

Overnight/ Unattended Reaction Form

Research Group:

Date:

Name of Researcher:

Contact number:

Reaction Scheme (include solvents and all hazardous chemicals):

Possible Hazards:

- ☐ Harmful/Irritant
- ☐ Very Toxic/Toxic
- ☐ Flammable
- ☐ Oxidizing agent

- ☐ Corrosive
- ☐ Pyrophoric
- ☐ Lachrymator
- ☐ Stench
- ☐ Carcinogenic

- ☐ Mutagen/teratogen
- ☐ Radiation hazard
- ☐ Biohazard
- ☐ UV
- ☐ Other (specify):

Apparatus:

Services required:

- ☐ Water
- ☐ Electricity
- ☐ Heating
- ☐ Inert gas
- ☐ Vacuum
- ☐ Other (please specify):

Emergency actions:

CALL 123 FROM A CAMPUS PHONE OR 773.702.8181 FROM A NON-CAMPUS PHONE

Spill:

Fire (state extinguisher type):

Skin/eye contact:

Other (specify):

