

**LABORATORY SAFETY INFORMATION**

***Locations of Safety Equipment for This Laboratory***

Fire extinguishers	A paper & wood	B flammable liquids	C electrical equipment
location _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
location _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
location _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire alarm _____			
Circuit breaker box _____			
Exit staircase _____			
Eye wash _____			
First aid supplies _____			
Respirator _____			
Safety shower _____			
Telephone _____			
_____			

***Laboratory Personnel***

name \_\_\_\_\_ office phone \_\_\_\_\_ home phone \_\_\_\_\_  
**Person in charge of lab**

**Other Personnel**

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

Date this chart was filled out \_\_\_\_\_