

Professional Visitor Health and Safety Acknowledgement Form

DATE: _____

Location[s] visited (building, room number[s]): _____

PROFESSIONAL VISITOR'S NAME (PRINT): _____

Name of UNM Sponsor (Print): _____

I have been made aware of the location of, and have been provided access to:

1. This laboratory's Chemical Hygiene Plan;
2. Safety Data Sheets for hazardous chemicals I will be working with;
3. The SOP's relevant to the work I will be performing;
4. PPE needed to work safely in the laboratory, performing the work I am doing (in conformance with the Chemical Hygiene Plan and SOP's); and
5. Emergency contact information in case of a laboratory emergency

Signature of Professional Visitor: _____