

Site Specific Responsibility for Chemical Hygiene and Safety

Department: _____

Division: _____

Building: _____

Department Chairperson or Director: _____

Principal Investigator, Faculty Member, or Supervisor (person responsible for chemical hygiene and the Chemical Hygiene Plan in the unit or laboratory)

***Room(s) covered by this plan:** _____

Implementation Date: _____

Annual Review Dates: _____

***The room(s) for which the Chemical Hygiene Plan is written must be adjoining rooms, a single room or an area within a room as long as the Plan is accessible to all laboratory staff at any time, day or night.**