



Department of Environmental Health & Safety

Regulated Medical Waste Management Training Test & Certification Page

(Print this Test & Certification Page & return to EH&S @ Z=6200 when completed)

Regulated Medical Waste Management (ENV 005)

- 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I certify that I have taken the Environmental Health and Safety Regulated Medical Waste Management Training Class and understand the information presented as it relates to my work duties.

Printed Name: _____ Date: _____

Signature: _____

Employee/Student Identification Number: _____

Department/Group: _____ Building: _____

Inter office Zip: _____

State Employee, Research Employee, or Student (please circle one)?