This Chemical Hygiene Plan was implemented for the above numbers on (date) and remains in effect until	•
(Signature of Principal Investigator or Laboratory Supervis	or)
I have read the above Chemical Hygiene Plan, understand it and agree to follow all appropriate procedures and recommendations.	
(Name)	(Signature)
(Title)	
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(Title)	(Date)

This Exposure Control Plan was implemented for the above numbers on (date) and remains in effect until f	
(Signature of Principal Investigator or Labora	tory Supervisor)
I have read the above Exposure Control Plan, understand it a appropriate procedures and recommendations.	nd agree to follow all
(Name) (Title)	
(Name) (Title)	(Signature) (Date)
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	nication Plan was implemented for the (date) and remains in effect until	
<u></u>	(dute) and remains in effect and	Tarther House.
(Signa	ature of Principal Investigator or Labora	atory Supervisor)
	Hazard Communication Plan, understes and recommendations.	and it and agree to follow all
	(Name) (Title)	(Signature) (Date)
	(Name) (Title)	(Signature) (Date)
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(Name)	(Signature)
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(Name)	(Signature)
(Title)	(Date)

Texas Tech University Health Sciences Center Right-To-Know Acknowledgement Form

I certify I have read and understood the training pursuant to the Right-To-Know Act and know where to locate SDS sheets.

(Name) (Title)	
(Name) (Title)	
(Name) (Title)	(Signature)

	(Signature) (Date)
(Name) (Title)	(Signature) (Date)
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(Title)	(Date)