

Sample Safety Training Certification

(Company Name)

Training Subject _____ **Date** _____ **Location** _____

Trainee certification. I have received on-the-job training on those subjects listed (see other side of this sheet):

This training has provided me adequate opportunity to ask questions and practice procedures to determine and correct skill deficiencies. I understand that performing these procedures/practices safely is a condition of employment. I fully intend to comply with all safety and operational requirements discussed. I understand that failure to comply with these requirements may result in progressive discipline (or corrective actions) up to and including termination.

Employee Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Trainer certification. I have conducted orientation/on-the-job training to the employees(s) listed above. I have explained related procedures, practices and policies. Employees were each given opportunity to ask questions and practice procedures taught under my supervision. Based on each student's performance, I have determined that each employee trained has adequate knowledge and skills to safely perform these procedures/practices.

Trainer Name	Signature	Date
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Reviewed by:

Safety Coordinator	Signature	Date
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Supervisor Follow-up Evaluation of Training. I observed/interviewed the above employees on _____ date(s). All employees demonstrated adequate knowledge and skills to safely perform all steps of the procedures/practices presented in this training session.

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The following information was discussed with students:

Overview of the hazard communication program - purpose of the program

- Primary, secondary, portable, and stationary process container labeling requirements
- Discussion of the various sections of the MSDS and their location
- Emergency and Spill procedures
- Discussion of the hazards of the following chemicals to which students will be exposed
- Symptoms of overexposure
- Use/care of required personal protective equipment used with the above chemicals
- Employee accountability
- _____
- _____

The following procedures were practiced:

- Spill procedures
- Emergency procedures
- Personal protective equipment use

The following (oral/written) test was administered: (Or "Each student was asked the following questions:") (I recommend keeping these tests as attachments to the safety training plan and merely reference it here to keep this document on one sheet of paper)

1. What are the labeling requirements of a secondary container? (name of chem. and hazard warning)
2. When does a container change from a portable to secondary container? (when employee loses control)
3. What are the symptoms of overexposure to _____? (stinging eyes)
4. Where is the "Right to Know" station (or MSDS 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)