Appendix 3

EMPLOYEE'S NEW CHEMICAL/SUBSTANCE SIGNATURE FORM

Name of New Chemical/Substance: _____

Vendor's Name: _____

Location: _____

Date the Chemical Arrived: _____

Date of Posting (MSDS) form: _____

This chemical may have health effects not covered during your initial Hazard Communication Training Session. Each affected employee is asked to read the attached Material Safety Data Sheet (MSDS) to understand the health effects.

Upon reading the Material Safety Data Sheet (MSDS), each employee must sign and date this form.

Print Name	Sign Name