

SCHOOL OF CHEMISTRY

OVERNIGHT FORM

Lab. Number Fume cupboard number.....

Risk/COSHH assessment reference number.....

Name..... Tel. no (out of hours).....

Supervisor.....

Experiment/equipment to run between :

Time: Time:

and

Date Date:

Type of Apparatus.....

The experiment/equipment uses (tick all that apply):

Water Electricity Compressed Gas(es) (specify)

Natural gas Vacuum Pressure Other (specify)

In an emergency:

.....
.....
.....
.....

Approved by: (Signature):..... Print:.....

Date:.....

(Approval must be given by either a Supervisor, the Technical Services Manager or School Safety Advisor)

The experiment/equipment must be checked every day by the researcher INCLUDING WEEKENDS

Please hand in the top copy of this form at Reception, second copy to be attached to apparatus