

All Entries Must Be Typed or Form Will Not Be Accepted!		1. Appointment Date: _____	
<input type="checkbox"/> 2. Primary Coordinator		<input type="checkbox"/> 3. Alternate Coordinator	
4. HMM's Name: _____			
LAST NAME		FIRST NAME	
MI			
5. Phone Number _____		6. Rank or Grade* _____	
		7. Job Title _____	
* Activity Names from EMP 4.4.2 Tab 3			
8. *MACOM/Wing Name (Column C): _____			
9. *Group/Brigade Name (Column E): _____			
10. *Squadron/Battalion Name (Column G): _____			
11. *Unit Name (Column I): _____			
12. HM Deliver to Bldg No: _____		13. UIC: _____	
		14. DODAC: _____	
15. HMM's Email: _____		16. AF Portal ID: _____	
17. HMM's Signature: _____			
18. Hazard Communication IAW 29 CFR 1910.1200			
		Date Trained: _____	
19. Advanced Environmental Management (AEM) Phase I Training			
		Date Trained: _____	
20. Submission of EESOH-MIS SAAR (DD Form 2875) to HazMart			
		Date Submitted: _____	
21. AEC Name: _____		22. AEC Phone Number: _____	
23. AEC Email: _____			
I certify that all information on this form is complete and accurate. I understand that I am subject to potential civil or criminal enforcement for false certification.			
24. AEM Phase I Training - Module I Introduction Only		Date Trained: _____	
25. Phone Number _____		26. Signature of Commander or Director _____	
27. Date _____		28. Typed Name and Grade _____	
		29. Typed or Printed Title (Commander or Director) _____	
30. Email of Commander or Director: _____			
This appointment is valid for one year from the date of HazMart approval. (See Below)			
DO NOT WRITE IN THIS BLOCK - FOR HazMart USE ONLY			
31. EESOH-MIS SAAR (DD Form 2875) Approved by HazMart		Date Approved: _____	
32. EESOH-MIS Training		Date Trained: _____	
33. Assigned Shops: _____			
34. Signature of HazMart Personnel: _____		35. Date Approved: _____	

INSTRUCTIONS

ALL ENTRIES MUST BE TYPED; No Hand Written Forms will be Accepted.
FORMS MISSING INFORMATION WILL NOT BE ACCEPTED.
FORMS MUST BE SUBMITTED TO HazMart.

Date of Training

Item 1 Appointment Date

Type of HMM

Item 2 Check this block is being appointed as the Primary HMM
Item 3 Check this block is being appointed as the Alternate HMM

Appointee's Information

Item 4 Enter name of HMM.
Item 5 Enter telephone number.
Item 6 Enter rank or grade.
Item 7 Enter the actual job title.

Appointee's Organizational Information - This Comes from EMP 4.4.2 Tab 3 Activity Name Listings and Must be Used

Item 8 Enter the HMM's MACOM/Wing Name (EMP 4.4.2 Tab 3 Column C)
Item 9 Enter the HMM's Group/Brigade Name (EMP 4.4.2 Tab 3 Column E)
Item 10 Enter the HMM's Squadron/Battalion Name (EMP 4.4.2 Tab 3 Column G)
Item 11 Enter the HMM's Unit Name (EMP 4.4.2 Tab 3 Column I)

Unit Information

Item 12 Hazardous Deliver to Building Number (Building where HazMart will Deliver HMs)
Item 13 UIC
Item 14 DODAAC
Item 15 Enter the HMM's Business Email Address, Military or Civilian personnel & Contractors.
Item 16 AF Portal ID
Item 17 HMM's Signature (**The HMM must sign verifying the that the information is accurate**)

These Training Prerequisites MUST Be Completed.

Item 18 Enter the date the HMM received Hazardous Communication training (available at the Environmental, Safety, and Occupational Health Training Network's (ESOHTN) website (<http://acc.esohtn.com>)).
Item 19 Enter the date the HMM received Advanced Environmental Management (AEM) Phase I Training (available at the Environmental, Safety, and Occupational Health Training Network's (ESOHTN) website (<http://acc.esohtn.com>)). **This training must be updated annually.**

Additional Information

Item 20 Date of Submission of EESOH-MIS SAAR (DD Form 2875) to HazMart
Item 21 AEC Name, Date Trained.
Item 22 AEC Phone Number.
Item 23 AEC Email.

Commander's; Director's, or Leaders Certification

Item 24 Enter the date the Commander, Director, or Leader completed the Advanced Environmental Management (AEM) Phase I Training "AEM Phase I Module 1 Introduction Only" (available at the Environmental, Safety, and Occupational Health Training Network's (ESOHTN) website (<http://acc.esohtn.com>)). This is the same site where Commander, Director, or Leader took their required LEMAC training .
Item 25 Enter telephone number of Commander, Director, or Leader.
Item 26 Signature of Commander, Director, or Leader.
Item 27 Date Certified.
Item 28 Name and rank or grade of Commander, Director, or Leader.
Item 29 Title of Commander, Director, or Leader.
Item 30 Email address Commander, Director, or Leader.

DO NOT WRITE IN THIS BLOCK - FOR HazMart USE ONLY

Item 31 Date EESOH-MIS SAAR (DD Form 2875) Approved by HazMart
Item 32 Date of EESOH-MIS Training.
Item 33 Assigned Shops: (List all assigned shops)
Item 34 Signature of HazMart Personnel.
Item 35 Date Approved.