

**Fume Hood Activity Tag**

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| **CAUTION: EXPERIMENT IN PROGRESS** | |
| Start Date & Time:  End Date & Time:  Experimenter’s Name  Supervisor’s Name  Supervisor’s Contact Info:  Work phone Home phone Email | **Brief Description of Experiment:**  **If alarm sounds**, ensure sashes are closed.  **If alarm continues to sound**, does this hood need emergency repair? (circle one)  YES NO  **If YES is circled, then contact:** Regular Hours (8 a.m. – 4:30 p.m.)  Jodi Schmelz (x3401) Pat Ceas (x3560)  After Hours (4:30 p.m. – 8 a.m.) Call (in order) one of these numbers: Public Safety (x3666)  Pat Ceas (507-321-0379)  Facilities (x33281)  Email: ceas@stolaf.edu |

Written by:

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