

Last Name University of Alaska ID Number		First Name			M.I
		or		UAF Visitor Courtesy Card Number	
Museum Department					
Review the following d	locumen	ıt•			
		Document		Date Completed	
	Departme	ent Chemical Hygier	ne Plan%	Date Completed	
0/			_		
*This is a department-specifi		ent located in each la	boratory.	If you are unable to loca	te this document,
request it from your supervis	or.				
Complete the following	a trainir	na modules:			
Training Module		Date Completed	Training Module		Date Completed
Office Safety		2400 00000000	Slips, Trips, and Falls		
Hazard Communication	on		Laboratory		
Training GHS			Safety		
Chemical Hygiene			Hazardous Waste Management		f
Museum Emergency Action Plan			Truburdous Wuste Frankagement		<u>' </u>
Task Specific Training Your Supervisor and/or Oper	rations Ma		sk specifi	c trainings as needed. Li	sted below are some
task specific trainings you m	ay be requ	Date Completed		Tuoinina Madula	Data Commisted
Training Module		Date Completed		Training Module ormaldehyde Training	Date Completed
Ladder Safety Knife Safety			Hot Glue Gun Safety		
Laboratory Sharps Safety			Ι.	iot Glue Gull Safety	
The above trainings can be for		: www.uaf.edu/muse	eum/staff-	information/training/task	x-specific-training
Signature				Da	ate
With the exception of the iter	m listed u	nder "Review the fo	llowing d		
completion emails and/or con			_	=	=
operations@alaska.edu for ve	-	_	C	<u> </u>	
Denoutment Head Signature			Data		
Department Head Signature			Date		