

**Purdue University
Hazard Communication Program**

DTI Certification

DTI Name: _____ **DTI Email:** _____

Building: _____ **Department:** _____

DTI Supervisor: _____ **Trained by:** _____

Training Date: _____ **Duration of Training:** _____

Names and or employee group description for whom the DTI will implement the Written Hazard Communication Program and maintain records:

I acknowledge that I have received Designated Trained Individual (DTI) Training. I have been informed about the training, information, and recordkeeping requirements for employees covered by the OSHA Hazard Communication Standard and the Purdue University Hazard Communication Program.

I understand how to provide employees with information about SDSs, container labeling, and that I must also maintain annual HazCom Program training via completing Awareness or Comprehensive Hazard Communication Online Training.

DTI Signature: _____

This completed document contains the name of the persons certified as the DTI for the indicated work area(s). DTI training should be repeated annually. It is not required to send a copy of the document to REM.