|  |
| --- |
| **Lab-Specific Training Documentation Form** |
| **Contact Information** |
| **Principal Investigator (PI) or Lab Manager Name:**  |
| **Department(s):** |
| **Building(s):** | **Lab(s):** |
| **Training Content** |
| *Description of the Chemical/Procedure/Process:* |
| *Describe or attach a copy of the content of the training including safety topics and hazard controls:*  |
| **Training Attestation** |
| *I acknowledge that I have been provided training on the topic indicated above,* *and agree to follow all safety guidelines required in the training.* |
| **Lab Personnel Name** | **Lab Personnel Signature** | **Trainer Name** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Lab-specific training documentation must be available in the lab.** |