

**Laboratory PPE Hazard Assessment Guide Training Acknowledgement:**

Principal Investigator: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Building: \_\_\_\_\_

Room: \_\_\_\_\_

Trainer: \_\_\_\_\_

Trainer Job Title: \_\_\_\_\_

I have read, asked questions, and understand the PPE requirements for the activity/materials described for my work.

Date	Name of Person Trained	Job Title	Employee or Student ID Number	Signature