APPENDIX G

CHEMICAL HYGIENE PERMIT

STUDENT REQUESTING PERMIT: ________________________________

PHONE NOS.: HOME ___________________ CELL _______________

NAME OF SUPERVISOR: ________________________________

SUPERVISOR’S PHONE NOS.: HOME ___________________ CELL __________

TYPE OF WORK PROCEDURE: HAZARDOUS OPERATIONS □ WORKING ALONE □ OFF HOURS □ UNATTENDED OPERATIONS □ (CHECK AS APPROPRIATE)

PLEASE CHECK APPLICABLE QUARTER(S). PERMIT IN EFFECT FOR:
ACADEMIC YEAR FALL □ WINTER □ SPRING □ SUMMER □

Describe the procedures for which this permit is proposed:

Describe any special hazards involved. If applicable, explain safety precautions to be implemented.

Plan safety measures for unexpected events such as power outage, water hose break, water shut down, earthquakes, etc.

Please submit completed form to the College of Science Office, SC N131.

STUDENT SIGNATURE: ________________________________ DATE: __________

APPROVAL OF SUPERVISOR: ________________________________ DATE: __________

APPROVAL OF DEPT CHAIR: ________________________________ DATE: __________

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