

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: _____