**Appendix B-Hazard Communication Initial Training Record**

This is to clarify that I have been trained and informed about the hazards and precautions associated with the use of hazardous chemicals in my work as required in the company’s written hazard communication program.

To confirm my understanding of such training and instructions, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

reviewed them with me and he/she indicated his/her satisfaction by checking the box before each of the topics listed below:

* Overview of the requirements contained in the OSHA’s Hazard Communication Rule
* Chemicals present in my workplace operations.
* Locations and availability of our written hazard communication program and the SDSs for the hazardous chemicals.
* Physical and health effects of these hazardous chemicals.
* Methods used to determine the presence or release of hazardous chemicals.
* How to lessen or prevent exposure to these hazardous chemicals through safe work practices and use of personal protective equipment.
* Steps the company has taken to lessen or prevent exposure to these chemicals.
* Safety emergency procedures to follow in the event of exposure to these chemicals.
* How to read container labels and interpret SDSs to obtain appropriate hazard information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee’s Name (Printed) Employee’s Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Attested Trainer

**\*Note to Employee: This form will be made a part of your personnel file. Please read and understand its contents before signing.**