Electrical Safety Manual Review Documentation

**Department/Unit/Organization/Lab Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Name** | **Review Date** | **Signature** |
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**By signing this log, you confirm that you have read this program manual, that you understand its content, and that you have had an opportunity to ask questions.**