

**Appendix D**  
**Employee Right-To-Know**  
**Training Log**

School District: St CLOUD SCHOOL DISTRICT

Training Date: \_\_\_\_\_

Training Location: \_\_\_\_\_

Purpose (circle) Initial - Annual Special

List specific chemical products and/or harmful physical agents (list by product or other identifying name) covered in this training session.

I, the undersigned St Cloud School District employee have received training and understand my rights and responsibilities outlined in the Minnesota Employee Right-To-Know law. I have also received training on the above listed items and the policies of the school district.

Employee Name (Print)	Employee Signature	Job Title

Trainer (print) \_\_\_\_\_

Trainer (signature) \_\_\_\_\_

**Note:** A summary or outline of the training session is attached.