



Chemistry

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TRAINING TOPIC	Hazardous Waste/ Lab Safety/ Hazardous Communication Training						
DATE/TIME OF TRAINING	DATE	January 28, 2015	TIME	9:00 AM - 11:30 AM			
Instructor(s)	Instru	CTORS	Joyce Ad	ddison			

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?	BUILDING (where you handle hazardous materials)	LAB/ROOM NUMBER	SIGNATURE
1.Li, Huiyuan	lab manager	\checkmark	✓	CRL	381	
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