

BUCKHOUT GREENHOUSE USERS FORM

I _____ (print name) have read the greenhouse operation and protocols and I have received instruction concerning Pesticide Safety.

Signature: _____ Date: _____

(Circle one): Student, Technician, Postdoc, Graduate Student, Faculty, Staff,

Other _____

Name of Supervisor _____ (please print)

Signature of Supervisor _____

This form should be kept on file until _____ (date or indefinitely)