

APPENDIX VIII

LABORATORY SIGNAGE

IN CASE OF EMERGENCY CALL 911

Room Number_____

Department_____

Laboratory Supervisor/Principal

Investigator_____

Emergency Contacts for laboratory:

<u>Name</u>	<u>Office Location</u>	<u>Office Phone</u>	<u>Home Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special

Hazards/Instructions:_____

Prepared by:_____ Date

Posted:_____

Note: The information in this sign must be updated at least every six months and immediately in the event of any change of emergency contacts or special hazards.