

TRAINING LOG

Emergency Equipment Training

Instructor _____ ID Number _____ Date _____

Location

Campus _____ Building _____ Room _____ Phone _____

Equipment Covered

- | | |
|--|---|
| <input type="checkbox"/> Eye Wash Station | <input type="checkbox"/> Drench Hose |
| <input type="checkbox"/> Eye/Face Station | <input type="checkbox"/> Emergency Shower |
| <input type="checkbox"/> Combination Eye Wash/Shower | <input type="checkbox"/> Other _____ |

Summary Of Training – Note: this is site specific training

- Demonstration by supervisor on activation of Emergency Equipment in use in this site and return demonstration by person(s) being trained to activate Emergency Equipment
- Training on how to clean eye wash caps and return demonstration: Done N/A
- Training on how to judge whether emergency equipment is operating correctly:

	Chemical Name <input type="checkbox"/> N/A	Specific Action Needed for Exposure
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

- Taught to complete Emergency Equipment Maintenance Log and how to submit work order if emergency equipment is not working correctly

Attendance

Name	Badge or SS Number	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Supervisor providing training: _____ Date: _____

Training Records

Retain this form in the lab/office for two years.
Fax a copy to the Health, Safety and Environment office at 5-5929

A copy of this training record is kept for two (2) years.