



EMERGENCY CONTACT INFORMATION

	Work Phone	Home Phone:	Cell Phone:
Principal Investigator:	_____	_____	_____
Laboratory Manager:	_____	_____	_____
Location of Chemical Inventory:	_____		
Location of Designated Areas:	[entire lab or specific location(s) - required for CSL-2 and -3 labs]		
Location of Extremely Hazardous Activities	[entire lab or specific location(s) - required for CSL-3 labs]		