

Unattended Experiment Notice

To be used anytime anything is left stirring, heating, mixing, reacting, flowing etc without someone around

Contact Information

Name: _____ Cell Phone: _____

Start Date & Time: _____ End Date & Time: _____

Potential Hazards

- Thermal/Heat: _____ Pressure Build Up/Explosion Hazardous Chemical Exposure
 Flowing Gas: _____ Requires Ventilation Laser Biological

Description of Experiment, including chemicals/gases used etc

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IN CASE OF EMERGENCY

DIAL 100 FROM A CAMPUS PHONE

OR 617-253-1212 FROM YOUR CELL PHONE

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