

Working After Hours/ Working Alone

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Requested By: _____ Date of Work: _____
Office Extension: _____ Cell No.: _____

List locations of all laboratories and buildings that will be accessed

Laboratory: _____ Building: _____

Description of Activities/Operations: _____

Emergency Procedures: _____

Emergency Contact (2) Required

Contact Numbers			
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Name

Home

Cell No.:

Office Ext.

Approvals

Requesting Professor: _____ Date: _____

Department Chair or PI: _____ Date: _____

Chemical Hygiene Officer: _____ Date: _____

Longwood Police Dept.: _____ Date: _____

Copies to: 1) Posted in Work Area 2) Department Chair or PI 3) Chemical Hygiene Officer
4) Longwood Police Dept.

All Employees MUST notify the Longwood PD prior to working alone in the Laboratory.