



# Hazardous Chemical Information Training

Training Attendance Sheet

Supervisor Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Training Outline:

Product Name(s) or Chemical Group(s)

- Location of Safety Data Sheets (SDS)
- Review of Safety Data Sheets (SDS)
- Hazardous Characteristics of Chemical(s)
- Required Use Personal Protective Equipment (PPE)

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| Employee Name | Job Title | Signature |
|---------------|-----------|-----------|
| 1. _____      | _____     | _____     |
| 2. _____      | _____     | _____     |
| 3. _____      | _____     | _____     |
| 4. _____      | _____     | _____     |
| 5. _____      | _____     | _____     |
| 6. _____      | _____     | _____     |
| 7. _____      | _____     | _____     |
| 8. _____      | _____     | _____     |
| 9. _____      | _____     | _____     |
| 10. _____     | _____     | _____     |

This is to certify that the persons above have acknowledged receipt of information and training in Hazardous Chemical Information training.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Job Title

\_\_\_\_\_  
Date