

**LABORATORY SAFETY TRAINING RECORDS OF UPEI LABORATORY WORKERS: LSTR-1**

NAME: \_\_\_\_\_; Employee/Student Number: \_\_\_\_\_

#	TRAINING	LOCATION/SOP	INSTRUCTOR/ SUPERVISOR	DATE	PASS/ FAIL	Signature Trainee	UPDATE DATE
1							
2							
3							
4							
5							
6							
7							
8							

PUT COMMENTS ATTACHED TO SPECIFIC TRAINING ON BACK OF SHEET.  
ADD EXTRA TRAINING SHEETS AS NECESSARY

**COMMENTS ON SAFETY TRAINING**

1.

---

---

2.

---

---

3.

---

---

4.

---

---

5.

---

---

6.

---

---

7.

---

---

8.

---

---

9.

---

---