

**Appendix B
Chemical Hygiene Plan
Training Log**

St. Cloud School District: _____

Training Date: _____

Training Location: _____

Purpose: _____ (initial) _____ (initial)

I, the undersigned St. Cloud School District employee, have received training and understand my responsibilities under the St. Cloud School District Chemical Hygiene Plan.

Attendance Log		
Employee Name (<i>Printed</i>)	Employee Signature	Job Title