

## Unattended Experiment Form

Student / Staff Name:	Date:
Supervisor Name:	Lab Number:
Emergency Contact Phone Number:	Experiment Number:

### Experiment Hazards:

#### 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: \_\_\_\_\_

### Experiment Description: