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)

__________________________________ (Name) ____________________________________ (Signature)
__________________________________ (Title) ________________________________ (Date)

__________________________________ (Name) ____________________________________ (Signature)
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__________________________________ (Name) ____________________________________ (Signature)
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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)

____________________________ (Name) __________________________ (Signature)
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____________________________ (Name) __________________________ (Signature)
____________________________ (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)
__________________________________________ (Title) __________________________ (Date)

__________________________________________ (Name) __________________________ (Signature)
__________________________________________ (Title) __________________________ (Date)

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__________________________________________ (Name) __________________________ (Signature)
__________________________________________ (Title) __________________________ (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)