

This Chemical Hygiene Plan was implemented for the above listed laboratory room numbers on _____ (date) and remains in effect until further notice.

(Signature of Principal Investigator or Laboratory Supervisor)

I have read the above Chemical Hygiene Plan, understand it and agree to follow all appropriate procedures and recommendations.

(Name) _____ (Signature)

(Title) _____ (Date)

(Name) _____ (Signature)

(Title) _____ (Date)

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(Title) _____ (Date)

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(Name) _____ (Signature)

(Title) _____ (Date)

This Exposure Control Plan was implemented for the above listed laboratory room numbers on _____ (date) and remains in effect until further notice.

(Signature of Principal Investigator or Laboratory Supervisor)

I have read the above Exposure Control Plan, understand it and agree to follow all appropriate procedures and recommendations.

(Name) _____ (Signature)

(Title) _____ (Date)

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(Title) _____ (Date)

This Hazard Communication Plan was implemented for the above listed laboratory room numbers on _____ (date) and remains in effect until further notice.

(Signature of Principal Investigator or Laboratory Supervisor)

I have read the above Hazard Communication Plan, understand it and agree to follow all appropriate procedures and recommendations.

(Name) _____ (Signature)

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(Name) _____ (Signature)

(Title) _____ (Date)

(Name) _____ (Signature)

(Title) _____ (Date)

(Signature of Principal Investigator or Faculty Supervisor) _____
(Date)

(Signature of Principal Investigator or Faculty Supervisor) _____
(Date)

(Signature of Principal Investigator or Faculty Supervisor) _____
(Date)

Laboratory Personnel Acknowledgement and Agreement

I have read and understand the Personal Protection Equipment Plan and agree to follow all appropriate procedures and recommendations. I further agree to bring any concerns I may have regarding the use of personal protection equipment to the attention of my immediate supervisor or the Principal Investigator for the laboratory area in which I work.

(Use additional pages as necessary)

(Printed name) _____
(Signature)

(Title/Position) _____
(Date)

(Printed name) _____
(Signature)

(Title/Position) _____
(Date)

(Printed name) _____
(Signature)

