Appendix B
Chemical Hygiene Plan
Training Log

School Building: _____

Training Date: _____

Training Location: _____

Purpose: _____ (initial) _____ (annual)

I have received training and understand my responsibilities under the St. Cloud Public School's Chemical Hygiene Plan.

Attendance Log		
Employee Name ***(Printed)***	**Employee Signature**	**Job Title**

_____ _____

Trainer (Printed) Trainer (Signature)