TUFTS UNIVERSITY
PERSONAL PROTECTIVE EQUIPMENT PLAN

APPENDIX B

TUFTS UNIVERSITY RECORD OF TRAINING

Tufts University Record of Training

Date: ___________________________ Number: _______________________

Instructor: _______________________

1. Training Topic: _____________________________________________________

2. Training Content: ____________________________________________________

Employee Training Provided:

- _____ MSDS reviewed
- _____ Engineering controls
- _____ Personal protective equipment
- _____ Detection of release
- _____ Labels
- _____ Work area monitoring
- _____ Work practices
- _____ Emergency procedures

EMPLOYEE NAME (print) SS# DEPARTMENT SIGNATURE
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Instructor’s Signature: ___________________________ Date: ________________