



**TEXAS A&M
UNIVERSITY
KINGSVILLE**

NON-SCHEDULED LABORATORY USE PERMIT

The following individuals are allowed to work in the area identified in this permit.

| NAME | BUILDING | Room No. | Time | |
|------|----------|----------|------|-------|
| | | | From | Until |
| | | | From | Until |
| | | | From | Until |
| | | | From | Until |
| | | | From | Until |
| | | | From | Until |
| | | | From | Until |

I am aware of the procedures that will be conducted under this permit. The procedures that will be performed are within the skills and abilities of the students performing the work.

I have ensured that emergency safety equipment is available and in working condition and all applicable Material Safety Data Sheets are available.

Signature

Title

Ext.

This permit was issued on _____ and expires on _____

In accordance with the university's Chemical Hygiene Plan, undergraduate students must possess a completed permit prior to conducting laboratory work during non-scheduled hours.