UB Environment, Health & Safety

Training and Attendance Record for
Lab Specific Standard Operating Procedures (SOPs)

SOP Title: _____

Lab Group/Location: _____

Trainer(s): _____ **Training Date**: _____

A copy of this form must be included with the SOP and placed in the back section of the UB EHS Lab Safety Manual.

Name (print)	Name (signature)	UB Person #

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