

### LOCAL HAZARD COMMUNICATION INFORMATION

1. Establishment Number and Name:	2. Frontline Supervisor (or designee):	Date:
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#### Identification of Hazardous Chemicals

3. Antimicrobials:	4. Refrigerants:
5. Sanitizers:	6. Other (e.g. Dry ice):

#### Identification of Containers with Hazardous Chemicals

7. Annual review of container labeling recorded on FSIS 4791-24? (Y/N)  <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Establishment employee responsible for ensuring chemical containers are correct:
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#### Safety Data Sheets (SDS)

9. Location of the establishment SDS library:	10. Is an SDS available for each chemical listed above? (Y/N)  <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Establishment employee responsible for library:	12. If a detection system is used for any of the chemicals listed on this form, is it recorded on FSIS 4791-21? (Y/N)  <input type="checkbox"/> Yes <input type="checkbox"/> No

#### Training

14. All IPP have received site specific training: (Y/N)  <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Has site specific training for each employee been recorded: (Y/N)  <input type="checkbox"/> Yes <input type="checkbox"/> No
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