**PURDUE UNIVERSITY**

**Chemical Hygiene Plan and Hazardous Materials Safety Manual**

**Awareness Certification
*(Please Type or Print Legibly)***

| **For:** |  |
| --- | --- |
|  | ***Principal Investigator, Building, and Room(s)*** |
|  |
| After reading the "Purdue Chemical Hygiene Plan”, complete and return a copy of this form to your principal investigator (supervisor). By signing below you acknowledge that you are aware of the Chemical Hygiene Plan and the policies and procedures applicable to the OSHA Occupational Exposure to Hazardous Chemicals in Laboratories Standard (29 CFR 1910.1450). Your supervisor will provide additional information and training as appropriate. |
|  |
| Name: |  | Work Telephone: |  |
|  |
| Email Address: |  |
|  |
| Department: |  |
|  |
| Job Title:  |  |
|  |  |
|  |
| Employee Signature: |  | Date: |  |
|  |
| **Filing:** |
| Completed Chemical Hygiene Plan Awareness Certifications are to be filed in a central administrative location within each staff member’s department. These and all other safety training records should be organized in a way that allows original records to be retrieved quickly and efficiently on request by an OSHA inspector or a REM staff member, and to be retrieved for a single staff member or for an entire work group (identified by PI/supervisor). |