

## **UND.edu**

Office of Safety Safety Building 3851 Campus Road Stop 9031 Grand Forks, ND 58202-9031 Phone: 701.777.3341 Fax: 701.777.4132 und.safety@email.und.edu

## **Hazard Communication Contractor/Working Visitor Form**

(UND Department Name/Representative) PRINT	(Contractor/Working Visitor) PRINT
	ials inform contractors and working visitors of the chemical contractors/working visitors may be working. The following ion.
Brief Description of the Work to be performed:	
Potential Hazards (Physical and Health) in the Work	Area:
Hazardous materials that will be brought on-site by	contractor/working visitor:
Safety Data Sheet (SDS) Locations (both UND and Co	entractor/Working Visitor):
SDSs Supplied by UND (not required unless requeste	ed):
SDSs Supplied by Contractor (not required unless red	quested):
Recommended Personal Protective Equipment:  Hard Hat Safety Glasses Chemical Splash Goggles Apron Respiratory Protection: Other:	☐ Gloves ☐ Boots ☐ Coveralls ☐ Slicker Suit
UND Signature	Date
Contractor/Working Visitor Signature/Date	Date