

ALFRED UNIVERSITY CHEMICAL HYGIENE PLAN

Appendix E - Employees Annual Site-Specific CHP Review Form

Insert signed form into CHP; employees review CHP and sign form annually.

Division/Lab _____

I hereby certify that I have read/reviewed the Division / lab Chemical Hygiene Plan.

- I certify that I **understand** and agree to follow the established CHP.
- I will also follow the established SOPs, pertinent to my job

Name (Please Print)	Signature	Date	Supervisor's Initials