**HAZARD COMMUNICATION EMPLOYEE ECKNOWLEDGEMENT FORM**

I acknowledge that I have received a copy of Hazard Communication and Employee Right to Know Program on (date) \_\_\_\_\_\_\_\_\_\_. I have also been given an opportunity to review the Central File, including the chemical inventory and Safety Data Sheets and Hazardous Substance Fact Sheets.

I have been given the opportunity to ask questions about the Hazard Communication and Employee Right to Know Program and the Central File. I understand that if I have questions or concerns at any time about the Program or Central File, I may consult my immediate supervisor or my supervisor's manager.

I have read and understood the contents of this and will act in accordance with these policies and procedures as presented in the Hazard Communication and Employee Right to Know Program.

Employee Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_