

<b>Building</b>	
<b>Rooms</b>	
<b>Principal Investigator</b> Phone e-mail	
<b>Laboratory Manager</b> Phone e-mail	
<b>Building/ Room Numbers</b>	
<b>Start Date of Laboratory Hibernation</b>	
<b>Special Considerations (complete if applicable)</b>	
<b>Temperature-sensitive:</b> Chemicals Microorganisms Radioisotopes	Location:
<b>Local Alarms (e.g., for -80° Freezers, O2 sensors, CO2 sensors)</b>	Type (e.g., horn, bell, strobe light)  Location:  ➤ If alarm sounds, Principal Investigator, Laboratory Manager or ORI at 3-3540.
<b>Toxic Gas Alarms</b>	Type/Location:
<b>Operating MRIs</b>	Type/Location: Last Date Liquid Cryogen Replenished: Date Due for Liquid Cryogen Replenishment:
<b>Operating Incubators:</b>	Type/Location: Last Date Gas Supply Replenished: Date Due for Gas Supply Replenishment:
<b>Other:</b>	