



UNATTENDED EXPERIMENT/PROCEDURE IN PROGRESS

This form must be completed and posted by faculty member(s), staff member(s), and/or student(s) conducting an experiment or procedure that will be unattended* overnight or significant time periods.

START DATE:	
END DATE (anticipated):	
DEPARTMENT &/or COURSE:	
SUPERVISOR (faculty/staff):	

*Experiments involving explosive or potentially reactive reagents may not be left unattended.

LIST COMPONENTS OF THIS EXPERIMENT/PROCEDURE INCLUDING ALL APPLICABLE ENVIRONMENTAL, HEALTH, &/OR SAFETY (EHS) HAZARDS:	
BIOLOGICAL MATERIAL(S):	
CHEMICAL(S):	
EQUIPMENT:	
OTHER:	
PERSONAL PROTECTIVE EQUIPMENT REQUIRED (gloves, coat, goggles, etc.):	
CHECK ONE:	☐ THIS EXPERIMENT CONTAINS EHS HAZARDS
	☐ THIS EXPERIMENT DOES NOT CONTAIN EHS HAZARDS

Experimenter's Name	Phone Number	Email

Signature

Date