

## Hourly and Work-Study Safety Training Contract

I, \_\_\_\_\_, have been trained in the necessary safety information as required by ACC. This includes:

- \_\_\_\_\_ (name), \_\_\_\_\_ (title or position) has reviewed with me, in person, the 8 pages of information outlined in the Hourly/Work-Study Safety Training handout.
- I have viewed and noted the locations of: (check if applicable)
  - \_\_\_\_\_ the Work Area Chemical Inventory (WACI)
  - \_\_\_\_\_ the Material Data Safety Sheets (MSDS)
  - \_\_\_\_\_ my Personal Protective Equipment (PPE)
  - \_\_\_\_\_ the eyewashes
  - \_\_\_\_\_ the safety showers
  - \_\_\_\_\_ the fire extinguishers
  - \_\_\_\_\_ the fire blankets
  - \_\_\_\_\_ the first aid kits
  - \_\_\_\_\_ the chemical waste jugs and waste inventory forms
- I have been shown how to properly remove gloves.

\_\_\_\_\_  
(signature of employee)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of Lab Coordinator)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of additional/other trainer,  
if different than above)

\_\_\_\_\_  
(date)

Upon completion of the training and this form, send the original of this form to the appropriate Science Safety Coordinator, and keep a copy on the appropriate campus. If the trainee so desires, they may also be given a copy.