

**UNITED REFRIGERATION INCORPORATED
EMPLOYEE INFORMATION AND TRAINING VERIFICATION FORM**

YOU HAVE THE RIGHT TO KNOW ABOUT THE HAZARDOUS CHEMICALS IN YOUR WORKPLACE

_____	_____	_____
Branch #	Department	Date
 (Print) _____		
Last Name	First Name	M.I.

This is to certify that I have been informed of my rights as an employee of the United Refrigeration Inc. to know about any and all hazardous chemicals used in my work area. This is in accordance with the OSHA Hazard Communication Standard, that I have been informed of the requirements of the Law, which are:

- ❖ my right to receive information regarding hazardous chemicals on my job;
- ❖ my right to receive formal training and education on hazardous chemicals;
- ❖ what a Material Safety Data Sheet (MSDS) is, how to use it, and its location in my department;
- ❖ where hazardous chemicals (if any) are used in my work area;
- ❖ my physician's right to receive information on the chemicals to which I may be exposed (substances that are trade secrets).

I have been informed that I may request the Material Safety Data Sheet for any chemical/substance used in my work area. I have the right to refuse to work with a hazardous chemical/substance if the Material Safety Data Sheet is not provided to me within one (1) working day after the request was made. I have also been informed that my employer has fifteen (15) days to make a copy of the MSDS for me or to provide a mechanical means to copy the MSDS.

I have been told that I cannot be terminated, discriminated against, or disciplined for exercising my rights as provided by OSHA statute. No pay, position, seniority, or other benefits may be lost for exercising my Right-To-Know.

Department Head/Supervisor

Employee Signature

Copies to employee file, employee, and Environmental Health & Safety office.

If you would like to receive a copy of the Material Safety Data Sheet (MSDS) for a particular chemical or product, please fill out the following information and send it to Environmental Safety and Health Department; a copy will be sent to you.

MATERIAL SAFETY DATA SHEET EMPLOYEE REQUEST FORM

Employee Name _____ Staff ID # _____

Employee Supervisor _____

Department _____

Material Safety Data Sheet is requested for:

(Chemical or Substance Name--preferably as it appears on the label)

Employee Signature

Date

This sheet is provided for the employee's use.