

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.

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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.

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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.

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# 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.

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