

Health Sciences Center

TRAINING TOPIC
Hazardous Waste/ Lab Safety/ Hazardous Communication Training
DATE/TIME OF TRAINING
DATE

February 3, 2015

TIME

9:00 AM – 11:30 AM

INSTRUCTOR(S)
INSTRUCTORS

JOYCE MOORE

PRINT NAME
(Legibly)

**FUNCTIONAL JOB
TITLE**
(i.e., Lab Manager, PI,
Dean, Chair,
Building Supervisor or
specify)

**ARE YOU
RESPONSIBLE
FOR OTHERS
IN LABS?**
Yes No

**ARE YOU A
CHO?**
Yes No

BUILDING
(where you handle
hazardous materials)
(Ex: HSC North, HSC South, BRNI,
BioMed, HSC Addition)

**LAB/ROOM
NUMBER**
SIGNATURE

1. Barbier, Mariette

2. DiConcilis, Nicholas

3. Ghalichebaf, Mohssen

4. Ma, Patrick

5. Wence, Roger

6.

7.

8.

9.

10.

Dental Lab Coord
prof. Dent

LAB MANAGER

HSC North Dentistry 1054
HSC North 1181-D

HSC Dentistry 1056