

Appendix C

Explosives Personnel Annual Qualification Review Record

Name: _____	Payroll Supervisor: _____
Job Title/Specialty: _____	Qualifying Supervisor: _____
Job Category: _____	
Employee No.: _____	Original Training Qualification Date: _____
Organization: _____	Date of Last Review: _____

- A. I have discussed or reviewed the following subjects with this employee:
 Employee's Explosives Training Qualification Record. (If a copy is not available, contact the Hazards Control Explosives Safety Engineer for another.)

 Any physical injury or other condition that would prevent this employee from performing his/her explosives related job safely.

 Latest revision to the LLNL *ES&H Manual* and relevant documents dealing with conducting explosives operations.

 Latest revision to the appropriate sections of relevant FSPs.

 Any Operational Safety Plans or special operating procedures that are in effect and that pertain to the employee's work.

B. Other safety matters discussed or of concern to this employee:

C. Additional training and qualifications accomplished since the last review:

D. Changes in duties:

E. By signing below, the employee verifies that his/her payroll supervisor has provided an opportunity to discuss any explosives related job qualifications, safety matters, and concerns.

_____ Signature of Employee	_____ Date
I consider this employee: <input type="checkbox"/> Still qualified <input type="checkbox"/> No longer qualified	
Remarks: _____	

_____ Signature of Payroll Supervisor	_____ Date	_____ Signature of Qualifying Supervisor (if applicable)
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* The signature of the Qualifying Supervisor is required if the qualification responsibility is delegated. In all other cases, write "NA" on that signature line.

DISTRIBUTION: Explosives Safety Engineer, Payroll Supervisor, Employee, Training File