Please go over MSDS with each Cascadian employee in your area. Upon completion of discussion, have them sign and date this form to show that you have gone over our MSDS with them and they understand this information. Once all employees in your area have received this training and signed below, please sign and date the bottom line and turn in this form to the Cascadian office.

Employee Signature	Date

Supervisor: _____ Date of Completion: _____