

Departmental Training Record Non-Laboratory Employee

The undersigned employee was informed of the following:

The employer requirements for informing and training employees;

Operations in their work area where hazardous chemicals are present; and

The location and availability of the written hazard communication program, including the required list(s) of hazardous chemicals and Safety Data Sheets (SDS) required by law.

The undersigned employee was trained in the following areas:

Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the department, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);

The physical and health hazards of the chemicals in the work area;

The measures employees can take to protect themselves from these hazards, including specific procedures the University has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and

The details of the University Hazard Communication Program, including an explanation of the labeling system and the Safety Data Sheet, and how employees can obtain and use the appropriate hazard information.

Reason for training:

Initial training	New exposure situation	Periodic re-training
Employee Signature		Date
Employee Name – PRINT CLEARLY		U Number
Trainer/Laboratory Supervisor Signate	ure	Date

Department must retain a copy of this document for proof of training.