

CERTIFICATION OF TRAINING

The below stated individuals have read and fully understand the (*Name of SOP*) standard operating procedure. The individuals have received training from their supervisor and are aware of all potential hazards and countermeasures related to (*Name of chemical(s)*) handling.

Name:	Signature:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

The above stated individuals have demonstrated the ability to work with (*Name of chemical(s)*) in a safe manner per the above-stated standard operating procedure.

Supervisor's name: _____ Title: _____

Supervisor's Signature: _____ Date: _____