Laboratory Safety Training – Chemical Hygiene Training Record

Name _____ **Department** _____

Campus Location _____ **Campus Phone** _____

Employee Classification _____ **Supervisor** _____

OSHA's Laboratory Standard (29 CFR 1910.1450) requires that each laboratory employee be made aware of the location and content of the laboratory's Chemical Hygiene Plan. By your signature below, you acknowledge that you have read and understood the contents of this plan and know its location within the laboratory.

_____ _____

Employee Signature **Date**

The employee's supervisor is required to provide training on specific topics as described under the "Information and Training" section of the Lab Standard. This training must be provided at the time of the employee's initial assignment, on a refresher basis as determined by the employer, and upon updating procedures. Document specific employee training below:

Description of Training	Date	Provided By