UNIVERSITÉ Concordia UNIVERSITY

GINA CODY
SCHOOL OF ENGINEERING
AND COMPUTER SCIENCE

Department of Chemical
and Materials Engineering

EMERGENCY SHOWER ACTIVATION LOG
(CME-FORM-009)

In accordance with *ANSI Z358.1-2014 standard*, please activate the emergency shower weekly, record the date, and initial.

Campus: *SGW* *LOYOLA*

Building and Room #: ____

Type of Lab: *Research* *Teaching* *Shared* *Wet* *Other (Specify)*___________

MONTH	DAY	YEAR	INITIAL		MONTH	DAY	YEAR	INITIAL