AREA 3 REGIONAL WEAPONS OF MASS DESTRUCTION AND
HAZARDOUS MATERIALS RESPONSE TEAM, INCORPORATED

STANDARD OPERATING GUIDELINES

TASK FORCE 3-SOG-T2

TRAINING MEETINGS

PURPOSE

To establish Trainig Meetings and Training Schedules and attendance Requirements for Task Force 3 members.

DIRECTION AND CONTROL

Authority

These guidelines have been developed and approved by the Board of Directors. The Administrator/Treasurer shall review these procedures as needed, but not less than annually, and submit any changes to the Board of Directors for approval.

Responsibility

The Administrator/Treasurer is primarily responsible for implementation of these procedures.

Maintenance

These procedures shall be effective upon approval of the Board of Directors and shall remain in effect until revised or rescinded.

CONCEPT OF OPERATIONS

TASK FORCE 3 members shall receive mandatory training necessary to the maintain their respective individual and team knowledge and skills as related to hazardous materials emergency response in accordance with 29 CFR 1910.120 and other applicable laws, rules, and regulations.

Training will be in accordance with a training schedule developed by the hazardous materials response team officers and approved by the Board of Directors from time to time.

In order to maintain membership with TASK FORCE 3 members shall attend mandatory training and shall maintain certification pursuant to 29 CFR 1910.120 in the particular membership classification to which assigned or higher.

The Administrator/Treasurer and Team Leaders will maintain training and meeting documentation. These records should contain sufficient detail to establish attendance, what topics were covered, what time was spent, as well as the instructor. The Administrator/Treasurer shall advise the Board of Directors of those TASK FORCE 3 members who have not completed the required training.

ATTACHMENTS

1. TASK FORCE 3-TRAINING FORM

APPROVAL

_____ _____

President, A3/RWMD/HMRT, Inc. Date

Adopted 12/2009

TASK FORCE 3-TRAINING FORM

STUDENT NAME	CLASSIFICATION	TOPIC	INSTRUCTOR	STUDENT SIGNATURE

INSTRUCTOR SIGNATURE: _____ CLASS DATE: _____

TIME BEGAN: _____ TIME ENDED: _____

TF3/ARRT/3 Form T2