

EMPLOYEE SAFETY/EMERGENCY PROCEDURES TRAINING RECORD

Department: _____
Supervisor: _____

This completed form should be retained in the individual's personnel file as evidence of initial training required under the IIPP. Additional training covering more job-specific topics can also be documented by completing the space provided in item III below.

Employee Name: _____
(Please Print)

Position/Title: _____

Date of Hire / New Assignment: _____

I, _____, (Supvr.; Depart. Safety Coord.; IIPP Coord.)
hereby certify that this employee has been trained on the following (check appropriate boxes):

I. Initial Training on the Campus and the Department's IIPPs, including:

- Responsibility
- Compliance
- Communication
- Hazard Assessment
- Accident/Exposure Investigation
- Hazard Correction
- Training and Instruction
- Record keeping

Date: _____

II. Hazard Communication Training

- The hazards of chemicals and how to obtain information to reduce exposure.
- The location and availability of MSDSs.

Date: _____

III. Other Job-Specific Safety Training, including:

- The potential occupational hazards in the work area associated with the job assignment.
- The safe work practices and personal protective equipment required for the job title.

Describe Subject Covered: (Attach outline of training, including training date, and employee signature.)

IV. Review of the fire and emergency procedures for the campus and my department.

Date: _____

I understand the above items and agree to comply with safe work practices in my work area.

Employee Signature

Date

Completed copies of this form must be kept in Department files for at least three years.

For questions on any item, please contact your department Safety Coordinator or call EH&S @ 8-7422.