



Certificate of Laboratory Training

Department: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Trained: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

\_\_\_\_ I understand the procedures that I am expected to perform, and am aware of any potential chemical and or equipment hazards involved in working in this laboratory.

\_\_\_\_ If I have any questions, I will contact the P.I or Laboratory Manager before any chemicals are handled.

\_\_\_\_ I know where the MSDSs for the chemicals in this laboratory are located and understand how to read them.

\_\_\_\_ I know the location and how to use safety materials such as the spill kit, eyewash, safety shower, fume hood, fire extinguisher etc.

\_\_\_\_ I understand that my safety depends on the correct use of personal protective equipment such as eye goggles, gloves, lab coats, full shoes etc. I understand how to use and will use this equipment.

\_\_\_\_ I will not use equipment that is malfunctioning and will report the malfunction to the laboratory P.I. or Laboratory manager.

\_\_\_\_ I understand how the chemicals in this laboratory are to be used, stored and disposed of in accordance with all regulations.

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Signature

Date

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P.I. Signature or Laboratory Manager Signature

Date