



OVERNIGHT EXPERIMENT

(fill out card and attach to fume hood or instrument for every overnight experiment)

NAME:

DATE & TIME:

24/7 EMERGENCY CONTACT NUMBER:

LAB BOOK NUMBER/PAGE:

REACTION, REAGENTS & SOLVENTS:

SPECIAL WARNINGS: Flammables Pyrophorics Reactive metals Highly toxic Carcinogens
Strong acids Strong bases Vacuum High P High T Other _____

Before leaving the reaction overnight, make sure, as appropriate: Fume hood closed? Cooling on?
Water lines clamped? Heating stable already for an extended period?