Appendix G

CHEMICAL HYGIENE PERMIT

STUDENT REQUESTING PERMIT: ________________________________________

PHONE NUMBERS: HOME ___________________ CELL _____________________

NAME OF SUPERVISOR: ________________________________________________

SUPERVISOR’S PHONE NUMBERS: HOME ___________ CELL ____________

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

PERMIT IN EFFECT FOR (CHECK APPLICABLE TERM):  AY ___ FALL ___ SPRING ___ SUMMER ___

Describe the procedures for which this permit is proposed:

Describe any special hazards involved and safety precautions to implement.

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: ________