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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