Loureiro
Engineering • Construction • EH&S • Energy
Waste • Facility Services • Laboratory

Universal Waste Management Plan

Record of Training

I certify that I have been provided with a copy of, and have been trained on the Universal Waste Management Plan. In addition, I understand and agree to adhere to the procedures documented within this Plan as applicable to the activities I conduct at *Insert Company/Facility Name*.

Print Name & Employer	Sign Name

Location of Training: _____

Date of Training: _____ Printed Instructor Name: _____

Instructor's Signature: _____