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?**

This material was produced under grant number SH-31179-SH7 from the Occupational Safety and Health Administration, U.S. Department of Labor. It does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.