




Facilities

TRAINING TOPIC	Hazardous Waste/ Lab Safety/ Hazardous Communication Training			
	DATE	February 3, 2015	TIME	9:00 AM – 11:30 AM
	INSTRUCTORS		Joyce Addison	

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)	LAB/ROOM NUMBER	SIGNATURE
1. Humphreys, Max	Proc. Admin Sr	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	FM - Plant	—	
2. Trantham, Mike	Proc. Admin Sr	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	Fac Mgt / 219 Percival	219 Percival	
3. Kendrick, Terri	Proc. Admin Sr	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	Fac. Mgt /	—	
4.						
5.						
6.						
7.						
8.						
9.						
10.						