



**U.S. FISH AND WILDLIFE SERVICE
LEVEL B OR C HAZARDOUS MATERIALS SITE
ENTRY AUTHORIZATION**

Requesting Employee Name:

Region:

Field Station/Program:

Address:

Phone:

Select One: Level B Level C

Name of site requesting access to:

Please attach evidence of completion and/or compliance with the requirements listed below, and forward the package to the requesting employees Regional Director. Region 9 requests must be forwarded to their Assistant Director. The authorizing official should date and initial all items as received and return to the employee's Project Leader / Supervisor.

Submission

Date Received

Written request for access to Level B or C sites. _____

Completion of 24/40-Hour Hazardous Waste Operations training _____

Respirator medical clearance _____

Current respirator fit-testing _____

Airborne Exposure Data Summary _____

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(Level B Only)	Request approved	Request disapproved
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Signature (Program Supervisor) Date

Signature (Regional Safety Manager) Date

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(Level C)	Request approved	Request disapproved
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Signature (RD/AD, or designated authorizing official) Date:

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