Alfred University CHEMICAL HYGIENE PLAN Appendix G - LSF/PI Site Specific Authorization Form for Laboratory Employees

Attach completed form to site-specific SOP

Certification/Authorization

I certify that the undersigned employees working in my lab have received the <u>required training</u> and demonstrate the understanding and knowledge of the procedures necessary for the safe use of the chemical(s) and/or proper operation of process/experiment/equipment listed below.

LSF/PI printed name______ signature_____ Date_____

| Building | Laboratory |
|----------|------------|
| | |

Authorization for: _____

| Name (Please Print) | Signature | Date |
|---------------------|-----------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |