

# Michigan State University Right to Know Training Documentation

Dept/Unit: \_\_\_\_\_

Trainer \_\_\_\_\_ Date of training: \_\_\_\_\_

Specific departmental training to be covered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Training methods used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Specific hazards to this worksite: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Location of MSDSs, PPE evaluations and written hazard communication program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Signature of Trainer \_\_\_\_\_

Date: \_\_\_\_\_