



THE UNIVERSITY OF
TENNESSEE
 KNOXVILLE

Laboratory-Specific Chemical Hygiene Plan

Applicable to _____ Research Group

Certification, Annual Review and Updates

By signing and dating here, the Principal Investigator (PI) or Qualified Laboratory Designate (QLD) assigned by the PI (e.g. laboratory supervisor/manager, technician, or post-doctoral fellow) certify that this Laboratory-Specific Chemical Hygiene Plan is accurate and that it effectively provides for the chemical safety of employees and students in this laboratory.

Principal Investigator:

Signature *Printed Name* *Date*

Qualified Laboratory Designate (if other than PI):

Signature *Printed Name* *Date*

By signing and dating here, the PI or QLD certifies that the required annual review (and update, if needed) of the Laboratory-Specific Chemical Hygiene Documentation has been completed, and that this document continues to be accurate and to effectively provide for the chemical safety of employees in this laboratory.

Reviewed By:		Reviewed Date:	
Reviewed By:		Reviewed Date:	
Reviewed By:		Reviewed Date:	
Reviewed By:		Reviewed Date:	
Reviewed By:		Reviewed Date:	
Reviewed By:		Reviewed Date:	

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