

EMS Responsibility and Training Matrix

Department	Press	Rim	St Asy	Paint	Cast	Mach	Melting	S/R	E. A.	DA	Kaizen	P. Serv	P. Eng	Mfg Eng	PC	QA	Prod.	Adm	Acctg.	HR	Purch.	Sales	Pool	Guard	Contr.	ISO Auditor	Training	
CMC Division Department Number	010	020	030	040	NA	NA	NA	090	100	110	150	120	200	210	220	230	240	300	310	320	330	340	999				Frequency	
CLA Division Department Number	NA	NA	NA	060	070	080	NA	090	100	110	150	120	200	210	220	230	240	300	310	320	330	340	999					
PROACE Division Department Number	NA	NA	NA	56002	57002	58002	5XX02	090	51002	51102	150	120	52002	210	220	230	52402	300	310	320	330	340	999					
EMS awareness training																											initial & as needed	
Significant Envir. Aspects																												initial & as needed
Good 5S training per the ICP																												Annual, TPS classes
"Beefed up" Haz. Com (GHS)																												initial & as needed
Incidental spill response																												initial & as needed
*Hazwopper 16 Hr. Response																												As needed
Annual Hazwopper Refresher																												Annual
Intergrated Contingency Plan																												3 years
DOT Haz. Mat. Marking																												3 years*
DOT Haz. Mat. Shipping																												3 years*
DOT Haz. Mat. Training																												3 years*
Haz. Waste Annual Training																												Annual
Universal Waste Training																												As needed
Radiation Source Training																												As needed
ISO auditors selected & trained																												As needed
F.A. CPR Training per ICP																												Every 2 years
Respirator evaluation & fit test																												As needed
Evacuation drill per ICP																												Annual
Fire extinguisher training																												See Safety Dojo sch.

NOTE: EMS Training Records are maintained in HR by the Senior Safety/Environmental Specialist.

- Training required (all members)
- Training required (Coord/TL)
- Some members

CMWA Production System Training Sign In Sheet

Element:		Trainer:		
Department:	Shift:	Date:		

		Training Rating (Please Check One)		
Member's Name (Print)	Initial	Not Effective Level 1	Effective Level 2	Very Effective Level 3
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Please note any comments/suggestions that would make this training class more effective.