

EARLHAM COLLEGE
CHEMICAL HYGIENE & SAFETY

LABORATORY & CHEMICAL SAFETY TRAINING

Name		Semester	
Department		Supervisor	
Position (Stockroom; T/A; Other)		Class	

READ AND INITIAL THE STATEMENTS BELOW.

I have satisfactorily completed the Earlham College Laboratory Safety Training Online Course. I have read and understood all of the material presented.

I understand that more specific procedures and safety information will come directly from my instructor or supervisor.

I understand that if I have any questions about any procedure, safety information, or disposal requirements that I can contact the Chemical Hygiene Officer at any time.

Signature	Date
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Signature of Supervisor	Date
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CHO Signature	Date
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