



PFC CHEMICAL HYGIENE TRAINING FORM

NAME: _____ SUPERVISOR: _____

TRAINING SUPERVISOR _____

TRAINING DATE: _____

I have received the following Standard Operating Procedures (SOP's):

<u>SOP Number</u>	<u>SOP Title</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have received Material Safety Data Sheets (MSDS's) for the following substances:

I have read the SOP's and MSDS's related to the above materials. I understand the proper handling procedures associated with these substances, and my questions have been answered by the training supervisor.

Signature of Person Trained

Signature of Training Supervisor