Appendix A of the UF Chemical Hygiene Plan

Identification of Chemical Hygiene Officer for Off-Campus Facilities

Off-campus facility_____

Address _____

Department_____

Director _____
Printed name Signature Date

The following person shall serve as Chemical Hygiene Officer for this facility:

_____
Printed name Phone number

_____
Work address

Email address

_____
Signature Date

Please return form to:

Lab Safety Coordinator
UF EH&S
Box 112190
Gainesville, FL 32611