

**Chemical Hygiene Clearance Form**  
**Department of Earth, Atmospheric and Planetary Sciences**  
**Massachusetts Institute of Technology**

PLEASE PRINT NEATLY

Researcher name \_\_\_\_\_ Kerberos username \_\_\_\_\_

MIT ID # \_\_\_\_\_

Supervisor name \_\_\_\_\_

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RESEARCHER

I have read and understood the contents of the Department Chemical Hygiene Plan, and I am familiar with the hazards associated with the chemicals in use in my work area.

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

SUPERVISOR

I (or someone I have designated) have conducted Lab Specific Chemical Hygiene Training with

\_\_\_\_\_.

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

**Submit completed form to the Chemical Hygiene Officer (Jim Doughty, 4-469).**