

Universal Pharmaceutical Waste (UPW) Employee Training Record

Employee Name: _____

Hire/Assignment Date: _____

Training Date: _____

Training Type: *Initial* or *Annual Refresher*

Location of Training: *On the job* or *Classroom*

I have reviewed the documents pertaining to the Universal Pharmaceutical Waste Program and have received training in the following program areas:

- **UPW Accumulation**
- **Container Labeling**
- **Storage**
- **Response to Releases**

Person conducting the training: _____

Trainee's Signature: _____

Note: Training records shall be maintained for 3 years from the dates on which the training occurred.