

Training Plan

Name:	_____
Identification**	_____
Email:	_____

Course (course #)	Date Trained	Student Signature	Instructor Signature*





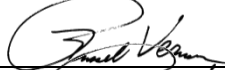

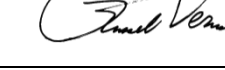
***Instructor Signature:** By my signature I certify that the individuals on this roster have successfully passed the course (assessment).
****Identification Number:** Enter your Employee ID, Student ID,UCR NetID, or Date of Birth.
*****Instructions:** Submit this form to EH&S Training by campus mail, fax (951) 827-5122, or email ehstraining@ucr.edu

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Training Plan

Name:	Janette Ducut
Identification**	123456789
Email:	janette.ducut@ucr.edu

Course (course #)	Date Trained	Student Signature	Instructor Signature*
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Biosafety (UCR-BIO-002)	09/09/1993	(Refer to UCLC transcript)	(Online training)
Bloodborne Pathogens (UCR-BIO-001)	01/12/1995	(Refer to UCLC transcript)	(Online training)
Hazardous Waste Mgt. (UCR-CHE-004)	11/08/2006	(Refer to UCLC transcript)	(Online training)
Laboratory Safety (UCR-CHE-001)	08/17/2002	(Refer to UCLC transcript)	(Online training)
Fire Extinguishers (UCR-GEN-001)	12/06/2005		(Self-paced training)
PPE (UCR-CHE-005)	09/09/1993		
SOP for Hydrofluoric Acid (HF)	01/12/1995		
SOP for Autoclave	12/06/2005		
Chemical Hygiene Plan	11/08/2006	(Refer to CHP)	(Self-paced training)
Emergency Action Plan	08/17/2002	(Refer to sign-in sheet for Staff Meeting 04/04/12)	(Self-paced training)
Injury & Illness Prevention Plan (IIPP)	09/09/1993	(Refer to IIPP)	(Self-paced training)
Hazardous Waste Business Plan	01/12/1995	(Refer to sign-in sheet for Staff Meeting 04/04/12)	(Self-paced training)

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