

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
REPORT OF TRAINING

Department		
Instructor		
Date of Training	Total Hours	Time From To

TYPE OF TRAINING (Please Check All Applicable)

	Initial Hazard Communication Training
	Annual Hazard Communication Refresher Training
	Supplemental Information Relating to Hazardous Substances Covered by Previous Training
	Training on New Hazardous Substances (Not Covered in Previous Training)
	Initial Laboratory Safety Training
	Annual Laboratory Safety Refresher Training
	Initial Bloodborne Pathogen Training
	Annual Bloodborne Pathogen Refresher Training
	Additional Bloodborne Pathogen Training Required due to Changes in Tasks or Procedures
	Initial Tuberculosis Infection Control Training
	Refresher Tuberculosis Infection Control Training
	Noise Training
	Asbestos Awareness Training
	Fire Extinguisher Training
	Respirator Training
	Other Training

DESCRIBE EACH ITEM COVERED IN TRAINING (OR ATTACH AN AGENDA FROM THE TRAINING):

LIST THE NAMES, JOB TITLE AND OU EMPLOYEE ID# (OR SOCIAL SECURITY #) OF ALL EMPLOYEES IN ATTENDANCE (OR ATTACH A COPY OF THE SIGN-IN SHEET):

Signature of Supervisor/Instructor

Date

Send form to: Original to Designated Coordinator or TB Coordinator
 Copy to Environmental Health and Safety Office