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| **Name of Substance** | **Method of Use** | **Storage** | **Transport** | **PPE** | **First Aid** | **Spillage** | **COSHH Assessment (Location for reference)** | **Other Information (Specify)** |
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| Notes: |

Training completed satisfactorily: Yes/No (If unsatisfactory, refer to recorded information in the notes section and undertake remedial action)

Employee’s signature: Date training completed:

Instructor’s signature: Date instruction completed: