

**2-HOUR HAZARD COMMUNICATION
C.E.R.T.S. CHECKLIST**

Employee Name: _____ Date: _____

Company: _____

Please put your initials and the date when each of the checked items have been completed.

COMPLETE	INITIALS	DATE
<input type="checkbox"/> Module 1: Regulatory Overview	_____	_____
<input type="checkbox"/> Module 2: The Standard	_____	_____
<input type="checkbox"/> Module 3: Labeling	_____	_____
<input type="checkbox"/> Module 4: Material Safety Data Sheet	_____	_____
<input type="checkbox"/> Module 5: Summary and Application	_____	_____
<input type="checkbox"/> Module 6: Hazard Communication Glossary	_____	_____
<input type="checkbox"/> 1910.1200 Hazard Communication Regulations	_____	_____
<input type="checkbox"/> Company Specific MSDS(s) Program & Policies	_____	_____

I have successfully completed the required training modules indicated above by my initials and have reviewed all company related safety programs and written policies.

Employee Signature: _____ Initials: _____