# Unattended Experiment / Reaction Form

This completed form should be placed with the Reaction with copies to the Departmental Manager and for your own records.

<table>
<thead>
<tr>
<th>Your Name: ______________________</th>
<th>Emergency Phone Number(s): ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Supervisor: __________________</td>
<td>Emergency Phone Number(s): ______________________</td>
</tr>
</tbody>
</table>

| Date Started: ___________ | Time Started: ___________ | Date to Finish: ___________ | Time to Finish: ___________ |

## Location where Experiment/Task will be performed
(Include building/room # and bench)

## Experiment/Task:
(describe the experiment/reaction; include all reactants, solvents, expected products etc.)

## Has a Risk Assessment been Carried Out:

- YES
- NO

(Safe Operating Procedure and Chemical Risk Assessment?)

## List Potential Hazards
(flammability, Toxicity, bio hazard etc.)

## Summary of Experiment/Task:

## Equipment/Services Used:

## Chemicals Used:

## Reason the Reaction must be Performed Unattended:

---

**APPROVED BY:**

The experimental setup should be inspected before approval is given. A Risk Assessment must be Performed

**Viewed Risk Assessment:**

- Yes
- No

**Supervisor**

**Signature and Date**