



40-Hour Hazardous Waste Worker

PARTICIPANT MANUAL

Version VIII, Revised June 2016

CPWR Student Registration Form

(Complete both sides of form)

Course Information:

Course Type:	Date(s):	City:	State:
Course ID #:			

Student Information:

Name:			
Street Address:			
City:		State:	Zip:
Ph (H):	Ph (C):	Email:	
Would you like to receive CPWR emails on construction safety and health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date (mm/dd/yy): ____ / ____ / ____	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other: _____			
The last 3 digits of your Social Security Number: <u> X </u> <u> X </u> <u> X </u> - <u> X </u> <u> X </u> - <u> X </u> _____			
Employer Name:		Are You An Instructor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are You A Union Member? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please indicate your craft/trade and local union/district council below)</i>			
<input type="checkbox"/> Boilermakers	<input type="checkbox"/> Bricklayers	<input type="checkbox"/> Carpenters	<input type="checkbox"/> Electrical Workers
<input type="checkbox"/> Insulators/Asbestos Workers	<input type="checkbox"/> Ironworkers	<input type="checkbox"/> Laborers	<input type="checkbox"/> Operating Engineers
<input type="checkbox"/> Painters	<input type="checkbox"/> Plasterers/Cement Masons	<input type="checkbox"/> Roofers/Waterproofers	<input type="checkbox"/> Sheet Metal Workers
<input type="checkbox"/> United Association	<input type="checkbox"/> Other (please specify): _____		
Local Union/District Council: _____			
What resources do you most commonly turn to for the latest health and safety information? <i>(check (✓) up to 3)</i>			
<input type="checkbox"/> Union	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Government Agency <i>(please circle: OSHA, NIOSH, NIEHS, Other)</i>	<input type="checkbox"/> CPWR
<input type="checkbox"/> eLCOSH	<input type="checkbox"/> Internet Search	<input type="checkbox"/> News Media	<input type="checkbox"/> Other (please specify): _____

For Trainer/Office Use Only:

Pre-Test: _____	Post-Test: _____	Hands-on Training Score: _____	Combined Score: _____
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Question 1:

Have you ever done work that required you to be certified for hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none">• <i>If No, skip and proceed to Question 2</i>• <i>If Yes, please list the most recent jobs that required you be certified in hazardous waste:</i>	
Employer: _____ City, State: _____ Type of work: _____ Year(s): _____	Employer: _____ City, State: _____ Type of work: _____ Year(s): _____

Question 2:

Have you ever encountered hazardous waste, soil contamination, or other worksite health hazards in the course of your work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none">• <i>If No, skip and proceed to Question 3</i>• <i>If Yes, please list the most recent jobs that you encountered hazardous waste or contamination:</i>	
Employer: _____ City, State: _____ Type of work: _____ Year(s): _____	Employer: _____ City, State: _____ Type of work: _____ Year(s): _____
Please check all that you have been exposed to at work: <input type="checkbox"/> Contaminated Soil <input type="checkbox"/> Solvents <input type="checkbox"/> Isocyanates <input type="checkbox"/> Lead <input type="checkbox"/> Contaminated Water <input type="checkbox"/> Confined Spaces <input type="checkbox"/> Nanoparticles <input type="checkbox"/> Silica Dust <input type="checkbox"/> Beryllium <input type="checkbox"/> Excessive Noise <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asbestos <input type="checkbox"/> Other hazards (<i>specify</i>): _____	
Please check the personal protective equipment provided to you: <input type="checkbox"/> Respirator with filters <input type="checkbox"/> Respirator with air tank or hose <input type="checkbox"/> Chemical resistant gloves <input type="checkbox"/> Chemical resistant boots <input type="checkbox"/> Chemical resistant suit <input type="checkbox"/> Other (<i>specify</i>): _____	

Question 3:

Are you about to do work that requires you to be certified in hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none">• <i>If No, survey is complete</i>• <i>If Yes, please list the job that requires you to be certified in hazardous waste:</i>	
Employer: _____ City, State: _____	Type of work: _____

Respirator Medical Evaluation Questionnaire

You will wear several types of personal protective equipment in this class. This equipment includes respirators. The types of respirators you might wear are air purifying, supplied air, or self-contained breathing apparatus (SCBA). There are a number of different protective suits you may wear during the course. One suit type called Level A completely covers you. You may wear this suit as a part of the field exercise. The protective equipment is awkward to wear and heavy. The SCBA respirator weighs 35-40 pounds. Some respirators place an increased demand on your heart and lungs. The suits can make you hot and it is difficult to walk in them.

The OSHA law says your employer must provide a complete physical exam. You need to be cleared to wear this type of protective gear when you do hazardous waste work. Not all jobs on waste sites require the use of the protective gear.

There is no law that requires a complete physical before you get training. It is important that you are in good health when you are wearing the protective gear. It is recommended that you have a complete physical prior to the hazardous materials training.

This confidential screening questionnaire is to help find out if you might have a problem in wearing the protective gear. Please fill out the questionnaire as accurately as you can. Please add any information which you think may be important. This form will be reviewed by a health care professional. If there is anything on the form that you do not understand, please ask about it. If it appears that you may have a health risk, recommendations will be made to decrease that risk. If it is recommended that you not wear the equipment, you will still be able to complete the course. If you do not consider yourself to be in good health, or if you are aware of any reason why you would be unable to use the equipment, please inform one of the trainers. If there is a change in your health while you are attending the course, please let us know. Please be advised that the questionnaire and screening does not take the place of the complete physical required by OSHA prior to hazardous waste work.

- | | | | |
|---------------|---|-----|----|
| b. | Shortness of breath when walking fast on level ground or walking up a slight hill or incline: | Yes | No |
| c. | Shortness of breath when walking with other people at an ordinary pace on level ground: | Yes | No |
| d. | Have to stop for breath when walking at your own pace on level ground: | Yes | No |
| e. | Shortness of breath when washing or dressing yourself: | Yes | No |
| f. | Shortness of breath that interferes with your job: | Yes | No |
| g. | Coughing that produces phlegm (thick sputum): | Yes | No |
| h. | Coughing that wakes you early in the morning. | Yes | No |
| i. | Coughing that occurs mostly when you are lying down: | Yes | No |
| j. | Coughing up blood in the last month: | Yes | No |
| k. | Wheezing: | Yes | No |
| l. | Wheezing that interferes with your job: | Yes | No |
| m. | Chest pain when you breathe deeply: | Yes | No |
| n. | Any other symptoms that you think may be related to lung problems: | Yes | No |
| 14. | Have you ever had any of the following cardiovascular or heart problems? | | |
| a. | Heart attack: | Yes | No |
| b. | Stroke: | Yes | No |
| c. | Angina: | Yes | No |
| d. | Heart failure: | Yes | No |
| e. | Swelling in your legs or feet (not caused by walking): | Yes | No |
| f. | Heart arrhythmia (heart beating irregularly): | Yes | No |
| g. | High blood pressure: | Yes | No |
| h. | Any other heart problem that you've been told about: | Yes | No |
| 15. | Have you ever had any of the following cardiovascular or heart symptoms? | | |
| a. | Frequent pain or tightness in your chest: | Yes | No |
| b. | Pain or tightness in your chest during physical activity: | Yes | No |
| c. | Pain or tightness in your chest that interferes with your job: | Yes | No |
| d. | In the past two years, have you noticed your heart skipping or missing a beat: | Yes | No |
| e. | Heartburn or indigestion that is not related to eating: | Yes | No |
| f. | Any other symptoms that you think may be related to heart or circulation problems: | Yes | No |
| 16. | Do you currently take medication for any of the following problems? | | |
| a. | Breathing or lung problems: | Yes | No |
| b. | Heart trouble: | Yes | No |
| c. | Blood pressure: | Yes | No |
| d. | Seizures (fits) | Yes | No |
| 17. | If you've used a respirator, have you ever had any of the following problems? | | |
| a. | Anxiety: | Yes | No |
| b. | General weakness or fatigue: | Yes | No |
| c. | Any other problem that interferes with your use of a respirator: | Yes | No |
| 18. | Have you ever had a back injury: | Yes | No |
| 19.
(over) | Do you currently have any of the following musculoskeletal problems? | | |
| a. | Weakness in any of your arms, hands, legs or feet: | Yes | No |

- | | | | | |
|-----|--|-----|-----|----|
| b. | Back pain: | | Yes | No |
| c. | Difficulty fully moving your hand up or down: | | Yes | No |
| d. | Pain or stiffness when you lean forward or backward at the waist: | Yes | | No |
| e. | Difficulty fully moving your head up or down: | | Yes | No |
| f. | Difficulty fully moving your head side to side: | | Yes | No |
| g. | Difficulty bending at your knees: | | Yes | No |
| h. | Difficulty squatting to the ground: | | Yes | No |
| i. | Climbing a flight of stairs carrying more than 25 lbs: | | Yes | No |
| j. | Any other muscle or skeletal problem that interferes with using a respirator: | | Yes | No |
| 20. | Have you been in the military services? | | Yes | No |
| 21. | Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): | | Yes | No |

If "yes" name the medications if you know them:

I understand that this information is confidential. The answers are correct to the best of my knowledge.

Date: _____

Student Signature: _____

CPWR Health & Safety Training Survey

This survey is intended to provide information about the value of health & safety training. At no time will any respondent's identity be linked with any specific answers. Please **DO NOT** put your name on this survey.

Course: _____ Date(s): _____ Location: _____ Your Craft/Trade: _____

How many health and safety training courses have you attended?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5+ <input type="checkbox"/>
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**Please check the box (☑) that best describes you.
If a question does not apply, please leave it blank.**

	Never	Once in a while	Often	Most of the time	Always
1a. At your work site, how likely is it for people to stop work if conditions are unsafe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. In the last year, how likely were you to stop work if conditions were unsafe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Do you feel that health and safety training influenced you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2a. At your work site, do people move from one task to another because of unsafe work conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. In the last year, how likely were you to move from one task to another because of unsafe conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Do you feel that health and safety training influenced you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3a. At your work site, how likely is it for workers to report an unsafe condition to the foreman?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. In the last year, how likely were you to report an unsafe condition to your foreman?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Do you feel that health and safety training influenced you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4a. At your work site, how likely is it for workers to ask for PPE if they think it is needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. In the last year, how likely was it for you to ask for PPE if you thought it was needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Do you feel that health and safety training influenced you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5a. At your work site, how likely is it for workers to ask to see an MSDS relating to materials they are working with or around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. In the last year, how likely was it for you to ask to see an MSDS relating to materials you were working with or around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Do you feel that health and safety training influenced you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a. At your work site, how common is it for workers to ask for monitoring of a confined space before entering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. In the last year, how likely was it for you to ask for monitoring of a confined space before entering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Do you feel that health and safety training influenced you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*The labor educators and health & safety researchers at CPWR **THANK YOU VERY MUCH** for your time and cooperation.*

**DO YOU HAVE A STORY TO TELL
ABOUT WORKING IN CONSTRUCTION?**

Either about a problem that occurred in the past that might have been prevented if you had safety and health training, or a problem that has been solved or an accident averted because you had training? If so, please provide your name, e-mail and phone number, so that we may talk with you and hear your experiences.

Name: _____

Email: _____

Phone: _____

Note to Instructor:

Please include completed forms with course paperwork to be submitted to CPWR

CPWR Trainee Course Evaluation Form

Course: _____ Date(s): _____ Location: _____

Please check the appropriate box () after each question.

The instructor(s):

	Rarely	Most of the time		Always	
1. Described the course and lesson objectives clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Explained how the course content applies to my job or trade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Presented the material clearly, so that I could understand it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Kept the class focused on the important points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Reviewed key points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gave helpful feedback to the class on the exercises and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Made good use of the student materials / manuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This course helped me to improve my ability to:

	Very little	Some		A lot	
8. Understand the problems of working with hazardous materials or conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Recognize health hazards on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Recognize unsafe work conditions and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Recognize signs and symptoms that may be related to chemical exposure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Size up whether a job hazard needs me to take immediate action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Use protective equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Understand my legal rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Understand the importance of site safety plans and emergency response planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over to complete side 2 ➡

Teaching methods and materials:

Information in this course was delivered in several different ways. CPWR would like to know how well each of these methods contributed to helping you learn what you needed to know. If any of these methods or materials were not used, please mark n/a for that question.

	<u>n/a</u>	<u>Didn't help at all</u>	<u>Helped some</u>	<u>Really helped</u>
16. Lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Class exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Hands-on activities / simulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Course manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Slides / PowerPoint presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Video / CDROM / DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Not at all</u>	<u>Some</u>	<u>Completely</u>
25. Overall , how well did this class meet the objective of helping you to develop the <u>knowledge</u> , <u>skills</u> , and <u>confidence</u> you need to work safely at hazardous waste sites <u>after you receive site specific training</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How could this course be improved?

*The labor educators and health & safety researchers at CPWR **THANK YOU VERY MUCH** for your time and cooperation.*

- | | | | |
|---------------------|---------------------|---------------------|---------------------|
| 1. (A) (B) (C) (D) | 14. (A) (B) (C) (D) | 27. (A) (B) (C) (D) | 40. (A) (B) (C) (D) |
| 2. (A) (B) (C) (D) | 15. (A) (B) (C) (D) | 28. (A) (B) (C) (D) | 41. (A) (B) (C) (D) |
| 3. (A) (B) (C) (D) | 16. (A) (B) (C) (D) | 29. (A) (B) (C) (D) | 42. (A) (B) (C) (D) |
| 4. (A) (B) (C) (D) | 17. (A) (B) (C) (D) | 30. (A) (B) (C) (D) | 43. (A) (B) (C) (D) |
| 5. (A) (B) (C) (D) | 18. (A) (B) (C) (D) | 31. (A) (B) (C) (D) | 44. (A) (B) (C) (D) |
| 6. (A) (B) (C) (D) | 19. (A) (B) (C) (D) | 32. (A) (B) (C) (D) | 45. (A) (B) (C) (D) |
| 7. (A) (B) (C) (D) | 20. (A) (B) (C) (D) | 33. (A) (B) (C) (D) | 46. (A) (B) (C) (D) |
| 8. (A) (B) (C) (D) | 21. (A) (B) (C) (D) | 34. (A) (B) (C) (D) | 47. (A) (B) (C) (D) |
| 9. (A) (B) (C) (D) | 22. (A) (B) (C) (D) | 35. (A) (B) (C) (D) | 48. (A) (B) (C) (D) |
| 10. (A) (B) (C) (D) | 23. (A) (B) (C) (D) | 36. (A) (B) (C) (D) | 49. (A) (B) (C) (D) |
| 11. (A) (B) (C) (D) | 24. (A) (B) (C) (D) | 37. (A) (B) (C) (D) | 50. (A) (B) (C) (D) |
| 12. (A) (B) (C) (D) | 25. (A) (B) (C) (D) | 38. (A) (B) (C) (D) | |
| 13. (A) (B) (C) (D) | 26. (A) (B) (C) (D) | 39. (A) (B) (C) (D) | |

SCORE	
Written	_____
Verbal	_____
Please record all scores	

<p>Read the following before you begin</p> <ul style="list-style-type: none"> -Make heavy marks that completely fill the circle -Erase or X out any answer you wish to change - Make no stray marks 	Name: _____
	Course Location: _____
	ID# _____
	Last 3 SS# _____

