**PEOSH Hazard Communication Standard**

Initial-Specific Training Documentation

Reason for Training: this training is provided by the Supervisor for his employees when either a new employee is hired to work in their area, transferred from another department to work in their area, or when a new hazardous substance is added to the Supervisor's work area.

Supervisor/Trainer Name (print) _____Signature_____

Department_____Area_____

| Employee Name (print) | Employee Signature | Employee Title | Date | Reason for Training |
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