

University of Vermont

NOTICE OF HIBERNATION/TEMPORARY CLOSURE/SABBATICAL

Post this form if the occupying PI or personnel expects to be gone for an extended period of time (e.g. vacation, sabbatical, etc.)

Email this completed form and accompanying checklist to safety@uvm.edu prior to leaving for hibernation/Sabbaticals and place a copy of this sheet on all labs and offices next to the yellow contact sticker, associated with your lab.

Hibernation/Temporary Closure or Sabbatical

Start Date: _____

Return Date: _____

Primary Laboratory Manager/Monitors

The following **trained** individuals have agreed to periodically monitor the lab in our absence and conduct the required monthly inspection:

Temporary Lab Manager/Monitor #1:

Name: _____

Work #: _____

Cell #: _____

E-mail: _____

Temporary Lab Manager/Monitor #2:

Name: _____

Work #: _____

Cell #: _____

E-mail: _____

Contact Personnel if (place "Temporary Manager/Monitor #1, or another name and phone number below):

Power or utility outage

Contact Name: _____ #: _____

Security

Admin Name: _____ #: _____

Flood

Contact Name: _____ #: _____

Fire

Contact Name: _____ #: _____

Equipment in alarm

Contact Name: _____ #: _____

Other:

Emergency Contacts

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

Emergency contact #1:

Name: _____

Work #: _____

Cell #: _____

E-mail: _____

Emergency Contact #2:

Name: _____

Work #: _____

Cell #: _____

E-mail: _____

NOTES: