat Awareness DOT 120-Hour Function-Specific Other
Training Duration (Hours) Enter a number
Training Provider Certification Level (if applicable) Level A Level B Level C Not Applicable
Copy of Training Certificate/Record L Upload File
Trainer Name Write something
Trainer Credentials/Authorization Write something

Refresher/Recurring Training

cumentation and verification of periodic refresher training required for Happilance.	AZMAT
ast Refresher Training Date	
Enter date	
lext Refresher Training Due Date	
Enter date	
ime Since Last Training (Months)	
Enter a number	
raining Format (e.g., Online, Instructor-led)	
Online	
Instructor-led	
Blended	
raining Provider (If different from Initial)	
Brief Description of Refresher Training Topics Covered	
Write something	

Function-Specific Training

Verification of training tailored to specific job functions involving HAZMAT within Logistics (e.g., Packaging, Shipping, Receiving).

Which of the following functions does the employee perform involving HAZMAT? Packaging
Briefly describe the specific tasks the employee performs related to each selected function (referencing the multiple-selection above). Write something
Does the employee handle international shipments of HAZMAT? Yes No
Upload documentation (e.g., SOPs, training certificates) related to the employee's specific HAZMAT functions. Lipidad File

Has the employee received training on proper emergency response procedures specific to their function?	
Yes	
No	
Date of last function-specific training.	
Enter date	
Recordkeeping & Documentation	
Ensuring all training records are complete, accessible, and maintained in com regulatory requirements.	pliance with
Date Record Created	
Enter date	
Employee ID	
Write something	
Brief Description of Training Content Covered	
Write something	
Copy of Training Certificate/Proof of Completion	
4 Upload File	
- Opload File	

Record Storage Location (Electronic/Physical) Electronic
Electronic Physical Date of Last Record Review Enter date Notes/Comments Regarding Record Review (e.g., Verification Status) Write something Regulatory Compliance Review onfirmation that training meets applicable federal, state, and local HAZMAT regulations e.g., DOT, OSHA). Applicable DOT Regulations?
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49 CFR Parts 100-180
Other (Specify Below)
If 'Other' DOT Regulations Selected, Specify:
Write something

OSHA HAZMAT Standard Compliance? Yes No No N/A - Not Applicable
Last Regulatory Update Review Date
Enter date
Training Revision Cycle Frequency (Years)
Enter a number
Regulatory Compliance Documentation (Optional) L Upload File
State HAZMAT Regulations?
Applicable
☐ Not Applicable
Summary of Recent Regulatory Changes and Training Updates
Write something