

TRACER ARMED SERVICES, INC.

TRAINING VERIFICATION FORM		tfor021	REVISION: 10/1/02
Employee Information			
Last Name: _____		First Name: _____	
SSN: _____		Date of Training: _____	
Training Information			
Course, policy or procedure trained on: Chemical/Biological/Radiological Incident Handbook (October 1998 Edition)			
Comments: Section A: What is the difference between a chemical, a biological, and a Radiological event.			
Section B: Personal Safety Considerations.			
Section C: Indicators of a possible chemical incident.			
Section D: Indicators of a possible biological incident.			
Section E: Indicators of a possible radiological incident.			
Section F: Information to be reported.			
Section G: Glossary of chemical terms.			
Section H: Glossary of biological terms.			
Section I: Glossary of radiological terms.			
Section J: References.			
Signatures			
Employee: _____		Date: _____	
Trainer: _____		Date: _____	
Site Supervisor: _____		Date: _____	
This area to be completed only by authorized personnel			
Has the employee master training record (tfor032) been updated to include the above information? _____			
Supervisor's Signature: _____		Date: _____	