

Appendix C1

HAZARD COMMUNICATION TRAINING CERTIFICATION

I, Mr. Raymond M. Clay, received Hazard Communication Training as described within the Hazard Communication Program. The training was conducted on: 11/05/18.

Employee Signature	Social Security Number	Work Area
<u>Mr. Raymond M. Clay</u>	<u>XXX-XX-4546</u>	<u>FIELD</u>

I hereby certify that the above named employee has been provided with Hazard Communication Training on: 11/5/18.

Instructor's Signature [Signature]