

HAZARDOUS MATERIALS / WASTE TEST AND TRAINING DOCUMENTATION

NAME (Print) _____ DEPARTMENT _____ STUDENT ID or EMPLOYEE ID # _____

CAMPUS BOX _____ PHONE NUMBER _____ BUILDING _____ ROOM NUMBER _____

DATE _____ PI or SUPERVISOR _____ E-MAIL ADDRESS _____

STATUS: ___ Faculty ___ Staff ___ Student

CHECK ONE: THIS TEST IS BEING USED AS MY ___ INITIAL TRAINING ___ REFRESHER TRAINING

___ 1. IN ADDITION TO THE WORDS *HAZARDOUS WASTE*, CONTAINERS SHOULD BE LABELED

- a) using abbreviations
- b) with full chemical names in English
- c) in Latin
- d) with chemical formulas

___ 2. WHAT CHEMICALS MAY BE Poured DOWN THE DRAIN?

- a) non-flammable
- b) non-corrosive
- c) aqueous oxidizers
- d) none of these choices

3. IN THE EVENT OF A LARGE CHEMICAL SPILL, YOU SHOULD DO THE FOLLOWING THINGS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

___ 4. USED SYRINGES THAT ARE NOT CHEMICALLY CONTAMINATED MUST BE

- a) thrown in the trash
- b) packaged in puncture proof containers and placed in the trash
- c) placed in autoclave bags, marked as "sharps" and sent for disposal
- d) packaged in puncture proof containers, labeled and sent through the Hazardous Material/Waste Program

___ 5. ONCE YOU HAVE PROPERLY FILLED OUT TAGS/FORMS, WHO IS RESPONSIBLE FOR REMOVAL OF YOUR WASTE?

- a) EPA
- b) PI
- c) EH&S
- d) DOT
- e) Facilities Management
- f) I am

6. LIST THE FOUR BASIC GROUPS OF INCOMPATIBLE CHEMICALS THAT SHOULD NOT BE STORED TOGETHER:

1. _____ and _____

2. _____ and _____

7. HAZARDOUS WASTE COLLECTION CONTAINERS MUST BE

1. _____ 2. _____ 3. _____

____ 8. SPECIFIC CHEMICAL HAZARD INFORMATION SHOULD BE AVAILABLE

- a) at the President's office
- b) in your work area
- c) on your MSDS
- d) b & c

____ 9. ANNUAL HAZARDOUS WASTE TRAINING MUST BE COMPLETED

- a) by all personnel that handle chemicals or other hazardous materials, generate hazardous waste, and their supervisors.
- b) by all Deans, Directors and Dept. Heads
- c) by all students, faculty and staff

____ 10. THE MAXIMUM VOLUME OF NORMAL HAZARDOUS WASTE STORED IN SAA

____ 11. HOW OFTEN MUST HAZARDOUS WASTE GENERATORS INSPECT THEIR SAA AND DOCUMENT THE INSPECTIONS ON THE CHECKLIST? _____

IF THIS IS YOUR INITIAL TRAINING, PLEASE STOP HERE. IF THIS IS YOUR REFRESHER TRAINING, PLEASE CONTINUE BELOW:

12. Is a Hazardous Material/Waste Accumulation Inspection log posted near each SAA in my work area? Yes/No

13. The SAAs are inspected every _____ week(s) by _____ (name of person(s) responsible in your area) who place their initials in the appropriate calendar boxes.

14. The closest red fire pull alarm station location is _____.

15. The location of the nearest fire extinguisher to my work area is _____, and the location of the closest emergency shower/eyewash station is _____.

I received hazardous waste generator training as noted above. I understand my responsibilities regarding program compliance. If I have questions about these issues, I will direct them to the Department of Environmental Health and Safety.

Hazardous Material/Waste Generator Signature

Date

