

# ORGANIZATION NEW CHEMICAL TRAINING CHECKLIST

Dept: \_\_\_\_\_ Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

New Chemical (name) : \_\_\_\_\_ SDS Attached: Yes

*The SDS must be attached to this New Chemical Training Sheet*

**Whenever a new hazard is introduced, the immediate supervisor is responsible for ensuring that specific hazard training is provided to all affected soldiers / staff prior to the introduction of the hazard.**

SDS reviewed	Labels
Engineering controls	Work area monitoring
Personal Protection Equipment	Work practices
Detection of release	Emergency procedures

**Employees Trained:**

EMPLOYEE NAME	SIGNATURE

**Forward copies of SDS and training to: Brigade Safety Officer**