# UNIVERSITY OF DELAWARE
## DEPARTMENT OF OCCUPATIONAL HEALTH & SAFETY
## RIGHT-TO-KNOW/HAZARDOUS CHEMICAL CERTIFICATION FORM

Use this form to document your Initial or Annual Right-To-Know Training and any other chemical safety training as appropriate.

**This form is designed for Personnel, Students, Facilities Staff and Other Administrative Staff who do not perform research with chemicals. They may work around chemicals or use cleaning products and chemicals in a non-research function.**

| | |
|---|---|
| Department: | |
| Unit: | |
| Course Number: | |
| Date of Training: | |

Please Check the Applicable Box:

☐ I USE OR WORK AROUND CHEMICALS
☐ I DO NOT USE OR WORK AROUND CHEMICALS

I certify I have received training pursuant to the Hazardous Chemical Information Act (Right-To-Know) and University of Delaware Policy. In addition to training on my rights under the law, I:

… know where the Workplace Chemical List/Chemical Inventory is located and understand its purpose.
… know how to interpret labels and MSDSs.
… know where the MSDSs are located and know that online resources exist through the OHS Web Page (http://www.udel.edu/OHS) .
… have been instructed in the physical and health hazards, proper handling, storage and disposal practices for the chemicals I use.
… have been instructed in any special hazard consideration (if applicable).
… understand the protective measures, first aid procedures and emergency procedures necessary for the chemicals I use.
… have received a copy of the Hazardous Materials Safety Manual or know that it is available online at http://www.udel.edu/OHS/hazmatman.pdf.
… have received a Job Hazard Analysis and know what Personal Protective Equipment is required for my duties. I understand that I must wear eye protection at all times when an eye hazard exists.
… understand that there are special procedures and requirements for managing chemical and hazardous waste and that these materials must not be poured down the drain or placed in the regular trash.
… am aware that there are special requirements for shipping and transporting chemicals, and hazardous materials. I am aware that I must contact the Department of Occupational Health and Safety to assist with shipping and transporting these materials.

☐ **SPECIAL TRAINING** (Document any chemical, task specific or other safety training below that is not covered by the Right-To-Know Training. This training is typically provided by supervisors as necessary. Attach additional pages as necessary)

The named individual has been thoroughly trained and demonstrates competency in safe work practices involving the chemical and/or special procedures listed below.

| Date | Training Topic | Date | Training Topic |
|---|---|---|---|
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|---|---|
| **Printed Name of Employee/Student** | **Printed Name of Supervisor/Instructor** |
| **Signature of Employee/Student** | **Signature of Supervisor/Instructor** |

**Distribution: 1.** Department Safety File **2.** Safety Committee **3.** Occupational Health and Safety