

## PRIOR APPROVAL FOR NON-ROUTINE LABORATORY ACTIVITIES

REQUESTER	CODE	WORK AREA ( <i>Bldg/Room</i> )	DATE
SUPERVISOR'S NAME			
LABORATORY ACTIVITY INVOLVES			
UNATTENDED OPERATION	OVERNIGHT REACTIONS/CONTINUOUS OPERATIONS		
SOLE OCCUPANCY	OFF-HOURS WORK		
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DESCRIPTION OF ACTIVITY			
SPECIAL CONSIDERATIONS/PRECAUTIONS ( <i>e.g. Posting of Warning or Restricted Access Signs</i> )			
REMARKS			
IS THE MATERIAL SAFETY DATA SHEET AVAILABLE?			
		YES	NO
SUPERVISOR'S SIGNATURE		DATE	
CHEMICAL HYGIENE OFFICER'S SIGNATURE		DATE	