Hazardous Work Area Sign-In Log

Date:_____ **Supervisor:**_____

Job Name:_____

Address:_____

Company:_____**Phone:**_____

Warning: *Any person entering this work area may be exposed to high levels of lead dust. Lead-safe work methods and safety practices must be observed at all times. All persons entering must sign in and out of this area. Upon exiting, proper decontamination must be performed. Any Questions about access to this area should be directed to the supervisor and/or company listed above.*

Name	Certification or Social Security #	Time In	Time Out	Purpose