University of Louisiana at Monroe

Annual Lab Safety and Chemical Hygeine Plan Training Attendance Form

Department: _____

Subject: ULM Chemical Hygeine Plan and Lab Safety Training Presentation

Trainer: _____

Qualifications: _____

Print Name	Signature	Date

Your signature reflects that you have reviewed and fully understand the material presented to you. Upon all department employees signing this form the form should be sent to the ULM Environmental Health and Safety Office.