CHEMTECH 284 Sheffield Street, Mountainside NJ 07092 (908) 789-8900

READ RECEIPT

Employee Name:_____

Department:_____

_____M8151A-Herbicide______

Method or Document Read (Include Title, Number, Revision, as applicable)

Employee Statement: I have read and understand the information in the above mentioned method or document.

Employee Signature

Date

Supervisory Statement: I have reviewed this document or method with the employee.

Supervisory Signature

Date

Note: This receipt is to be returned to the Quality Assurance Department for incorporation into employee training record files. If you have questions or would like to review your train record files, please see QA.