

## Departmental Chemical Hygiene Plan Completion Form

I, \_\_\_\_\_  
(print full first and last name)

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.

I am aware that any violation of this contract that results in unsafe conduct in the laboratory or irresponsible behavior on my part, may result in dismissal from the laboratory and more serious consequences may result.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Print a copy of this form, sign it, scan it, then upload the pdf into the Departmental Chemical Hygiene Plan Completion Form assignment on the Department of Chemistry Safety Canvas site. If you do not have access to a scanner you may try using using a smartphone app such as Genius Scan or Tiny Scanner.