



CHEMICAL HYGIENE TRAINING RECORD

This is to certify that the individuals listed below were trained on the following elements of the

_____ Group Chemical Hygiene Plan:

- Standard Operating Procedures
- Prior Approval Circumstances
- Hazard Assessment
- Methods of Control
- Proper Laboratory Hood Use
- Exposure Detection
- Chemical Storage
- Laboratory Waste Disposal
- Emergency Notification Procedures
- Spill Response Procedures

DATE:

LOCATION:

INSTRUCTOR:

NAME (*please print*)

UNID

email

INITIALS

NAME (<i>please print</i>)	UNID	email	INITIALS
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LABORATORY SAFETY TRAINING RECORD

DATE:

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