

**Alfred University CHEMICAL HYGIENE PLAN
Appendix F - Site Specific Training Form and Sign-in Sheet**

All site-specific training forms: retain original for lab/department CHP file, send a copy to EH&S.

Date: _____ **LSF/PI:** _____

Title and description of training:

I, the undersigned, have participated in this safety training session and fully understand the information provided.

Attendee's name

Attendee's signature

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