



NOTICE OF HIATUS

EMERGENCY EYE WASHES WILL NOT BE FLUSHED

This sign should be posted if the occupying lab is expecting to be gone for an extended amount of time and if monitoring is needed.

HIATUS DURATION

Start Date: _____

Expected Return: _____

LAB MONITORS

The following individuals have agreed to periodically monitor the lab in our absence:

1) _____

2) _____

These individuals are knowledgeable about our space and can be asked about hazards or if decisions need to be made when the primary lab contacts listed on the door signage are unreachable.