

UNIVERSITY OF AUCKLAND, DEPARTMENT OF CHEMISTRY
UNATTENDED/OVERNIGHT EXPERIMENT PERMISSION FORM

Reaction Scheme including Reagents, Solvents and Scale (μg , mg, g)

SPECIFIC HAZARDS AND EMERGENCY PROCEDURES:

Name:				Lab Book Ref:	Fumehood/Bench No.	Date:
IN USE	Electricity	Nitrogen	Water	Heating	Other relevant information	
TICK OR FILL				Temp:		
Has a Take 5 Assessment been completed?					NO	YES
Has the experimental setup been checked?					NO	YES
					EXPERIMENT DURATION (date and time)	
					Start:	
					Finish:	
Contact Telephone No. (Experimenter)					Supervisor/delegated person-in-charge:	
Contact Telephone No. (Supervisor)					Sign:	Date: