Employee Right-To-Know Training

Date: _____

Employee Name: _____

Theatre: _____

Items Covered:

	Initials
A. Location of Material Safety Data Sheets.	_____
B. How to read a Material Safety Data Sheet.	_____
C. Location and use of gloves & goggles.	_____
D. How to properly use chemicals listed below.	_____

Chemicals Covered:

Chemical Name	Intended Use	Initials

I have received the above training, and I understand how to properly use the chemicals listed above.

Employee Signature: _____ Date: _____

Trainer/Manager Signature: _____ Date: _____