

LEAVE ON OVERNIGHT

(PLEASE DO NOT TOUCH THIS APPARATUS)

IN CASE OF EMERGENCY OR POWER FAILURE

TURN OFF



ELECTRICITY AT _____

WATER AT _____

GAS AT _____

IN EMERGENCIES CONTACT

	NAME	ADDRESS	TELEPHONE #
RESEARCHER			
SUPERVISOR			

PERMIT NUMBER: _____

SUPERVISOR'S SIGNATURE: _____

SAFETY REGISTRATION NUMBER: _____ DESIGNATE OF SAFETY COMMITTEE _____

EXPIRY DATE: _____