

<b>Reaction</b>	<b>Start Date/Time</b>
	<b>End Date/Time</b>

**Contact Information**

Primary User: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary Contact/LSO (Name, #): \_\_\_\_\_

**Emergency Shut-Down**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

<input type="checkbox"/> Acids	<b>Hazards</b>	<input type="checkbox"/> Heavy Metal: _____
<input type="checkbox"/> Base	<input type="checkbox"/> Air-sensitive	_____
<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Moisture-sensitive	<input type="checkbox"/> _____
<input type="checkbox"/> Flammable	<input type="checkbox"/> Light-sensitive: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Temp Hi/Lo	<input type="checkbox"/> UV Vis IR	<input type="checkbox"/> _____
<input type="checkbox"/> Pressure Hi/Lo	<input type="checkbox"/> Heat-sensitive	<input type="checkbox"/> _____
<input type="checkbox"/> Toxic	<input type="checkbox"/> Radioactive	<input type="checkbox"/> _____
<input type="checkbox"/> Inhalant		

**Intended Conditions**

T: \_\_\_\_\_ P: \_\_\_\_\_ Atm: Air/N<sub>2</sub>/Ar/Vac Stirring: Y/N Dark: Y/N

Additional Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



<b>Data Collection</b>	<b>DO NOT ENTER WHEN LASER IS IN USE!</b>	Start Date/Time
		End Date/Time

**Contact Information**

Current User: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Secondary Contact/LSO (Name, #): \_\_\_\_\_

**Hazards**

Wavelength In-Use: \_\_\_\_\_  
 Power: \_\_\_\_\_  
 Goggles In-Use:

Pink                       Green                       Blue  
 Brown                       Red                       \_\_\_\_\_

**Emergency Shut-Down**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Additional Information**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Safety Operating Card (SOC) adapted from DOW Chemical  
 ([http://storage.dow.com.edgesuite.net/safety-dow-com/External-SOC-Form\\_v060612.pdf](http://storage.dow.com.edgesuite.net/safety-dow-com/External-SOC-Form_v060612.pdf))



# WASTE HOOD CONTENTS

## Contact Information

Waste Manager: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary Contact/LSO (Name, #): \_\_\_\_\_

## Emergency Shut-Down

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Acids          | <b>Hazards</b>                                  | <input type="checkbox"/> Biohazard – L_     |
| <input type="checkbox"/> Base           | <input type="checkbox"/> Air-sensitive          | <input type="checkbox"/> Heavy Metal: _____ |
| <input type="checkbox"/> Oxidizer       | <input type="checkbox"/> Moisture-sensitive     | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Flammable      | <input type="checkbox"/> Light-sensitive: _____ | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Temp Hi/Lo     | UV Vis IR                                       | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Pressure Hi/Lo | <input type="checkbox"/> Heat-sensitive         | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Toxic          | <input type="checkbox"/> Radioactive            | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Inhalant       |   |   |

## Additional Info

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



<b>Biological Materials – Biosafety Level</b> 1   2   3   4	<b>Start Date/Time</b>
<b>Process</b>	<b>End Date/Time</b>

**Contact Information**

Primary User: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary Contact/LSO (Name, #): \_\_\_\_\_

**Intended Conditions**

T: \_\_\_\_\_    Atm: Air   Inert    Stirring: Y/N    Dark: Y/N

Additional Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hazards**

<input type="checkbox"/> Acids	<input type="checkbox"/> Air-sensitive	<input type="checkbox"/> _____
<input type="checkbox"/> Base	<input type="checkbox"/> Moisture-sensitive	<input type="checkbox"/> _____
<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Light-sensitive:	<input type="checkbox"/> _____
<input type="checkbox"/> Flammable	UV    Vis    IR	<input type="checkbox"/> _____
<input type="checkbox"/> Temp    Hi/Lo	<input type="checkbox"/> Heat-sensitive	<input type="checkbox"/> _____
<input type="checkbox"/> Pressure Hi/Lo		<input type="checkbox"/> _____
<input type="checkbox"/> Toxic		<input type="checkbox"/> _____

**Emergency Shut-Down**

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\_\_\_\_\_

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<b>Process</b>	<b>[INSERT IMPORTANT WARNING]!</b>	<b>Start Date/Time</b>
		<b>End Date/Time</b>

**Contact Information**

Current User: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary Contact/LSO (Name, #): \_\_\_\_\_

**Hazards**

[Insert Hazard]   
 [Insert Hazard]   
 [Insert Hazard]

[Insert Hazard]   
 [Insert Hazard]   
 \_\_\_\_\_

**Emergency Shut-Down**

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**Additional Information**

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