



## EHS Provided e-Learning Course

Dear Trainee:

A record of completion of this e-Learning course will be added to your HR Self Service site under "My Training". By completing the blanks below, you are verifying that you have successfully completed EHS's e-learning course. Provide this form to your supervisor or designated work area trainer.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor or Designated Work Area Trainer (Please Print)

\_\_\_\_\_  
Department

To finish your training requirement, you must also know specific information unique to your own work area. Use the checklist below with your supervisor or designated work area trainer as a guide for reviewing site-specific training items.

## Site-Specific Training Checklist

- Shown how to access and use the department's Hazard Communication Program document and SDSs.
- Informed that approval is needed before using certain chemicals or chemical products.
- Informed where and how to safely store chemicals and chemical products.
- Informed where and how to dispose of hazardous chemical waste properly.
- Informed of proper labeling procedures that conform to GHS labeling guidelines for both primary and secondary containers.
- Informed of what PPE is required (such as gloves) for specific tasks when handling chemicals and chemical products including how to obtain, use, and maintain PPE.
- Shown the location and use of eye wash stations and chemical spill kits.
- Informed of procedures to follow if a chemical spill or chemical emergency occurs.
- Informed who to notify and what information to provide if there is a major chemical spill or chemical emergency that endangers people or if hazardous chemicals enter the environment.
- If there are additional items to be covered, specify here: \_\_\_\_\_

**Verification of Training: I verify that the site-specific training items were reviewed and understood.**

\_\_\_\_\_  
Supervisor or Designated Work Area Trainer  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**KEEP THIS RECORD AS PROOF OF YOUR COMPLETED TRAINING**

The Supervisor or Designated Work Area Trainer must maintain a copy of this record.