

## LABORATORY SAFETY TRAINING RECORD

Lab Name

Appendix 3

Print this form and keep it with your Chemical Hygiene Plan. This is to certify that the individuals listed below have received Lab Safety training as indicated:

NAME (please print)	Job Title	Indicate training given by date received						
		UAF Lab Safety Training	UAF Hazardous Waste Training	UAF Chemical Hygiene Plan training				

Use blank columns to document additional, lab-specific training, such as formaldehyde, methylene chloride, hydrofluoric acid, etc. Add additional pages as necessary.