Group:		
Departmental Chemical Hygiene Plan Completion Form		
I have read and agree to follow all of the safety rules described in the Department of Chemistry Chemical Hygiene Plan. I realize that I must obey these rules to insure my own safety and the safety of those around me.  I realize that I must also complete the lab specific training outlined by my supervisor before beginning work in my laboratory.		
Name (print)	Signature	Date
As the supervisor of this gro the Departmental Hygiene F		rs of our group have read

Signature

Date

Name (print)