|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.** | | | | |