Appendix D of the UF Chemical Hygiene Plan

Documentation of Training

This form must be completed and saved as a record of the training provided to the laboratory staff as required by the UF Chemical Hygiene Plan.

Principal Investigator ___________________________ Department ___________________________

Building _________________ Rooms _________________ Phone _________________

Training provided by ___________________________ Date training was provided: ___________________________

Procedure and chemical(s) covered by this training ___________________________

Topics cover by training: (Please check)

_____ Hazard Assessment review  _____ Standard Operating Procedure review  _____ Chemical Hygiene Plan review
_____ Chemical hazard review  _____ MSDS review (including exposure limits)
_____ OSHA Laboratory Standard review  _____ Procedure or process review
_____ Biological Safety Cabinet required  _____ Symptoms of exposure
_____ Fume hood required  _____ Other exhaust systems required: ___________________________

This training was provided by __________________________________________

Printed name

__________________________

Signature

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