

## BUSINESS HOURS UNATTENDED EXPERIMENT FORM (CME-FORM-010)

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Experiment Start Time:** \_\_\_\_\_

**Experiment End Time:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Lab Number / Location:** \_\_\_\_\_

**Emergency Contact:**

*Student:* \_\_\_\_\_

*Professor:* \_\_\_\_\_

**Experiment Number:** \_\_\_\_\_

### Recording Keeping:

Once completed, send a copy of the completed and signed Unattended Experiment Form to the CME Technical Supervisor by internal mail to EV 2.418 or via email to [harriet.laryea@concordia.ca](mailto:harriet.laryea@concordia.ca) and cc your supervisor. The Department & Director of EHS will use it for the yearly audit (EHS Policy, VPS-6).

### Please Note: (EHS-DOC-001 v.1, EHS-FORM-059 v.3)

- Leaving experiments unattended should be avoided as much as possible. If it is unavoidable, the direct supervisor must be informed and safety measures must be in place.
- **Certain high-hazard processes should not be run unattended. For example: experiment involving hydrofluoric acid, piranha solution, pyrophoric, mercury, strong bases, strong acids, or other highly reactive compounds.**
- All unattended experiments must be adequately protected to avoid accident.

**Indicate Experiment Hazards Below:**

*Chemical Reactivity*

- Flammable
- Corrosive
- Exothermic / heat generation
- Oxidizer
- Highly reactive
- Pressurized / possible explosion
- Gas evolution
- UV / microwave / radiation
- Special care chemical: \_\_\_\_\_

*Health*

- Toxic / potentially toxic
- Biohazardous / infectious
- Strong odor
- Skin / eye irritant
- Other: \_\_\_\_\_

*Physical*

- Heat / hot surfaces
- Cold / cryogenics
- Noise
- Moving parts
- Other: \_\_\_\_\_

Please list the names in full of the chemicals used in this experiment.

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List any relevant information needed in case of an incident, accident, or hazard. (For example, chemical hazards, shutdown procedures, etc.)

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