HCP-8

EMPLOYEE RIGHT-TO-KNOW
TRAINING ATTENDANCE RECORD

DTI CONDUCTING TRAINING _____ DATE _____

LOCATION OF TRAINING _____

DEPARTMENT _____ WORK AREA _____

DTI RESPONSIBLE FOR WORK AREA _____

By printing and signing my name below, I acknowledge that I have received training specific to my work area about how to read and find information on an MSDS, where MSDSs are located in my work area, and what labeling requirements are at Purdue University.

ATTENDANCE

NAME (Please Print)	SIGNATURE	PUID Number	DATE	BLDG. or RES. HALL