

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