

WESTERN REGION UNIVERSITIES CONSORTIUM
HAZARDOUS WASTE/HAZARDOUS MATERIALS TRAINING PROGRAM
TRAINEE REGISTRATION FORM

| | | | | | |
|----------|-------|-----|----------|---------|---------|
| | ○○ | ○○ | | (0) (5) | (0) (7) |
| BIRTHDAY | Month | Day | EXAMPLE: | May | 7th |

COURSE NAME _____ DATE _____

TRAINING AGENCY _____ LOCATION _____

YOUR NAME _____
(Last Name) (First Name) (Middle Initial)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE # (_____)

HOME EMAIL ADDRESS _____

Are you currently employed? Full-time Part-time Temporary/Contract Unemployed

If you are currently employed, please complete SECTION A; if NOT, skip to SECTION C (on reverse side)

SECTION A – WORKPLACE INFORMATION

1. NAME OF EMPLOYER _____

2. EMPLOYER ADDRESS _____

CITY _____ STATE _____ ZIP _____ WORK PHONE # (_____)

3. WORK EMAIL ADDRESS _____

4. WHAT IS YOUR JOB TITLE? _____
Please do not use abbreviations

5. WHAT TYPE OF EMPLOYER DO YOU WORK FOR? (Please check only ONE)

- | | | |
|--|--|--|
| <input type="radio"/> (a) Private company | <input type="radio"/> (b) Local/county government | <input type="radio"/> (c) State government |
| <input type="radio"/> (d) Federal government | <input type="radio"/> (e) Tribal government | <input type="radio"/> (f) Non-profit |
| <input type="radio"/> (g) Union | <input type="radio"/> (h) Other (please describe): _____ | |

6. DO YOU BELONG TO A UNION?

- No Yes: Union _____ Local _____

7. WHAT BEST DESCRIBES THE TYPE OF INDUSTRY WHERE YOU WORK? (Please check only ONE)

- | | |
|--|---|
| <input type="radio"/> (a) Manufacturing | <input type="radio"/> (g) Construction |
| <input type="radio"/> (b) Government | <input type="radio"/> (h) Waste treatment, storage, or disposal |
| <input type="radio"/> (c) Environmental services | <input type="radio"/> (i) Mining |
| <input type="radio"/> (d) Public safety / Emergency response | <input type="radio"/> (j) Transportation |
| <input type="radio"/> (e) Utility | <input type="radio"/> (k) Other (please describe): _____ |
| <input type="radio"/> (f) Healthcare | |

Can we contact you in 6 months with a few short questions about how this training has been useful? Yes No

Best email to reach you: Home email address Work email address

SECTION B – WORKSITE HAZMAT ACTIVITIES

8. WHAT BEST DESCRIBES THE TYPE OF HAZARDOUS WASTE/HAZMAT OPERATIONS **AT YOUR WORKSITE?**

(If working as a consultant or inspector, choose the item that best describes your clients or inspection sites)

- (a) Transportation of hazardous waste materials
- (b) Waste treatment, storage and disposal (TSD) facility
- (c) Clean-up site(s)
- (d) Generator of waste (e.g. oil refinery, research lab, aircraft manufacturer, auto shop, etc.)
- (e) Emergency response
- (f) Other (please describe): _____

9. WHAT WILL BE **YOUR ROUTINE JOB DUTIES** IN THE NEXT 12 MONTHS?

- (a) Hazardous waste handling (e.g. drum handling, waste bulking, etc.)
- (b) Operation of waste treatment equipment (e.g. filtration unit, incinerator, etc.)
- (c) Machinery maintenance
- (d) Air monitoring
- (e) Hazardous waste manifesting
- (f) Field supervision of hazardous waste workers
- (g) Site assessment and investigation
- (h) Regulatory inspection of fixed facilities (i.e. inspector for a regulatory agency)
- (i) Developing site health and safety plans
- (j) Supervising on-site regulatory compliance
- (k) Incident commander
- (l) Emergency hazmat response: off-site (e.g. firefighter, highway spill response, etc.)
- (m) Emergency hazmat response: on-site (e.g. plant maintenance team, etc.)
- (n) Other (please describe): _____

SECTION C – INFORMATION ABOUT YOU

Our funders (NIEHS) have asked us to gather more information about the people we train so they can learn more about hazardous waste workers. We would appreciate your answers to the following questions:

10. GENDER: Male Female

11. WHAT LANGUAGE DO YOU USUALLY SPEAK AT HOME?

- English
- Spanish
- Other: _____

12. WHAT IS YOUR ETHNIC/RACIAL BACKGROUND?

(If multiple, please indicate the one you would prefer reported)

- (a) African-American/Black
- (b) Hispanic/Latino
- (c) Asian/Asian-American/Pacific Islander
- (d) Native American/American Indian: (Tribe) _____
- (e) Alaskan Native: (Tribe) _____
- (f) White/Caucasian/European-American
- (g) Other: _____

13. WHAT IS YOUR AGE?

- (a) Under 18 years
- (b) 18-24 years
- (c) 25-34 years
- (d) 35-44 years
- (e) 45-54 years
- (f) 55-64 years
- (g) Above 64 years

14. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED

- (a) Elementary School
- (b) Junior High School
- (c) High School Graduate
- (d) Some College or Technical Training
- (e) College Graduate
- (f) Masters or Doctorate