ATTENTION

Emergency Information - Unattended Operations

Contact Name:___________________________________________________

Contact Phone Number:___________________________________________

Date:___________________________________

Start time:_________ End time:___________

Identity and Quantity of Chemical or other Hazardous Materials:
________________________________________________________________
________________________________________________________________

Compressed Gases:

Hazards:(circle all that apply)  In Case of Emergency Shut off:
Corrosive  Electricity
Toxic  Vacuum
Reactive  Gas Source
Flammable  Water Source
Pressurized  Hot Plate/Ignition Sources
Water Reactive
Electrical

Instructions: This form should be filled in complete and attached to or near the laboratory hood or other appropriate location whenever a process is left unattended. Assume the worst-case scenario when determining which hazards apply.