

**UNIVERSITY OF MINNESOTA, MORRIS**  
**Division of Science and Mathematics**

**MINNESOTA EMPLOYEE RIGHT TO KNOW ACT**  
**and LABORATORY SAFETY PLAN**  
**TRAINING RECORD**

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

Check one:

Faculty \_\_\_\_\_

Staff \_\_\_\_\_

Name of Discipline (if applicable) \_\_\_\_\_

Place a check mark by each training unit that you attended and enter the date:

Training Unit

Date

\_\_\_\_\_ Annual MERTKA Refresher

\_\_\_\_\_

\_\_\_\_\_ Annual Safety Refresher

\_\_\_\_\_

**CERTIFICATION**

The training record provided above is correct as of this date.

Employee

Signature \_\_\_\_\_

Date \_\_\_\_\_

Safety Officer

Signature \_\_\_\_\_

Date \_\_\_\_\_