# NEW CHEMICAL TRAINING CHECKLIST

1. Work Area: ____________________________ 2. Instructor: ____________________________

3. Chemical Substance: ____________________________

4. Material Safety Data Sheet (MSDS) Attached: ☐ YES
   
   The MSDS must be attached to this New Chemical Training Sheet.

5. New Chemical Use: ____________________________

6. Employee Training Provided:
   - ☐ MSDS reviewed
   - ☐ Engineering controls
   - ☐ Personal protective equipment
   - ☐ Detection of release or presence
   - ☐ Labels
   - ☐ Work area monitoring
   - ☐ Work practices
   - ☐ Emergency procedures

7. Training Date: ____________________________

8. Employees Trained:
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________
   
   Employee Signature: ____________________________

(Use back if necessary)

9. Instructor's Signature: ____________________________  Date: ____________________________

10. Route a copy to: 1- Area Supervisor, 2- Chemical Hygiene Officer, 3- Personnel Department File.
# NEW EMPLOYEE CHEMICAL HYGIENE ORIENTATION AND TRAINING CHECKLIST

<table>
<thead>
<tr>
<th>Name:</th>
<th>S.S. #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Assignment:</td>
<td>Supervisor:</td>
</tr>
<tr>
<td>Employment Date:</td>
<td></td>
</tr>
</tbody>
</table>

## 1. BY PERSONNEL DEPARTMENT ON THE FIRST DAY OF EMPLOYMENT:

- [ ] Management's safety and health philosophy
- [ ] Management's, supervisor's, and employee's safety and health responsibilities
- [ ] General plant safety and health rules
- [ ] Chemical Hygiene Training Program
- [ ] Location and availability of Chemical Hygiene Plan

Completed by: __________________________ Date: ____________

## 2. BY CHEMICAL HYGIENE OFFICER:

### A. First Day in Work Area

- [ ] Introduction to operations where chemical and physical hazards are present - types of hazards encountered
- [ ] Required work practices
- [ ] Personal protective equipment
- [ ] Emergency procedures
- [ ] Detection of chemical hazards
- [ ] Location and availability of Chemical Hygiene Plan
- [ ] Labeling systems

Date: ____________

### B. One Week Follow-up

- [ ] Review work practices and procedures with employee
- [ ] Answer employee questions
- [ ] Return completed checklist to Personnel Department for filing in employee personnel folder

Date: ____________

Completed By: __________________________ Date: ____________

Employee's Signature: __________________________ Date: ____________