**APPENDIX E**
**LAB/DEPARTMENT SPECIFIC TRAINING DOCUMENTATION & CERTIFICATION FOR WORKERS & RESTRICTED PERSONNEL**

**Hamilton College Workers & Restricted Personnel Safety Training Form**

☐ The specific details of the Chemical Hygiene Plan with direct significance and applicability to my work have been made clear to me by my lab supervisor or the Departmental Chemical Hygiene Officer.

☐ I understand and agree to abide by any other specified SOP's applicable to my department, lab or specific area of responsibility.

☐ I have been trained upon and/or understand the various chemical and physical hazards associated with the materials and processes I utilize in my work area, and know to contact my lab supervisor for any additional information I may need.

☐ The methods and/or observations that may be used to detect the presence or release of any hazardous chemical, including air monitoring, continuous monitoring devices, or the visual appearance or odor of hazardous chemicals, have been made clear to me by my lab supervisor.

☐ The measures I can take to protect myself from the chemical and physical hazards located in my work area, including SOP's, safe work practices, engineering controls, emergency procedures, and personal protective equipment, have been made clear to me by my supervisor.

I, _____, have carefully read the worker agreement form for Hamilton College, and understand that the various elements of the Chemical Hygiene Plan and other Departmental requirements will be rigorously and impartially enforced. I also understand that willful or repeated violations will result in my being dismissed from my lab responsibilities and privileges.

_____ _____
Date Signed

_____
Training Provider Name Signature Date