## SAFETY TRAINING RECORD Department of Chemistry Purdue University

Date of training: Duration:hmin All information must be complete.
Person receiving training:
first name (or as much as fits) last name (or as much as fits)
@   p   u   r   d   u   e   .   e   d   u   look up any Purdue alias at
career account "alias;" none are more than eight characters https://www.itap.purdue.edu/directory/
Supervisor of person receiving training:
first name (or as much as fits)  last name (or as much as fits)
If sponsored research, must be faculty P.I., in all others cases must be faculty or management level staff.
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Person conducting training
print sign
List and describe training topics & procedures. Include quantity limits if appropriate, working hours,
working alone, PPE, as appropriate. Attach protocol on separate page with staple if desired.
check here if separate page(s) attached
Does this training have to be repeated at any regular interval? Circle: Yes No Interval
How was competence of the trained person assessed? (e.g. required to perform procedure while
observed, and/or verbal "quiz," written quiz, attached)
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Supervisor's signature (as named above) date
Supervisor affirms that trained person has demonstrated, and is expected to at all times continue to demonstrate
competence and ability to safely undertake the procedures described.
Trained person's signature date

Signature affirms that trained person has completed training successfully and understands and will follow all requirements for safety and health. Trained person also agrees to stay within the confines outlined if any, and to make arrangements for additional training when new/different work, chemical, or hazards are introduced to the work.