

## ***Initial Safety Training***

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date of Hire

I have received training on the following (initial next to the training that you received):

1. \_\_\_\_\_ The potential occupational hazards in the general work areas associated with my job.
2. \_\_\_\_\_ The Codes of Safe Practices which indicate the safe work conditions, safe work practices, and personal protective equipment required for my work.
3. \_\_\_\_\_ The hazards of any chemicals to which I may be exposed and my right to information contained on material safety data sheets for those chemicals, and how to understand this information.
4. \_\_\_\_\_ My right to ask any questions, or provide information to my employer on safety either directly or anonymously without any fear of reprisal.

[Name of Trainer]

[Date(s) of Training]

[Any training materials used]

**I understand this training and agree to comply with the Code of Safety Practices for my work place and realize that disciplinary action will be taken if I do not comply.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date