

University of Kentucky

CHEMICAL HYGIENE PLAN

For

*Principal Investigator/Laboratory Supervisor
(Chemical Hygiene Officer)*

Department

Room and Building

Campus Phone

After-hours Emergencies Phone

Location of laboratories (specify all rooms in which hazardous materials are stored).

Authorized Personnel

Laboratory personnel: List all employees and students that use hazardous materials under your jurisdiction. Also indicate Laboratory Supervisor, if applicable, and his/her after-hours emergency telephone number.

Name	Status (e.g. research asst., student)
_____	_____
_____	_____
_____	_____
_____	_____

Name**

Status (e.g. research asst., student)

*Signature of Principal Investigator/Laboratory Supervisor
(Chemical Hygiene Officer)*

Date

Annual Revision Date

Annual Revision Date

Annual Revision Date

Annual Revision Date

NOTE: Maintain the original copy of this form in Laboratory Chemical Hygiene Plan binder.