

*WVU RCB Health Sciences Center Campus*

*Laboratory Safety Training Record*

**Training Roster**

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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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