Environmental Training Appointment and/or Training Record

All Entries Must Be Typed or Form Will Not Be Accepted!

1. Requested Training Date(s): _____

Type of Appointment/Training - Check One

- ☐ 2. *Environmental Officer(EO) Course
- ☐ 3. **Hazardous Waste/Materials Mgmt (HWM)
- ☐ 4. **Spill Prevention Control & Countermeasures (SPCC)
- ☐ 5. **StormWater Industrial eTraining
- ☐ 6. Other

Type of Training - Check One

- ☐ 7. Initial Training
- ☐ 8. Annual Refresher Training

☐ 9. Primary Coordinator ☐ 10. Alternate Coordinator

Student Information

11. Name: _____ (Last Name) _____ (First Name) _____ (MI) 12. Phone # _____

13. Job Title _____ 14. Rank (Mil, GS or COR) _____ 15. Email (Required for EOs (Business email only) _____

16. Brigade/Group/Directorate Name: _____

17. Battalion/Squadron/Division Name: _____

18. Company/Unit/Branch Name: _____

19. Office Bldg/Room Number: _____

20. Signature: _____

(Note: If student does not have access to a computer, student must manually sign the form.)

If you are taking a refresher class, insert date of last certification from this office below.

21. **Environmental Officer Course IAW AR 200-1** Date Completed: _____
EO Appointment ltr is a required prerequisite (see instructions) Submitted: ____ Yes ____ No
22. **Hazardous Waste/Materials Mgmt Course IAW 40 CFR 265.16** Date Completed: _____
23. **Spill Prevention Control & Countermeasures (SPCC) IAW 40 CFR Part 112** Date Completed: _____
24. **StormWater Industrial Training (SWI) IAW 40 CFR 112** Date Completed: _____
25. Other training provided by this office Date Completed: _____

Approving Authority

I certify that the prerequisite listed above has been accomplished and that all other information on this form is complete and accurate. I designate the place of duty for the above named is in the classroom specified for training.

26. Phone Number _____ 27. Signature of Supervisor _____

28. Date _____ 29. Typed or Printed Name and Grade _____

30. Typed or Printed Title (Supervisor) _____

31. Email of Supervisor: _____

***EOs must refresh training every third year.**
****All other coordinators must receive training annually.**
This appointment is valid for one year from the date of successfully completing the training requirements.

DO NOT WRITE IN THIS BLOCK - FOR DPW ENVIRONMENTAL STAFF USE ONLY.

DATE OF TRAINING: _____ Test Score (>70%)_____ ☐ APPROVED ☐ DISAPPROVED

Signature of DPW-Environmental Personnel: _____