



Sonoma State University, Department of \_\_\_\_\_ - \_\_\_\_\_

## EMERGENCY CONTACT INFO

**PRIMARY** (Dept. Chair): \_\_\_\_\_

**SECONDARY** (PI): \_\_\_\_\_

**Research Student(s)**: \_\_\_\_\_

**University Police Department: 664-4444**

## INFO FOR EXPERIMENT IN PROGRESS

**DATE POSTED:** \_\_\_\_\_ **ROOM(PHSC):** \_\_\_\_\_ **HOOD:** \_\_\_\_\_

### HAZARDS (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Low Hazard              | <input type="checkbox"/> Reactive with Water _____  |
| <input type="checkbox"/> Acid _____              | <input type="checkbox"/> Reactive to Shock _____    |
| <input type="checkbox"/> Base _____              | <input type="checkbox"/> Inhalation Hazard _____    |
| <input type="checkbox"/> Oxidizer _____          | <input type="checkbox"/> Toxic (if swallowed) _____ |
| <input type="checkbox"/> Flammable _____         | <input type="checkbox"/> Biohazard _____            |
| <input type="checkbox"/> Heavy Metal _____       | <input type="checkbox"/> Radioactive _____          |
| <input type="checkbox"/> Reactive with Air _____ | <input type="checkbox"/> Compressed Gas _____       |

**Contents** (general or specific): \_\_\_\_\_

**Notes:**