

# Unattended Chemical Experiment

THIS FORM MUST BE POSTED IN PROMINENT LOCATION NEXT TO THE ENTRANCE TO THE EXPERIMENT

Contact Name:	Phone Number(s): Office, Private and/or Cell
Alternate Contact:	Phone Number(s): Office, Private and/or Cell

Experiment Location: (Room# and location in room)

Description of Unattended Experiment/Activity:

<u>Chemical Hazards</u>	<input type="checkbox"/> FLAMMABLE	<input type="checkbox"/> CORROSIVE	<input type="checkbox"/> WATER REACTIVE	<input type="checkbox"/> AIR REACTIVE
	<input type="checkbox"/> TOXIC	<input type="checkbox"/> PRESSURIZED	<input type="checkbox"/> ELEVATED TEMPERATURE	
OTHER:				

Names of Hazardous Chemicals

Start	Date:	End	Date:
	Time:		Time:

## EMERGENCY SHUTDOWN PROCEDURE (Steps to safely shutdown the experiment for electricity, gas, water, and other equipment as appropriate)

1	
2	
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	Name	Signature
Person Conducting Experiment		
Principal Investigator (PI) or Designee Approval		