



HAZARD COMMUNICATION, EMPLOYEE RIGHT-TO-KNOW AND RECYCLING AWARENESS

INITIAL TRAINING RECORD

Name _____ 927 # _____

Job Title _____ Date Employed _____

Department _____ Campus Phone _____

Faculty Staff Student Assistant College Work Study Graduate Assistant

Full-time Part-time

After finishing your training, please complete the section below and turn in the card to the Media Services Department.

I, _____ completed the required initial training on "Hazard Communication, Employee Right to Know, and Recycling Awareness" on _____ 20____

Employee Signature

MEDIA SERVICES USE ONLY

This signed record verifies the training session attendance of the above named employee.

Authenticated by _____ Date _____
Signature

Title _____