

Winston, Kathy

From: Cruz, Bill <Bill.Cruz@safety-kleen.com>
Sent: Wednesday, August 13, 2014 2:47 PM
To: Winston, Kathy
Cc: Curtis, Jeff
Subject: RE: Safety Kleen follow up to inspection
Attachments: 8 hr hazwoper refresher certificates.pdf

Kathy, as per your request below attached you will find the actual certificates.

Safety Starts with Me: Live It 3-6-5

Bill Cruz Branch Manager – Florida | Safety-Kleen | A Clean Harbors Company | Boynton Beach, FL | Bill.Cruz@safety-kleen.com
561.736-1339 (o) | 954-459-1918 (c) | 561.731.1696 (f) | safety-kleen.com



From: Winston, Kathy [mailto:Kathy.Winston@dep.state.fl.us]
Sent: Tuesday, August 12, 2014 1:40 PM
To: Cruz, Bill
Subject: RE: Safety Kleen follow up to inspection

Bill, I appreciate your efforts and your quick response but I am actually looking for your 8 hr Hazwoper certificates. If you could send copies of yours, Canaan, and the driver whose DOT certificate you sent that would cover it. I have only given this a quick review but it looks like that is all I still need. I have a short week and a lot going on, so I will let you know Monday if there is anything else I am missing and still need.

From: Cruz, Bill [mailto:Bill.Cruz@safety-kleen.com]
Sent: Tuesday, August 12, 2014 1:25 PM
To: Winston, Kathy
Cc: Curtis, Jeff
Subject: FW: Safety Kleen follow up to inspection

Kathy – Sadly, I missed your annual visit / inspection but in follow up to your requested information attached you will find the information you have requested. As I gather with exception of a couple of items which I am providing you were pleased with your visit. If you have any further questions or inquiries please let me know. I will happy to provide you with additional supporting documents.
If you find there is nothing else you require please send me a quick note of satisfactory inspection..

Regards and thank you for your time.

Safety Starts with Me: Live It 3-6-5

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Review Session Summary

Course Code: HS2200 **Course Name:** HAZWOPER 8 Hr Annual Refresher
Session Number: 00019503 **Status:** Active
Start Date: 10/26/2013 **End Date:** 10/26/2013
Language: **Facility:** Boynton Beach, Florida

Session Summary

[Customize](#) | [Find](#) | [View 10](#) |  |  [First](#) **1-14 of 14** [Last](#)

Employee ID	Name	Status	Grade
050329	Scott Carter Blankenship	Completed	
050817	William Cruz	Completed	
051185	Steve M Fischer	Completed	
051677	Robert Lee Hickman	Completed	
051729	Ronald S Hoehmann	Completed	
051941	Thomas J Johnson	Completed	
051949	Wesner Jolteus	Completed	
052049	Stephen M Kilgore	Completed	
052149	Jeffrey Paul Labelle	Completed	
052892	Alfredo A Paderni	Completed	
053044	William R Polykronis	Completed	
053923	Mark Trautman	Completed	
054284	Donald I Zahner	Completed	
076976	Canaan K Hagin	Completed	

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SAFETY-KLEEN SYSTEMS
TRAINING ATTENDANCE /CERTIFICATION SHEET



Date: 10/26/13 Training Location: Boynton Beach, FL
 Course Name: HQZWAER / RCRA / Cont. Plan SAP Event/Class Number: _____
 Course Code: HS2200, ET140 Time: 8:00 AM to 4:00 PM Duration: 8

	PRINTED NAME	SIGNATURE	EMPLOYEE #	FACILITY (CITY, STATE)
1.	Bill Polykromis	<i>[Signature]</i>	438329	B.BCH
2.	Stephen Kilgore	<i>[Signature]</i>	26665	B.BCH
3.	Jeff Huber	<i>[Signature]</i>	430142	B.BCH 052149
4.	WESLEY JALTEUS	<i>[Signature]</i>	436206	B.BCH
5.	DENNIS JOHNER	<i>[Signature]</i>	438128	11
6.	M. TRANTINA	<i>[Signature]</i>	053923	11
7.	Steve Fischer	<i>[Signature]</i>	436572	11
8.	Tommy Dinko	<i>[Signature]</i>	29984	11
9.	Jeffrey Prosser	<i>[Signature]</i>	433533	11
10.	Carroll Hayden	<i>[Signature]</i>	076996	BB
11.	RON HOEHMANN	<i>[Signature]</i>	0435593	BB
12.	Steve Blankenship	<i>[Signature]</i>	050329	BB
13.	Billie Cr	<i>[Signature]</i>	3248 / OSD 817	BB
14.	Rob Hockmyer	<i>[Signature]</i>	051677	BB
15.				
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24.				
25.				

I certify that the above listed employees have satisfactorily passed associated tests and, demonstrated satisfactory performance and comprehension of this training..

Trainer: Jeff Curtis
 (Please Print Name)

Trainer's Signature: *[Signature]*

Trainer's Location: Boynton Beach, FL

Trainer: _____
 (Please Print Name)

Trainer's Signature: _____

Trainer's Location: _____