

Chemical Safety Work Plan

Brand Name _____ (Restricted — **YES NO**)

Active Chemical(s) _____

PPE Required: Applicators and Handlers ([Read the Label](#))

Necessary: **Long Pants, Long-sleeve Shirts, Protective Eyewear, Shoes and Socks**

Optional:

Gloves **YES NO** Category _____

Mask or Respirators **YES NO** Type _____

Additional Clothing **YES NO** Kind _____

PPE Required: Mixers and Loaders ([Read the Label](#))

Necessary: **Long Pants, Long-sleeve Shirts, Protective Eyewear, Shoes and Socks, Neoprene Apron**

Optional:

Gloves: **YES NO** Category _____

Mask or Respirators: **YES NO** Type _____

Additional Clothing: **YES NO** Kind _____

Disposal of Contaminated Clothing: **Dispose - Clean** Instructions: _____

Clean up: _____

Re-Entry Time: _____

Spraying instructions ([Read the Label](#)) _____

