☐ I know the location of the **Chemical Hygiene Plan (CHP)** and what it contains.  
The CHP is located ________________________________.

☐ I know the location of the **Material Safety Data Sheets (MSDS)** and how they are used.  
MSDSs can be found ________________________________.

☐ I know the location of the nearest **eyewash and safety shower**, and how to operate them.  
The nearest shower is _________________. The nearest eyewash is ________________.

☐ I know the location of the **chemical spill kit**, and how to use the kit contents.  
The spill kit is located ________________________.

☐ I know the lab’s **evacuation procedures** in case of a fire.  
These procedures are located ________________________.

☐ I know where the closest **fire extinguisher** is located and how to operate it.  
My last fire extinguisher training was ________________________.

☐ I know where our lab meets in case of an evacuation.  
If a fire breaks out our **assembly point** is ________________________.

☐ I know this lab’s **primary and alternate emergency contact phone numbers** and who to call and when.  
These emergency numbers are located ________________________.

☐ I know the **safety equipment** available in this lab and when it should be used (ex. gloves, safety glasses, goggles, lab coats).  
I always wear safety glasses when ________________________.
☐ I know how to access the **Institute's Safety and Health Manual** on the UTIA Safety Office website, available on-line at http://safety.ag.utk.edu/ or via internet search on "UTIA Safety."

☐ I know who the safety contact for this lab is.
The **safety contact** for this Laboratory is ______________________________

The Institute of Agriculture’s Safety Office contact is **Susan Fiscom, 974-1153**

<table>
<thead>
<tr>
<th>I __________________________ (lab users name) have read and fully understand the laboratory policies and procedures guidelines and agree to follow them during all laboratory activities.</th>
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</thead>
<tbody>
<tr>
<td>__________________________ Date: ____________</td>
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<tr>
<td>(Signature)</td>
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Supervisor Authorization: __________________________ Date: ____________

**Please keep this record in this lab’s CHP at all times.**