

## SUBLIMITY FIRE DISTRICT

<b>SUBJECT:</b> Haz Com Training record	<b>O.G. NUMBER:</b>
<b>PURPOSE:</b> To provide the records of Haz Com training delivery.	<b>Original Date:</b>
	<b>Revision Date:</b>

### Training Record for Hazardous Communications

This is to certify that I, \_\_\_\_\_, have been trained and informed about the hazards and precautions associated with the use of hazardous chemicals in my workplace, as required by the district's written hazard communications program.

To confirm my understanding of such training and instructions, \_\_\_\_\_ reviewed them with me and he/she indicated his/her satisfaction by checking the box before each of the topics listed below:

- Overview of the requirements contained in the Hazard Communications Rules, CFR 1910.1200.
- Chemicals present in my workplace operations.
- Locations and availability of the district's written hazard communication program and the MSDSs for the hazardous chemicals.
- Physical and health effects of these hazardous chemicals.
- Methods and observation techniques used to determine the presence or release of hazardous chemicals in my work area.
- How to lessen or prevent exposure to these hazardous chemicals through control and work practices and use of personal protective equipment.
- Steps the district has taken to lessen or prevent exposure to these chemicals.
- Safety emergency procedures to follow in the event of exposure to these chemicals.
- How to read container labels, review, and interpret MSDSs to obtain appropriate hazard information.



