EMPLOYEE TRAINING SIGN-OFF SHEET

Business Name: _____

Address: _____

Phone: _____

Section I. Safety Data Sheet & Product Label Training (GHS)

I verify that I have been trained on how to read and understand Safety Data Sheets and product labels. I know where Safety Data Sheets are located, and I understand how to read and use these forms.

Employee	Date

EMPLOYEE TRAINING SIGN-OFF SHEET

Section II. In-House Service Training
Please checkmark all applicable training categories:

- ☐ **Dish Machine:** Properly trained on operation, set-up, break-down, cleaning and basic troubleshooting.
- ☐ **Dispensers (Chemical, Soap, Etc.):** Properly trained on operation, set-up, break-down, cleaning and basic troubleshooting.
- ☐ **3-Compartment Sink:** Properly trained on operating and testing procedures and spray bottles (where necessary).
- ☐ **Wall Charts:** Properly placed, visible and comprehendible.
- ☐ **Emergency Readiness:** SDS binder includes all on-site chemicals and is in a readily available location at the business in case of emergency. The 800.360.SWSH service sticker is visible.

I verify that I have been properly and adequately trained by a Swisher representative on all of the above checkmarked categories and am satisfied with the training I have been given.

Employee	Date