ATTACHMENT # 8

HAZMAT TEAM ROSTER: LIST OF TRAINING CERTIFICATIONS, CRIMINAL HISTORY CHECKS AND MEDICAL SURVEILLANCE

SECTION 1

Name of Hazmat Team:	Date:
Hazmat Team Chief:	Hazmat Team Administrative Officer:
Address:	Address:
Business Phone:	Business Phone:
Email address:	Email address:

SECTION 2

List the OSHA training level or competency each member is certified in. Use the highest level of training attained, based upon the following categories: (1) Awareness; (2) Operations; (3) Technician; (4) HM Safety Officer; (5) HM Branch Officer; (6) Hazmat Incident Commander, or (7) Support Role.

Name of Employee	Highest level of Certification attained (use list above)	*Date of Certification	Employee Status (F) Full Time (P) Part Time (V) Volunteer	Criminal History Check Date Completed	Medical	Surveillance
					Baseline Physical	Annual or as required
					Pass Date	Pass Date

(Continue on Reverse)

*Attach a photocopy of each member's certificate.

ATTACHMENT # 8

HAZMAT TEAM ROSTER – Continued

Name of Employee	Highest level of Certification attained (numbers listed above)	*Date of Certification	Employee Status (F) Full Time (P) Part Time (V) Volunteer	Criminal History Check Date Completed	Medical Baseline Physical Pass Date	Surveillance Annual or as required Pass Date

SECTION 3

SPECIALIST EMPLOYEES

(Explosives specialist, metallurgical specialist, toxicological specialist, engineering specialist, chemical specialist, radiological specialist, biological specialist, WMD training)

Name of Employee	Area of Specialty	Date Certified	Area of Specialty	Date Certified	Area of Specialty	Date Certified	Area of Specialty	Date Certified

Hazmat Team Name: _____