



## Division 6.2 Materials Training Record

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

As the employer, 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: \_\_\_\_\_ Date: \_\_\_\_\_

### General Awareness/Familiarization

| Description, Copy, and Location of Training                             | Training Provided By                              | Test/Score | Date Trained |
|---|---|------------|--------------|
| NPHL Packing & Shipping Division 6.2 & 9 Infectious Substances Training | Karen Stiles MS(ASCP)CM, NPHL Omaha NE 68198-5900 |            |              |

### Function Specific

| Description, Copy, and Location of Training                   | Training Provided By | Test/Score | Date Trained |
|---|----------------------|------------|--------------|
| Demonstrate Packing Marking and Labeling – checklist attached |                      |            |              |

### Safety Training

| Description, Copy, and Location of Training | Training Provided By | Test/Score | Date Trained |
|---|----------------------|------------|--------------|
| OSHA Bloodborne Pathogen Training Location: |                      |            |              |

### Security Training

| Description, Copy, and Location of Training | Training Provided By  | Test/Score | Date Trained |
|---|---|------------|--------------|
|   | <a href="https://www.training-source.org/training/courses/Biosecurity%20for%20Clinical%20Laboratories/detail">https://www.training-source.org/training/courses/Biosecurity%20for%20Clinical%20Laboratories/detail</a> |            |              |

|   |  |  |  |
|---|--|--|--|
| Laboratory Security Plan and Training Location: |  |  |  |
|---|--|--|--|

### CDC Training Crosswalk

Indicate employee responsibilities or facility characteristic with a √. Determine whether the CDC resource will meet your needs or whether training must be supplemented with other resources. CDC does not currently offer training to meet all the needs of most facilities.

| √ | Tasks Employee May Perform   | Training Resource @ WU cb   | Training Resource Used |
|---|--|---|------------------------|
|   | Prepare a shipping paper (e.g. a shipper's declaration form, air waybills) | NPHL Packing & Shipping Division<br>6.2 & 9 Infectious Substances Training  |                        |
|   | Sign a shipper's declaration form  | NPHL Packing & Shipping Division<br>6.2 & 9 Infectious Substances Training  |                        |
|   | Classify Division 6.2 materials  | NPHL Packing & Shipping Division<br>6.2 & 9 Infectious Substances Training  |                        |
|   | Select packaging for Division 6.2 materials                                | NPHL Packing & Shipping Division<br>6.2 & 9 Infectious Substances Training  |                        |
|   | Pack hazardous materials for transport                                     | NPHL Packing & Shipping Division<br>6.2 & 9 Infectious Substances Training  |                        |
|   | Label or marking a package contains hazardous materials                    | NPHL Packing & Shipping Division<br>6.2 & 9 Infectious Substances Training  |                        |
|   | Security Awareness   | <a href="https://www.training-source.org/training/courses/Biosecurity%20for%20Clinical%20Laboratories/detail">https://www.training-source.org/training/courses/Biosecurity%20for%20Clinical%20Laboratories/detail</a> |                        |
|   | Transport hazardous materials in commerce <sup>1</sup>                     |   |                        |
| √ | Facility Characteristics   | Training Resource @ WU cb   | Training Resource Used |
|   | Bloodborne Pathogens Present <sup>2</sup>                                  |   |                        |
|   | Select Agent Approved <sup>3</sup>   |   |                        |

1 For example, courier drivers.

2 OSHA BB Pathogens training offered by most facilities will meet this need.

3 If facility is Select Agent, approved training to the facility plan must be offered.

**Retain this record until 90 days after employee's last date of employment with your facility.**

