



**DeZavala-Shavano Veterinary Clinic**  
4408 Lockhill Selma Rd  
San Antonio, TX 78249

## **Documentation of Health and Safety Program Training**

(Please use ink pen.)

I, \_\_\_\_\_, attest that I have received and understand the training on the Health and Safety Program of DeZavala-Shavano Veterinary Clinic. Further, I agree to follow the policies and procedures as detailed in the Program.

I understand the Health and Safety Program, located in the OSHA/SDS Manual, is available for me to review at any time, and that I may ask questions to management should I have any questions about the Program.

I understand the elements of the Program may change from time to time and that reasonable effort will be made by management to inform me of such changes.

The elements of the Health and Safety Program provided in the training included:

- Hazard Communication Program
- Accident Prevention Program
- Job Hazard Assessment
- Emergency Action Plan
- Fire Prevention Plan
- Other Health and Safety Information

Date of Training: \_\_\_\_\_

Training Performed by: \_\_\_\_\_

Trainer's Initials: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date