

AFC Unit \_\_\_\_\_

A105.100

**CHEMICAL HAZARDS PROGRAM  
EMPLOYEE TRAINING**

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

AASIS Number \_\_\_\_\_

Operator Number \_\_\_\_\_ Job Title \_\_\_\_\_

Unit/Department \_\_\_\_\_

1. I have been instructed in the methods of detecting hazardous chemicals in my work area.
2. I have been made aware of the physical and health hazards of chemicals in my work area.
3. I have been instructed on measures to protect myself from hazardous chemicals in my work area (i.e., personal protective equipment, work practices, and engineering controls).
4. I have been instructed on the details of the chemical hazards program. I have received training concerning the above items and understand it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Distribution: Original – Employee Personnel File  
Copy – Staff Development Coordinator