

OVERNIGHT UNATTENDED EXPERIMENT FORM (CME-FORM-006)

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 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 experiment 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.

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

STUDENT SIGNATURE:

I, _____, have set up my experiment as per policies stated in the EHS Laboratory Safety Manual (EHS-DOC-001, v. 1), Pre-Start Safety Checklist for Experiments (CME-FORM-011), the General Laboratory Rules & Regulations for CME Personnel (CME-Policy-001), and CME Laboratory Safety Manual (CME-DOC-001).

Student Signature

Date

SUPERVISOR SIGNATURE:

I, _____, approved this experiment and granted the above student permission to run an overnight unattended experiment.

Supervisor Signature

Date

TECHNICAL SUPERVISOR SIGNATURE:

I, _____, received this completed form from the student.

Technical Supervisor Signature

Date