CHEMICAL HYGIENE PERMIT

TYPE OF WORK PROCEDURE: HA A RDOUS OPERATIONS ____ WORK GALONE ___ OFF HOURS ___ UNATTENDED OPERATIONS ___ (CHECK ASA PPROPRIATE)

PLEASE CHECK APPL CABLE QUARTER(S). PERMIT IN EFFECT FOR:
A CADEMICY AR FALL ___ WINTER ___ SPRING ___ SUMM R ___

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O Q POSETÄÄSEE ; TOETÄTÄPÕEÆPÇISTYNEFTEEEN; TY VSESÄT SYÄÄSSELÄISEÖ; TÜXÇÄÖLÇE Q A 1 ; SA SÄÜRKE