

NEW CHEMICAL TRAINING CHECKLIST

No.  
Date:

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:

- |   |   |
|---|---|
| <input type="checkbox"/> MSDS reviewed                    | <input type="checkbox"/> Work area monitoring |
| <input type="checkbox"/> Engineering controls             | <input type="checkbox"/> Work practices       |
| <input type="checkbox"/> Personal protective equipment    | <input type="checkbox"/> Emergency procedures |
| <input type="checkbox"/> Detection of release or presence | <input type="checkbox"/> _____                |
| <input type="checkbox"/> Labels                           | <input type="checkbox"/> _____                |

7. Training Date: \_\_\_\_\_

8. Employees Trained:

Employee Signature

Employee Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

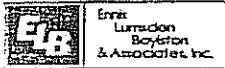
(use back if necessary)

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

No.  
Date:

NAME: \_\_\_\_\_ S.S. #: \_\_\_\_\_

JOB ASSIGNMENT: \_\_\_\_\_ Supervisor: \_\_\_\_\_

EMPLOYMENT DATE: \_\_\_\_\_

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

- 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

B. One Week Follow-up Date: \_\_\_\_\_

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

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

