



Reaction:

Lab Notebook Page:

Contact: _____
Cell Phone: _____
Email: _____
Office: _____

Intended Conditions:
Temp: _____ Pressure: _____ Stir: _____
Other: _____

Hazards

- | | |
|---|---|
| <input type="checkbox"/> Acid | <input type="checkbox"/> Low Hazard |
| <input type="checkbox"/> Base | <input type="checkbox"/> Biohazard |
| <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Radioactive |
| <input type="checkbox"/> Flammable | <input type="checkbox"/> Temp Hi/Lo |
| <input type="checkbox"/> Mercury or Heavy
Metal | <input type="checkbox"/> Pressure Hi/Lo |
| <input type="checkbox"/> Reactive Air, Water,
Shock, Light, Heat,
halogens, _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Inhalation Hazard | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Toxic | <input type="checkbox"/> _____ |

Emergency Shut Down Procedure:

Special thanks to Dr. Wes Morris.