Improving Hazard Communications In a Rural Workforce

Trainer Name: _____

Date: _____ Location: _____

Start Time _____ End Time _____

Trainees

Printed Name	**Signature**

I hereby certify that I presented, and these participants were eligible to receive the Hazardous Communication with GHS collaboration training funded by the Susan Harwood Training Grant cited below:

Trainer (Signature) _____

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