

APPENDIX E
UC Irvine Chemical Hygiene Plan

Use this form to provide express authorization for laboratory workers to perform tasks you deem highly hazardous. For additional information review Chapter 10 the Chemical Hygiene Plan.

CIRCUMSTANCES REQUIRING PRE-APPROVAL	No.
Description of procedure or operation:	Date
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
To be carried out only by the following employees:	
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
Protocol for this operation (employee initial as reviewed with supervisor):	
1. <hr/>	
2. <hr/>	
3. <hr/>	
4. <hr/>	
5. <hr/>	
6. <hr/>	
7. <hr/>	
8. <hr/>	
I have reviewed the above protocol <hr/> (employee)	
Approval for this operation <hr/> (supervisor) Date: <hr/>	

Consult Chemical Hygiene Plan Section 10 for instructions about this form.