



Name of Researcher:	Department:	Advisor:	Date:
Location:			
Process description:			
Describe experiment and procedure used (attach references if appropriate):			

Chemical Name	State (solid, liquid, gas)	Formula	Mass/Vol
Hazards:			
Temperature range of experiment:			
Pressure range of experiment:			
Protective equipment/precautions required:			
Emergency shutdown procedure:			
Disposal method:			
This experiment be <input type="checkbox"/> attended <input type="checkbox"/> left unattended			
Materials will be stored here:			
Other important information:			

I have familiarized myself with the experimental risks and know the necessary safe working practices during the use and handling of chemicals and equipment. I shall adhere to the safety requirements for this laboratory at all times.

Signature: _____ Date: _____

Signature of approving faculty member: _____ Date: _____