

UNIVERSITY OF MINNESOTA, MORRIS
Division of Science and Mathematics

MINNESOTA EMPLOYEE RIGHT TO KNOW ACT
and LABORATORY SAFETY
TRAINING RECORD

Employee Name _____

Check one:

Faculty _____ Student Employee _____ Staff _____

Name of Discipline (if applicable) _____

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

Training Unit	Date
_____ General Session and MERTKA	_____
_____ Laboratory Safety Plan	_____
_____ Chemical Hazard Training	_____
<input type="checkbox"/> Chemical Hazards	
<input type="checkbox"/> Toxicological Principles	
<input type="checkbox"/> Hazardous Waste	
_____ Discipline Training Program	_____

CERTIFICATION

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

Employee
Signature _____

Date _____

Safety Officer
Signature _____

Date _____