

**Chemical Hygiene Plan (CHP)
Laboratory Summary**

School: _____ Department: _____ Date: _____

Chemical Hygiene Officer

Name	
Campus Address (Bldg. and Room #)	
Campus Telephone #	
Area(s) of Responsibility (Bldg. and Room #)	
Principal Investigator(s)	
Location(s) of CHP (Bldg. and Room #)	
Location(s) of MSDSs	