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| Description of Equipment:  Enter description | |
| Located in Building:  Pick building | Room Number:  Enter room number |

This form is intended to be filled in on a PC before printing and displayed on lab door or near equipment.

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| **Emergency Contacts:**  Security staff will phone if they have any concern and phone number must be available out of hours. | |
| Name:  Your name | Name:  Name of second contact |
| Mobile:  Enter phone number | Mobile:  Enter phone number |

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| **Dates On Which The Equipment Is To Be Left Running:** | |
| Start Date:  Pick start date | Final Date:  Pick final date |
| C:\Users\oums0825\Downloads\exclam (1).tifSpecial Hazards and Precautions: (i.e. risk of voltage, hot surfaces, hazardous materials etc.)  Enter description | |

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| **How to Switch Off**  In the event of an emergency Security Staff may need to turn off the equipment. | | | |
|  | Tick if applicable | Specify sequence if required | **Where:** |
| **Electricity or Power Supply** |  | e.g. 1 | Enter where and how to turn off |
| **Gas Supply (incl. gas cylinder)**  **Gas:** Specify type of gas |  | e.g. 2 | Enter where and how to turn off |
| **Water or Chiller** |  | e.g. 3 | Enter where and how to turn off |
| **Vacuum pump(s)** |  | e.g. 4 | Enter where and how to turn off |
| Other services  Click here to specify  Click here to specify |  | e.g. 5  e.g. 6 | Enter where and how to turn off  Enter where and how to turn off |

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| Approved by Supervisor:  Name of Supervisor | Signature: | Date:  Click to pick a date |