

## Division of Support for Research and Education Environmental Health and Safety

## **Laboratory Access and Compliance Certification Letter Form**

I (supervi	sor name in legible print) herby certify that my
supervised worker	(worker name in legible print) and with the
worker title of	, has completed the following requirements
for accessing the facilities associated	to Laboratory #; including Rooms #:
<ul> <li>□ Access request documents complete</li> <li>□ CITI Program required training cour</li> <li>□ Training Modules #1 and #2</li> </ul>	
to be performed, including implemented compotential exposure, waste management, h	essed all potential hazards associated to the work introls, how to use each control, how to identify a handling of hazardous material, spill response res and any other information needed to work
Worker - Signature	Date
Supervisor – Signature	Date
Assoc. Manager for Scientific Operations Signature	Date