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

_____ OSHA Laboratory Standard review

_____ Procedure or process review

_____ Chemicals to be used

_____ Chemical hazard review

_____ MSDS review (including exposure limits)

_____ Symptoms of exposure

_____ PPE selection

_____ PPE Use

_____ Fume hood required

_____ Biological Safety Cabinet required

_____ Other exhaust systems required:

_____

_____ Shielding

_____ Other requirements: _____

_____

This training was provided by _____

Printed name

_____

Signature

NAME	SIGNATURE	UF ID Number