

UNT Dallas Overnight Experiment Notice Form

Name: _____

Date: _____

Instructor/Advisor: _____

Experiment Time: _____

Emergency Contact(s) (phone #/email): _____

Experiment Description (if chemical, use specific chemical reaction):

Hazards: ☐ flammable ☐ high pressure ☐ high temperature
☐ biohazard ☐ toxic ☐ reactive (air, water, shock, other - specify)

Shut down procedure: