



EMPLOYEE TRAINING SIGN-OFF SHEET

Business Name: _____

Address: _____

Phone: _____

Section I. Safety Data Sheet & Product Label Training (GHS)

I verify that I have been trained on how to read and understand Safety Data Sheets and product labels. I know where Safety Data Sheets are located, and I understand how to read and use these forms.

Employee	Date



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Section II. In-House Service Training

Please checkmark all applicable training categories:

- Dish Machine:** Properly trained on operation, set-up, break-down, cleaning and basic troubleshooting.
- Dispensers (Chemical, Soap, Etc.):** Properly trained on operation, set-up, break-down, cleaning and basic troubleshooting.
- 3-Compartment Sink:** Properly trained on operating and testing procedures and spray bottles (where necessary).
- Wall Charts:** Properly placed, visible and comprehensible.
- Emergency Readiness:** SDS binder includes all on-site chemicals and is in a readily available location at the business in case of emergency. The 800.360.SWSH service sticker is visible.

I verify that I have been properly and adequately trained by a Swisher representative on all of the above checkmarked categories and am satisfied with the training I have been given.

Employee	Date