Susan Harwood Training Grant Program
NYCOSH Training

Topic of Training: __Chemical Safety Training____________                        Date: ________________
Location: __________________________________________     Time (from – to): ________________
Trainer: _______________________________________,    _________COSH

Safety Data Sheet Exercise

Questions:

1. How should this product be stored?

2. What should you do if you spill MyProduct on your hand?

3. What are the hazards associated with MyProduct?

4. What are the first aid measures in case of an accident?

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