

# UH CHEMICAL OR HAZARD-SPECIFIC TRAINING RECORD

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NAME: \_\_\_\_\_

EMPLOYMENT START DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PRINCIPAL INVESTIGATOR: \_\_\_\_\_

BUILDING / ROOM: \_\_\_\_\_

SAFETY ITEM	INSTRUCTOR	DATE COMPLETED
List Lab-specific Safety Training by Department*		

DATE OF COMPLETION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*\* All laboratory-specific training must be documented and maintained by the Principle Investigator.*