

EMPLOYEE TRAINING CERTIFICATE

Complete this form and return it to room D-9.

Employee Name (print) _____

Department _____ Room _____

EMERGENCY CONTACTS (please list at least one local contact)

Name and relationship _____

daytime phone _____

Name and relationship _____

daytime phone _____

TRAINING RECORDS

LHS Safety Manual

The signature below certifies employee has received and read a copy of the LHS Safety manual.

Employee (signature) _____ Date _____

Hazardous Area Training

This training is to be conducted by employee's Safety Representative in employee's department.

CERTIFICATION

Employee Lab/Shop training has been completed on the following items (check as applicable):

Location

- _____ safety reference information (MSDS, safety volumes)
- _____ clean-up procedures
- _____ spill clean-up supplies
- _____ emergency eye-wash

Information

- _____ drain disposal policy
- _____ waste disposal procedures
- _____ availability of protective equipment
- _____ availability of safety equipment
- _____ who to call in event of an emergency

Demonstration

- _____ safe lab and/or shop procedures (if hazardous operations are required as part of the job)

Review

- _____ Chemical Hygiene Plan (lab employees only)

Safety Representative (signature) _____ Date _____