

Appendix B

University of Florida Hazard Communication Program Training Record (Keep in the workplace)

1. Name _____

2. UFID _____

3. Department _____

4. Supervisor _____

5. Training date _____

6. I have been trained regarding the hazardous materials in my workplace by the trainer listed below:

7. I understand the following:

- a. I must be trained regarding the hazardous chemicals in my workplace upon initial assignment and whenever a new chemical is introduced into my workplace.
- b. I must understand the characteristics and physical hazards of the hazardous chemicals in my workplace.
- c. I may obtain a copy of the Safety Data Sheet (SDS) for each hazardous chemical to which I am, have been, or may be exposed to in my workplace.
- d. I understand the adverse health effects of each listed hazardous chemical with which I work in my workplace.
- e. I have access to the UF Hazard Communication Program including site specific information for my workplace.

2. I have been furnished with instruction on the HCP and the nature and effects of the hazardous chemicals listed on the attached chemical inventory for Room(s) _____, Building _____. I acknowledge that I have been instructed in the following areas with regard to the inventoried hazardous chemicals to which I am exposed:

- a. The chemical and common names of the hazardous chemical.
- b. The location of the hazardous chemicals and the operations involving them in my work area.
- c. The proper and safe handling of the hazardous chemicals.
- d. The location of the HCP, SDS, and chemical inventory.
- e. Methods used to detect the presence or release of hazardous chemicals.
- f. The physical and health hazards of the chemicals in my work area.
- g. Methods to protect myself from exposure to hazardous chemicals.
- f. Appropriate emergency procedures.
- g. An explanation of the chemical labeling system.
- h. How to obtain and use hazard information.

Signature of Employee

Date

Signature of Supervisor

Date