

LEAVE ON OVERNIGHT PERMIT

**** POST COPY AT SITE OF USE ****

EQUIPMENT: _____

(PLEASE DO NOT TOUCH THIS APPARATUS)

IN CASE OF EMERGENCY OR POWER FAILURE, TURN OFF:

ELECTRICITY AT _____

WATER AT _____

GAS AT _____

IN EMERGENCY CONTACT

	NAME	TELEPHONE #
RESEARCHER:		
SUPERVISOR:		

PERMIT NUMBER: _____

SUPERVISOR'S SIGNATURE: _____

SAFETY REGISTRATION NUMBER: _____

DESIGNATE OF SAFETY COMMITTEE _____

EXPIRY DATE: _____