

MSD Training Certification for Campus Employees and Guests
(Effective 5/1/00 supercedes LBNL and MSD Job Hazards Questionnaire)

I certify that _____ has received and understood the training required to understand and minimize the hazards of his/her job assignment.

Supervisor signature _____

This form must be completed, signed, and sent (via fax or mail) to the MSD EHS Administrator (Meg Holm, fax x7768, M/S 66-200) within 30 days of the start date of the employee or guest.