

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
_____ _____ _____ _____ _____	
To be carried out only by the following employees:	
_____ _____ _____	
Protocol for this operation (employee initial as reviewed with supervisor):	
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____	
I have reviewed the above protocol _____ (employee)	
Approval for this operation _____ (supervisor)	Date: _____

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