

Exposure Control Plan

By signing below, I signify that I have read completely through M.D.-ERLs Exposure Control Plan.

I had questions / comments / etc. on the following items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

This issues were / were not (circle one) addressed to my satisfaction via changes in policy and / or changes in the document.

Date: _____

Researcher Name (Please print): _____

Researcher Signature: _____