



Hazard Communication Work Area Specific Training Record

I, _____, hereby acknowledge receipt of Work Area Specific Training as required by the Texas A&M University Hazard Communication Program. The training received includes the following (mark all that apply):

1. _____ Information on hazardous chemicals known to be present in the employee's work area and to which the employee may be exposed, including:
 - a) Location within the work area
 - b) Specific hazards, including acute and chronic effects
 - c) Safe handling and disposal procedures
 - d) Procedures to follow in the event of an accident or spill
2. _____ Work area location of SDSs or procedures for obtaining SDSs
3. _____ Location of emergency safety equipment (e.g. emergency eyewash station, emergency shower, fire extinguisher) and instruction on activation procedures and use
4. _____ Location and use of the appropriate personal protective equipment the employee will need for working with hazardous chemicals
5. _____ Location of the first aid kit and first aid treatments to be used in the event of an accident
6. _____ Location of the chemical spill kit and instructions on spill cleanup procedures
7. _____ Other training(s) provided during this time (list topics below):

Employee Name (Print)	Employee Department
-----------------------	---------------------

Employee Signature	Date
--------------------	------

Instructor Name(s) (Print)

Instructor Signature	Date
----------------------	------

NOTES:

For Lab Personnel: A copy of this training record must be uploaded to the Documents tab under the laboratory personnel's lab group profile in BioRAFT (SciShield), and the lab member should maintain a copy of this record in their files.

For All Other Employees: The employee's department/unit shall maintain a copy of this training record, which must be made available upon request.