[West Virginia University](http://www.wvu.edu/)

*WVU RCB Health Sciences Center Campus*

*Laboratory Safety Training Record*

**Training Roster**

**Page \_\_\_\_ of \_\_\_\_**

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| Training Subject: | Training Instructor Name: |
| Date of Training: | Department Name: |
| Location of Training: | Start End/ Time: |
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| **Last, First Name** | **WVU ID #** | **Department** | **Job Title** | **Signature** |
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