Appendix D of the UF Chemical Hygiene Plan

Documentation of Training

This form must be completed and saved as a record of the training provided to the laboratory staff as required by the UF Chemical Hygiene Plan.

Principal Investigator _____ Department _____

Building _____ Rooms _____ Phone _____

Training provided by _____ Date training was provided: _____

Procedure and chemical(s) covered by this training _____

_____

Topics cover by training: (Please check)

_____ Hazard Assessment review
_____ Standard Operating Procedure review
_____ Chemical Hygiene Plan review
_____ OSHA Laboratory Standard review
_____ Procedure or process review
_____ Chemicals to be used
_____ Chemical hazard review
_____ MSDS review (including exposure limits)
_____ Symptoms of exposure

_____ PPE selection
_____ PPE Use
_____ Fume hood required
_____ Biological Safety Cabinet required
_____ Other exhaust systems required:
_____
_____ Shielding
_____ Other requirements: _____
_____

This training was provided by _____
Printed name

_____
Signature

NAME	SIGNATURE	UF ID Number