



Chemistry
UNIVERSITY OF TORONTO

Lash Miller Laboratories St. George Campus

Appendix A: LAB EMERGENCY RESPONDERS

Dr

A) LABORATORY INFORMATION

Location f

Pod color:

Room #:

B) CONTACT INFORMATION

Primary Contact (PI):

Name:

Email:

Phone (cell):

Emergency Responder 1:

Name:

Email:

Phone (cell):

Emergency Responder 2:

Name:

Email:

Phone (cell):