

PURDUE UNIVERSITY
Chemical Hygiene Plan

Lab-Specific Training Certification

(Please Type or Print Legibly)

For: _____

Laboratory Supervisor, Building, and Room(s)

After reading your lab-specific Purdue Chemical Hygiene Plan, complete and return a copy of this form to your Laboratory Supervisor. By signing below you acknowledge that you understand your lab-specific Chemical Hygiene Plan and the policies and procedures applicable to the OSHA Occupational Exposure to Hazardous Chemicals in Laboratories Standard (29 CFR 1910.1450). Your Laboratory Supervisor will provide additional information and training as appropriate.

Name: _____ Work Telephone: _____

Email Address: _____

Department: _____

Job Title: _____

Employee Signature: _____ Date: _____

Filing:

File each employee's completed Chemical Hygiene Plan Lab-Specific Training Certification Form in a central administrative location. These and all other safety training records should be organized in a way that allows original records for a single staff member or for an entire work group (as identified by the Laboratory Supervisor) to be retrieved quickly and efficiently on request by an OSHA inspector or a REM staff member.