

# TRAINING WORKSHEET



DATE: \_\_\_\_\_

HAZARDOUS SUBSTANCES USED: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

JOB TASKS: \_\_\_\_\_

## CHECKLIST – WHAT YOUR STAFF NEED TO KNOW

Training topic	Date completed	Signed by trainer
<input type="checkbox"/> Is the employee aware of the harm that can be caused from each hazardous substance they use at work?		
<input type="checkbox"/> Is the employee aware of how to safely store, use or dispose of each substance they use?		
<input type="checkbox"/> Does the employee understand what control measures are in place at the workplace to reduce exposure and keep safe?		
<input type="checkbox"/> Has the employee been provided with the correct safety equipment and personal protective equipment?		
<input type="checkbox"/> Has the employee been trained to use the safety equipment and personal protective equipment?		
<input type="checkbox"/> Does the employee know where the safety data sheets are kept and have access to them?		
<input type="checkbox"/> Does the employee know what to do in an emergency involving the substances they use?		
<input type="checkbox"/> Has the employee been trained to use the first aid equipment to deal with splashes and other incidents?		
<input type="checkbox"/> Does the employee understand the importance of asking their supervisor questions if they are unsure about how to safely use or store a hazardous substance?		