Boston University Environmental Health and Safety
Charles River Campus
704 Commonwealth Avenue, 2nd Floor
Boston, MA 02215

PROJECT AGREEMENT

I have read, understood, and will instruct all personnel on all of the provisions outlined in this plan.

Print Name	Signature	Date
BU Project Manager		
Contractor Representative *(If applicable)*		

Safety Plan Approved by: _____ _____ _____
Name Signature Date

Notification To:

- ☐ EHS
- ☐ Emergency Management
- ☐ Construction Management
- ☐ Facilities Management
- ☐ Other
- ☐ Other

Sign-In For User Notification:
Date of Meeting:
Egress Maps Included: **Yes** ☐ **No** ☐

Print Name	Signature	Department