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 (Brian Smith, E34-409).