SAMPLE SAFETY TRAINING CERTIFICATION

Training Subject	Date	Location
Trainee Certification of Training		
I have received on-the-job training opportunity to ask questions and punderstand that performing these intend to comply with all safety ar comply with these requirements reincluding termination.	practice procedures to determine procedures/practices safely is a cond operational requirements discu	ondition of employment. I fully ssed. I understand that failure to
Employee(s) Name(s)	Signature(s)	Date(s)
Subjects Taught		
Trainer Certification of Initial Qua	alification	
and practice procedures in the lea	l policies. Each employee was give rning environment. Based on each as adequate knowledge, skills, and	n the opportunity to ask questions
Trainer Name(s)	Signature(s)	Date(s)
Supervisor Certification of Full Qu	alification	
I observed/interviewed the above demonstrated adequate knowleds the procedures and/or practices in	ge, skills, and abilities and is fully q	ualified to safely perform all steps o
Supervisor Name	Signature	Date
	kills, and abilities (KSAs) on the job	document. The supervisor o. Including this statement will help exardous procedures and practices.

Training Subject	Date	Location
Trainee Certification of Trai	ining	
training has provided me ad determine and correct skill oprocedures/practices safely safety and operational requ	lequate opportunity to ask q deficiencies. I understand the is a condition of employmer irements discussed. I unders	ted (see other side of this sheet): This uestions and practice procedures to at performing these at. I fully intend to comply with all stand that failure to comply with these rective actions) up to and including
Employee Name	Signature	Date
Trainer Certification of Com	petency	
explained related procedure ask questions and practice performance, I have determine	es, practices and policies. Eac procedures in the learning er	n employee listed above. I have ch employee was given opportunity to nvironment. Based on each student's nined has adequate knowledge and skills
Trainer Name	Signature	Date
Supervisor Certification of C	Competency	
I observed/interviewed the	above employees on	date(s). Each employee has
·	owledge and skills to safely p	
procedures/practices in the	work environment (at their	workstation, worksite, etc.).
 Trainer Name		 Date

The following information was discussed with students: (check all covered subjects)
 □ Overview of the hazard communication program - purpose of the program □ Discussion of the hazards of chemicals to which students will be exposed □ Primary, secondary, portable, and stationary process container labeling requirements □ Discussion of the 16 sections of the SDS and their location □ Emergency and Spill procedures □ First aid procedures □ Symptoms of overexposure □ Use/care of required personal protective equipment used with the above chemicals □ Employee accountability
The following practice/performance exercises were conducted:
□ Spill procedures□ Emergency procedures□ Personal protective equipment use
The following written test was administered: (Or "Each student was asked the following questions:") (Keep these tests as attachments to the safety training plan and merely reference it here to keep this document on one sheet of paper)
 What are the labeling requirements of a secondary container? (name of chemical. and hazard warning)
2. When does a container change from a portable to secondary container? (when employee lose control)
3. What are the symptoms of overexposure to? (stinging eyes)
4. Where is the "Right to Know" station (or SDS station) located? (in the production plant)
5. What PPE is required when exposed to? (short answer)
6. How do you clean the PPE used with? (short answer)
7. What are the emergency procedures for overexposure to? (short answer)
8. Describe spill procedures for (short answer)
9. When should you report any injury to your supervisor? (immediately)
10. What are the consequences if you do not follow safe procedures with this chemical? (injury, illness discipline)